ASHA PUBLISHING

BUSINESS REGULATION AND INTEGRITY LAW



Volume 1, Number 1, 2026

BUSINESS REGULATION AND INTEGRITY LAW

Administrative Analysis of the Evaluation of Satisfaction of BPJS Kesehatan Contribution Assistance Recipients on the Quality of Health Insurance Services in Makassar City

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ABSTRACT

The Contribution Assistance Recipient Program (PBI) of BPJS Health represents the government's commitment to ensuring access to healthcare services for low income and vulnerable populations. As part of the National Health Insurance (JKN) system, beneficiaries are entitled to free healthcare services at facilities partnered with BPJS. Despite efforts to broaden service equity, complaints remain regarding service quality, including irregular queues, limited medication availability, and discriminatory treatment. This study aims to evaluate the satisfaction level of beneficiaries with the quality of healthcare services in Makassar City, focusing on the friendliness of healthcare personnel, the use of BPJS cards, the efficiency of service procedures, and the accessibility of healthcare facilities. Using a qualitative approach with a descriptive analytical method and a service quality dimension analysis, the findings indicate that most beneficiaries feel satisfied with the services received, particularly in terms of equal treatment and smooth administrative processes. These results suggest that digitalisation and bureaucratic reforms have begun to yield positive impacts, although disparities in service quality across regions remain a challenge. This study is expected to contribute academically to public service evaluation studies and offer practical recommendations for BPJS Health and local governments in improving inclusive and equitable healthcare service quality.

Keywords: Administrative, evaluation, satisfaction, BPJS insurance

INTRODUCTION

The National Health Insurance Program (JKN) represents one of the Indonesian government's strategic policies aimed at establishing a universal social security system in the health sector. The program is administered by BPJS Kesehatan, a public legal entity responsible for managing health insurance coverage for the entire Indonesian population. Through this program, the government seeks to ensure that every citizen has access to adequate healthcare services without facing significant financial barriers. One of the key components of this policy is the Contribution Assistance Recipient (PBI) program, which provides government funded health insurance coverage for individuals and families classified as poor or economically disadvantaged.

The BPJS Health PBI program reflects the government's commitment to ensuring access to healthcare services for low income communities. Under the JKN system, PBI beneficiaries are entitled to receive healthcare services free of charge at health facilities that cooperate with BPJS Kesehatan. This policy is intended to reduce disparities in healthcare access between economically advantaged and disadvantaged groups. Nevertheless, despite the implementation of this program, various complaints have emerged from PBI beneficiaries regarding the quality of healthcare services they receive, including disorganized queues, limited availability of medicines, and perceived discriminatory treatment compared with non subsidized participants. These conditions indicate that improvements in healthcare access have not always been accompanied by corresponding improvements in service quality.

DOI: https://doi.org/10.70188/f8qf1n55

Constitutionally, the right to healthcare is guaranteed under the 1945 Constitution of the Republic of Indonesia, particularly Article 28H paragraph (1), which states that every individual has the right to live in physical and spiritual prosperity, to reside in a healthy environment, and to obtain healthcare services. This constitutional provision emphasizes that healthcare services constitute a fundamental right that must be fulfilled by the state through the provision of equitable, accessible, and high quality healthcare services for all members of society.

Despite these commitments, many developing countries continue to face significant challenges in improving the quality of healthcare services for their populations. One of the major obstacles is the limited financial capacity of communities to access healthcare services, which are often costly. Poverty frequently prevents individuals from obtaining adequate medical treatment. At the same time, high healthcare costs do not necessarily guarantee high quality services. In Indonesia, the overall quality of healthcare services has often been perceived as relatively low compared with ideal healthcare service standards.

Healthcare service quality refers to the degree of excellence of medical services delivered in accordance with professional standards and service requirements. Quality healthcare services should be supported by adequate resources, including qualified healthcare personnel, appropriate infrastructure, and effective service management systems. Healthcare services should also be delivered fairly, effectively, and safely, while complying with legal, ethical, and sociocultural norms (Fariyana et al., 2019; Fauziyyah et al., 2024). Thus, healthcare quality is not only measured by the success of medical treatment but also by the level of patient satisfaction with the services received.

In the context of social health insurance systems such as BPJS Kesehatan, patient satisfaction represents an important indicator for evaluating the quality of healthcare services. Patient satisfaction is influenced not only by treatment outcomes but also by the overall experience during the healthcare service process, including the attitudes of healthcare professionals, the speed of service delivery, and the comfort of healthcare facilities. Positive interactions between healthcare providers and patients play a crucial role in enhancing overall satisfaction levels (Abdinagoro et al., 2019; Killaspy, 2017; Malik & Dewi, 2025).

Several dimensions of service quality significantly influence patient satisfaction, including responsiveness, assurance, and tangible aspects of healthcare services. Responsiveness refers to the ability of healthcare personnel to respond promptly to patient needs. Assurance reflects the professionalism and competence of healthcare providers in delivering reliable services. Tangible aspects include physical evidence such as facility cleanliness, medical equipment availability, and the comfort of healthcare environments. These dimensions have been shown to significantly influence patient satisfaction with healthcare services (Amin & Akbar, 2017; Qahar et al., 2024; Sunarti et al., 2020).

Administrative accessibility also represents a crucial factor affecting the satisfaction of BPJS participants. Many beneficiaries, particularly those from disadvantaged socioeconomic backgrounds, face difficulties in understanding the administrative procedures required to access healthcare services. Complicated procedures may prevent individuals from fully utilizing available healthcare services. Simplifying administrative processes and improving service accessibility therefore represent important steps in increasing satisfaction among BPJS participants (Baten et al., 2025; Chen et al., 2024; Yu et al., 2025).

Technological advancements have also created opportunities for BPJS Kesehatan to enhance service delivery through digital innovations such as the Mobile JKN application. This application enables participants to access various administrative services, including registration for healthcare services, updating membership data, and obtaining information about healthcare facilities. However, studies indicate that challenges remain in the use of this application, including issues related to security, usability, and service response times (Alajrab et al., 2025; Orok et al., 2024; Wissawaswaengsuk et al., 2025).

Volume 1, Issue 1, 2026
DOI: https://doi.org/10.70188/f8qf1n55

Public perceptions of fairness in healthcare services also influence satisfaction among BPJS participants. Differences in service quality between public and private hospitals may create perceptions of inequity among BPJS members. When patients perceive that they receive unequal treatment compared to other patients, their level of satisfaction with the healthcare system may decline (A'aqoulah et al., 2022; Palaniappan et al., 2024; Tanwar et al., 2020)

In addition, the quality of healthcare infrastructure such as cleanliness, hygiene standards, and the availability of adequate medical equipment plays a significant role in shaping patient satisfaction. Clean, safe, and well equipped healthcare facilities increase public confidence in the healthcare system (Mheta et al., 2023; Winters et al., 2018). Within the JKN system, strengthening primary healthcare services is also essential, as the program aims to encourage the utilization of primary healthcare facilities before patients are referred to secondary or tertiary healthcare institutions (Bester et al., 2024; Guo et al., 2024; Prashar, 2023).

At the same time, BPJS Kesehatan continues to face several challenges in managing the national health insurance system, including financial deficits and the potential for fraudulent practices within the healthcare system. These challenges may affect the quality of healthcare services if not properly addressed. Therefore, improving governance, strengthening supervision mechanisms, and preventing fraud are critical to ensuring the sustainability of the national health insurance system (Malarvizhi et al., 2024; Ungaro et al., 2024).

Based on these considerations, the satisfaction level of BPJS Kesehatan Contribution Assistance Recipients is influenced by multiple factors, including service quality, administrative accessibility, perceived fairness, patient experience, and the effectiveness of healthcare service management. Therefore, conducting an administrative analysis of the satisfaction of BPJS PBI recipients regarding the quality of health insurance services in Makassar City is essential to evaluate whether healthcare services have met community expectations and to identify areas that require improvement in order to achieve a more equitable, effective, and high quality healthcare system.

METHOD

This study adopts a qualitative research approach with a descriptive analytical design to explore and interpret the level of satisfaction among participants of the Contribution Assistance Program of BPJS Health in Makassar City. A qualitative framework enables the research to capture experiences, perceptions, and responses of participants regarding the services they receive. Through this approach, the study seeks to provide a comprehensive description of how health insurance services are delivered to beneficiaries of the program and how these services are perceived by the community. The descriptive analytical method is applied to systematically explain the conditions that shape participants' satisfaction, including the accessibility of services, administrative procedures, and interactions between service providers and beneficiaries.

The research also incorporates an administrative analysis perspective to examine the institutional and managerial aspects that influence the implementation of BPJS Health services for Contribution Assistance Recipients. This analysis focuses on several key elements, such as the effectiveness of service procedures, the clarity of administrative requirements, and the coordination between health facilities and BPJS Health administrators. Attention is also given to the governance mechanisms that regulate the implementation of the program, including policy guidelines, operational standards, and service management practices. By examining these administrative dimensions, the study aims to understand how organizational

DOI: https://doi.org/10.70188/f8qf1n55

processes and regulatory frameworks affect the overall quality of health insurance services provided to PBI participants.

Through the integration of qualitative description and administrative analysis, this research provides a broader understanding of the factors that influence participant satisfaction with BPJS Health services. The study not only highlights the experiences of beneficiaries but also evaluates the operational and governance aspects that shape service delivery. This approach allows the research to identify administrative strengths and challenges within the implementation of BPJS Health services, thereby contributing to a more comprehensive evaluation of health insurance administration in Makassar City..

RESULT AND DISCUSSION

ealthcare services constitute a fundamental component in safeguarding public health, particularly for socially and economically vulnerable groups. Subsidised beneficiaries in Indonesia are individuals who receive government support to ensure continued access to adequate and appropriate healthcare facilities. Within the service sector, one factor that often draws attention is the behaviour and attitude of healthcare personnel, which determines whether services align with beneficiaries' expectations. Several beneficiaries reported that healthcare workers, whether in smaller facilities such as clinics and community health centres or in larger institutions such as hospitals, provide services fairly and without discrimination between subsidised and non subsidised patients. They noted that queues, examinations, and the overall treatment process are handled equitably, leading to a sense of satisfaction and eliminating feelings of being treated as inferior.

Such treatment demonstrates that the services delivered by healthcare personnel to subsidised beneficiaries extend beyond professional duty. They also reflect the state's commitment to ensuring healthcare for all social groups. When beneficiaries feel respected and treated equally, the primary objectives of government subsidy programmes are more likely to be achieved and sustained.

Easy access to fast and efficient healthcare services remains crucial for the community, especially in emergency conditions or situations requiring immediate medical attention. One form of government support is the BPJS Health card, which serves as an identification tool that enables beneficiaries to receive care at various healthcare facilities, from community health centres to hospitals. In practice, not all beneficiaries experience the system uniformly, which makes public perception an important area of inquiry.

Based on the collected data, several beneficiaries stated that using the BPJS card during medical consultations incurs no additional fees and that the verification process runs smoothly without obstacles. Data validation through the card system is functional, and the service workflow supports efficient utilisation of the card.

Efficient healthcare services that minimise waiting time and avoid administrative complexity represent basic expectations for individuals seeking medical care. People anticipate a seamless process from registration to examination and medication collection, without burdensome administrative barriers. Although service responsiveness varies across facilities, several beneficiaries expressed positive experiences regarding administrative procedures. They reported that all verification steps worked well, processes were coordinated effectively, and healthcare personnel provided clear and courteous guidance.

These findings suggest that digitalisation initiatives and bureaucratic reforms in the health sector have begun to produce meaningful improvements, especially in terms of accessibility and service efficiency. Yet a broader evaluation across regions remains necessary to ensure that high service standards are applied consistently, particularly in remote areas

DOI: https://doi.org/10.70188/f8qf1n55

with limited resources. Streamlined healthcare services thus serve not only as an aspiration but also as a critical indicator of an inclusive and equitable health system that meets the needs of the community.

Healthcare service accessibility represents one of the primary objectives of the National Health Insurance (JKN) program administered by BPJS Kesehatan. This program was established to ensure that all members of society, including economically disadvantaged groups classified as Contribution Assistance Recipients (PBI), have access to adequate healthcare services without facing substantial financial barriers. Through the government funded subsidy scheme, low income communities receive health insurance coverage that enables them to access healthcare facilities partnered with BPJS Kesehatan. This policy has significantly contributed to reducing the financial burden of healthcare costs, which previously represented a major obstacle preventing low income populations from obtaining proper medical treatment (Malik & Dewi, 2025).

From the perspective of financial accessibility, the BPJS Kesehatan program has played an important role in expanding healthcare access across various social groups. The program enables individuals to obtain medical treatment without the need to pay substantial out of pocket expenses at the point of service. By providing subsidized health insurance coverage for disadvantaged populations, the program encourages communities to seek medical treatment more promptly and regularly when health problems arise. Consequently, the national health insurance policy has contributed to increased utilization of healthcare services among populations that previously faced financial barriers to healthcare access

Despite the improvements in financial accessibility, physical accessibility to healthcare services remains a significant challenge in the implementation of the BPJS Kesehatan program. The geographical distribution of healthcare facilities that collaborate with BPJS Kesehatan remains uneven across different regions. In certain areas, particularly those with limited healthcare infrastructure, communities continue to experience difficulties accessing BPJS affiliated healthcare providers. This uneven distribution of healthcare facilities may influence individuals' choices in selecting healthcare providers, particularly when dealing with severe health conditions requiring more specialized medical services (Fauziyyah et al., 2024).

In addition to accessibility, patient satisfaction among BPJS beneficiaries is also an important indicator for evaluating the quality of healthcare services delivered by healthcare facilities. Patient satisfaction reflects the overall experience of individuals when receiving healthcare services and is influenced by several factors, including the performance of healthcare personnel, the availability of medical facilities, and the efficiency of administrative procedures. Research findings indicate that satisfaction levels among BPJS participants vary considerably, with some participants reporting dissatisfaction related to long waiting times, limited availability of medical specialists, and the responsiveness of healthcare providers (Fariyana et al., 2019).

Several dimensions of healthcare service quality significantly influence patient satisfaction. These dimensions include responsiveness, assurance, and tangible aspects of healthcare services. Responsiveness refers to the ability of healthcare personnel to provide prompt and attentive services to patients. Assurance reflects the competence and professionalism of healthcare providers in delivering reliable and safe medical services. Tangible aspects involve the physical environment of healthcare facilities, including cleanliness, availability of medical equipment, and overall comfort within healthcare settings. Studies indicate that these dimensions play a critical role in shaping patients' perceptions of healthcare service quality and overall satisfaction .

Nevertheless, several challenges continue to affect the satisfaction levels of BPJS beneficiaries. One commonly reported issue involves inadequate public awareness regarding the procedures and benefits of the BPJS Kesehatan program. Limited understanding of how

DOI: https://doi.org/10.70188/f8qf1n55

to access and utilize BPJS healthcare services may lead to suboptimal use of healthcare facilities and reduce public trust in the national health insurance system (Malik & Dewi, 2025).

Perceptions of fairness in healthcare services also play an important role in influencing patient satisfaction. Several studies indicate that differences in treatment between BPJS patients and non BPJS patients are still perceived in some healthcare facilities. These differences may involve administrative procedures, waiting times, and access to certain medical services. When patients perceive that they receive unequal treatment compared to other patients, their satisfaction with the healthcare system tends to decline (Abdinagoro et al., 2019).

In conclusion, the BPJS Kesehatan program has made significant progress in improving healthcare accessibility, particularly for economically disadvantaged populations receiving contribution assistance. However, several challenges remain, including uneven distribution of healthcare facilities, variations in service quality, administrative inefficiencies, and perceptions of unfair treatment. Therefore, efforts to improve healthcare service quality, expand healthcare infrastructure, and enhance public education regarding the BPJS program are essential to increase patient satisfaction and ensure the long term sustainability of Indonesia's national health insurance system.

CONCLUSION

Based on the findings of this study regarding the evaluation of healthcare service quality for subsidised beneficiaries, it can be concluded that, in general, participants expressed a satisfactory level of contentment with the services provided by BPJS-affiliated healthcare facilities. The services received were viewed as reflecting the principle of equity, as PBI participants did not experience discrimination during registration, medical examinations, or medication collection. The ease of using the BPJS card was also appreciated, as the verification system operated smoothly without causing obstacles. Service procedures were considered reasonably efficient and uncomplicated, although opportunities for improvement remain, particularly in ensuring equitable service quality across regions with limited resources.

Several recommendations can be proposed. First, improvements in the friendliness and professionalism of healthcare personnel remain essential. Although most respondents reported positive experiences, health workers are encouraged to consistently maintain courteous, empathetic, and communicative behaviour to foster a supportive and humanistic service environment. Second, administrative convenience through the use of the BPJS card should continue to be enhanced by streamlining administrative mechanisms, including faster verification processes to prevent delays or excessive queuing. Third, accelerating service procedures such as registration, examination, and medication provision is necessary, for example by adopting electronic queuing systems or increasing the number of healthcare personnel during peak service periods to reduce patient waiting time.

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