

# Critical Evaluation of Social Health Insurance Administration Body Services: Case Study at Undata Hospital in Palu City

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**Abstract.** This study critically evaluates the BPJS card services at Undata Hospital, analyzing strengths, weaknesses, and implementation challenges. Data from archival records, direct observations, and in-depth interviews with 13 informants (10 patients and 3 medical personnel) was employed. The findings reveal critical challenges. First, the complex BPJS card registration and verification cause patient service delays. Second, inadequate information technology infrastructure hinders BPJS card's effective use. Third, suboptimal RSUD Undata-BPJS coordination creates obstacles in claims and payments. This research offers valuable policy insights for Undata Hospital managers and Central Sulawesi regional policymakers. It aims to improve Health BPJS Card services, aligning with patient rights and needs. The study complements social security research, emphasizing the significance of optimizing BPJS card services and overall healthcare provision.

**Keywords:** Local Government, BPJS, Health Services, Undata Hospital.

## 1 Introduction

Quality and affordable health care is the right of every individual in society guaranteed by the Indonesian constitution. This constitutional demand was followed up through Law 24/2011, in which the Indonesian government has launched the National Social Security (JSN) program which aims to provide health protection to the entire population. Furthermore, the JSN program was implemented through the issuance of the Health Social Security Agency (BPJS Kesehatan) card based on Law 24/2011. Although it has been going on for a decade, problems with the implementation of the BPJS Health Card program are still easily found in the media. For example, BBC News Indonesia [2] highlighted the discriminatory and fraudulent actions of unscrupulous hospitals; Ombudsman.go.id [12] also reported on service restrictions to patients participating in the BPJS Card; dpr.go.id [4] reported on the problems of BPJS participant services and fraudulent actions of hospitals; even pikiranrakyat.com [13] reported that BPJS Health participant patients were placed in the basement. Interestingly, the hospital

as the field implementer of health services made improvements if it received public attention. Meanwhile, the program is implemented in all hospitals in Indonesia, including Undata Regional Hospital (RSUD) in Palu, Central Sulawesi Province. Thus, this paper will critically evaluate BPJS Health card services in an effort to improve public health services at Undata Hospital in Palu City

The unending problems in the services of BPJS Health participants or patients holding BPJS Health cards have attracted the attention of researchers, for example Afifah, Yusrani, Shabrina, and Istanti [1] showed that the services of BPJS participants by hospitals and Community Health Service Centers (Puskemas) were some in accordance with procedures and some were not in accordance with procedures; Kusramadana [6] found that BPJS service users were satisfied if the services were quality, safe, and affordable; and Listiyana and Rustiani [7] showed that the level of satisfaction of BPJS participants with health services differed from the dimensions of education and service provider hospitals. Although some research has been conducted, it is still rare for research to be conducted in depth. Therefore, this study seeks to evaluate BPJS Health Card services or BPJS Health social security recipient participants in depth. Such in-depth research makes it possible to find the root of the problem of BPJS Kesehatan patient services, so that problem solving is more precise.

This research uses a case study method, where the informant who is the source of data becomes the case in this study Yin [19] Data analysis was carried out using archival data, data from direct observations, and data from interviews with informants in depth. The selection of informants was carried out by observing BPJS participant patients from the time they came to Undata Hospital until they received services. We realize that the study of BPJS Health services is a sensitive study so it is difficult to obtain informants if it is done openly. Thus, interviews were conducted informally and openly to eliminate the impression that informants were temporarily interviewed for research purposes. We did not introduce ourselves at the beginning of the interview to eliminate the formal impression. Introductions were made after the interview was over. Finally, 13 informants were successfully interviewed, consisting of 10 patients and 3 medical personnel. Data validity was done by triangulation according to the protocol from Stake.

The results showed that BPJS card services at Undata Hospital faced several critical challenges. First, the complicated process of registration and verification of BPJS cards resulted in delays in services for patients. Obstacles in managing BPJS Health card services start from data verification, namely sometimes hospitals have difficulty in verifying BPJS Health participant data. Participants do not provide complete data or do not match what is recorded in the BPJS health system, so the verification process takes longer which hampers other participants' access to health services.

Second, the necessary information technology infrastructure is still lacking for the effective use of BPJS cards. The limitations of hospital services and facilities in the form of information technology infrastructure are related to medical personnel to provide services to BPJS health participants. The limited information technology infrastructure at Undata Hospital results in long lines or delays in obtaining the required medical services. In addition, the technology is needed to support policy adjustments to the provisions of the BPJS health that are sudden. Changes in BPJS policy from time to time affect the range and provision of services offered

by Undata Hospital to BPJS health participants. These changes must of course be adjusted to technology-based services at RSUD Undata.

Third, coordination between Undata Hospital and BPJS is still not optimal, resulting in obstacles in claims and payments. Overall, this study contributes to policy making for Undata Hospital managers and policy makers in the local government of Central Sulawesi province so that services to patients with BPJS Health Card participants are in accordance with the rights and needs of these participants. The results of this study are also an important complement for researchers who concentrate on improving social security.

## **2 Literature Review**

### **2.1 BPJS Health in Improving the Quality of Health Services**

BPJS Health card services in hospitals are one form of health financing organized by the Health Social Security Organizing Agency (BPJS) in Indonesia, bpjs-kesehatan. BPJS Kesehatan is a national health insurance program that aims to provide health protection to all Indonesian residents. The BPJS Health Card functions as an identity and proof of participation in the BPJS Health program. By having this card, participants can obtain health services at hospitals that work with BPJS Kesehatan. The results of research from Afifah, Yusrani, Shabrina, and Istanti [1] show that BPJS Health procedures in Indonesia are implemented in an orderly manner in several hospitals and health centers in Indonesia. However, there are still obstacles in its application in several hospitals and health centers.

### **2.2 The Role of the BPJS Health Social Security Card in Improving Community Health Services**

Initially, the implementation of BPJS appointed puskesmas as first-level health facilities close to the community, so that the community could be served quickly and well. However, in practice there are still problems that must be addressed. The results of research from Kusramadana [6] show that improving the quality of public services at BPJS health is very important for community satisfaction in obtaining quality, safe and affordable health services to increase. This shows the importance of improving BPJS Health services to the community. Previously Listiyana and Rustiani [7] have shown significant differences in health insurance satisfaction based on education level (primary, secondary and tertiary) and place of service (government hospitals and private hospitals). However, Listiyana & Rustiani [7] found no significant difference in health insurance satisfaction based on class (Class I, II and III). BPJS Kesehatan participants who were dissatisfied with national health insurance amounted to 64.7%. The most important complaint was the process of getting an inpatient room. The study shows the diversity of dimensions of the impact of BPJS Health Card services, so this research was conducted through an in-depth approach so that it was possible to find a solution to the health service problems of BPJS Kesehatan participants (cardholders) according to the root of the problem.

### 3 Methods

This research uses a case study method, where the informant who is the source of data becomes the case in this study Yin [19]. This research is very relevant to the research objectives that seek to obtain in-depth data for critical analysis. In accordance with the procedure for obtaining data and analyzing data in complex case studies Yin [19], the data sources for data analysis were carried out using archival data, data from direct observations, and data from interviews with informants in depth. The selection of informants was carried out by observing BPJS participant patients from the time they came to Undata Hospital until they received services. We realize that the study of BPJS Health services is a sensitive study so it is difficult to obtain informants if it is done openly. Thus, interviews were conducted informally and openly to eliminate the impression that informants were temporarily interviewed for research purposes. We did not introduce ourselves at the beginning of the interview to eliminate the formal impression. Introductions were made after the interview was over. Finally, 13 informants were successfully interviewed, consisting of 10 patients and 3 medical personnel. Data validity was triangulated according to Stake's protocol [15].

Undata Hospital is one of the hospitals located in Palu City, Central Sulawesi and cooperates with BPJS Health. Undata Hospital was established on August 7, 1972. At the beginning of its establishment, Undata Hospital was manned by 1 specialist doctor, 4 general practitioners with a bed capacity of 90 people and a number of nurses, non-nurses and non-medical personnel. The following is descriptive of the medical personnel available at Undata Hospital in 2023.

**Table 1.** Information on medical personnel and staff at Undata Hospital

No	Position	Jumlah
1.	General practitioners	28 people
2.	Specialist doctors	29 people
3.	Dentist	10 people
4.	Expert nurse	105 people
5.	Skilled nurse	202 people
6.	Health laboratory technician	15 people
7.	Dental nurse	5 people
8.	Dental technician	2 people
9.	Expert midwife	45 people
10.	Skilled midwife	63 people
11.	Pharmacist	21 people
12.	Pharmacist assistant	26 people
13.	Nutritionist	20 people
14.	Health administrator	8 people
15.	Health epidemiologist	5 people
16.	Health promotion	2 people
17.	Sanitarian	24 people
18.	Computer technician	2 people
19.	Archivist	3 people
20.	Physiotherapist	13 people
21.	Radiographer	7 people
22.	Psychologist	3 people
23.	Medical recorder	3 people

24.	Speech therapist	1 people
25.	Occupational therapist	1 people
26.	Personel analyst	1 people
27.	Blood transfusion technician	3 people
28.	Medical physicist	2 people
	TOTAL	649 people

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Open interviews were conducted with patients who were believed to be BPJS card participants. This belief was obtained from observations made from the time the patient arrived until he finished registering as a patient at Undata Hospital. Patients who are BPJS card participants go through different procedures from other general patients. This makes it easier to make observations and determine informants. Interviews were conducted for the shortest 30 minutes to the longest 50 minutes. This study did not provide complete information about the informants to maintain their confidentiality.

The data was analyzed in three stages. First, the literature was analyzed to gain in-depth theoretical understanding. Second, analysis of publicly available archives, especially those accessible via the internet. This supports macro and micro understanding in the context of BPJS patient services. Finally, analysis of data from interviews and observations to gain an in-depth understanding in accordance with the focus of the research, namely health services by Undata Hospital for BPJS Card participants. Overall, the analysis follows Yin's [20] case study analysis procedures, namely compiling data, parsing data, reassembling, interpreting, and drawing conclusions.

RSUD Undata Kota Palu is a public hospital located in Palu City, Central Sulawesi, Indonesia. RSUD stands for Regional Public Hospital, which is a type of hospital owned and operated by the local government. RSUD Undata in Palu City is one of the hospitals that has cooperation with BPJS Kesehatan. BPJS Kesehatan is a national health insurance program in Indonesia that provides health services to registered participants. Through cooperation with BPJS Kesehatan, Undata Hospital can provide health services to BPJS Kesehatan participants. BPJS Kesehatan participants can utilize health facilities at Undata Hospital, including medical examinations, inpatient care, medical treatment, and medication.

## 4 Results and Discussion

The results of this study are based on the data analysis process to draw conclusions as research findings including at Undata Hospital. First, patient services for BPJS Health card participants are constrained since registration and verification of the BPJS Health Card. Second, Undata Hospital is still hampered in providing maximum services due to limited technological infrastructure. Finally, Undata Hospital is still weak in coordinating with BPJS Health in providing maximum services to BPJS Health Card patients. In addition, some of the benefits obtained by patients participating in the BPJS Card are financial guarantees for health insurance and guarantees of obtaining health services, regardless of the quality of the services obtained. The research results are described as follows.

### 4.1 Challenges of BPJS Card Registration and verification

In the process of registering and verifying the BPJS card, one of the factors of service delays for patients. The BPJS registration process can involve a number of requirements such as identity documents, proof of membership and other supporting documents. These complex requirements can be confusing for potential participants, especially for those who are unfamiliar with administrative processes. While BPJS is designed to provide affordable social security, there are still enrollment fees that must be paid by participants. For some low-income individuals, this fee may still be too high or unaffordable.

BPJS health provides three class categories for participants according to their financial capabilities. As said by patient KL as a class I BPJS Health category participant that:

BPJS patients are given good service in accordance with procedures that already apply in the hospital, such as completeness of documents, information related to whether or not the patient's BPJS card is active (Patient KL, 2023).

If the patient's BPJS Health card is inactive, the hospital service provides directions to the patient's family to confirm with the BPJS health office directly so that, administratively, the patient's BPJS health card is reactivated. Then, BPJS provides class categories in BPJS Health membership which refer to levels that can be selected by participants according to their financial capabilities, because between classes I, II, and III have different amounts of dues to be paid every month. Although each contribution is different, this does not affect the medical services that participants get, except for certain facilities, the differences in facilities in classes I, II, and III in BPJS Kesehatan may vary depending on applicable regulations and policies, but in general as follows:

Class I; Must pay a contribution of Rp. 150,000, - / person per month.

Class II; Must pay a contribution of Rp. 100,000 per person per month, while

Class III, must pay a fee of IDR 45,000 per person per month.

Patients registered on the BPJS health card have differences in receiving facilities according to the participant class category that the patient chooses,

Each person who has a BPJS health card receives a room or inpatient room with different facilities.

"If the class category or inpatient room according to what is registered on the person's Bpjs card is full, then it is possible for the patient to be transferred to another class category, such as for example class III is full if the patient wants to be transferred to class II (Patient MS 2023).

The provision of certain category facilities in the use of BPJS Health cards already has their respective rights according to the financial capabilities of class category participants, so hospitals usually provide these facilities with certain requirements. For example, Patient MS (2023) said that if class III is full, then the patient wishes to move to class II, the patient must pay additional fees outside the BPJS Health coverage.

This study shows differences in the category facilities such as rooms or inpatient rooms for class I participants; get inpatient rooms with the least number of 1-2 people with additional facilities such as water dispensers or televisions but these additional facilities are in accordance with the hospital's ability to provide, and class II participants will get inpatient

room facilities with the least number of 3-5 people, while for the category of class III participants get inpatient room facilities with the least number of 4-6 people. It is also possible that the three class categories can apply to move to VIP class II or I, provided that they are willing to pay additional costs outside the BPJS Health coverage. Health facilities may offer to switch inpatient classes in some cases, especially if the class of BPJS participants is full. However, the additional costs are still borne by the BPJS user participants themselves.

In terms of administrative services, medical actions to treatment between classes I, II, and III have no difference so that they will receive the same service (Patient MS, 2023).

This study shows that the difference in service categories for each class only differs in the inpatient room facilities. The results of this study indicate that BPJS Health card services in hospitals have an important role in providing fair and equitable access to health for all Indonesians. With this card, BPJS Kesehatan participants can access the necessary health services without having to worry about high costs. For BPJS Kesehatan users or participants, they can enjoy the benefits of the BPJS card through hospital or health center services. The existence of the BPJS Card is a financial protection to the community, namely participants do not need to pay fees directly at the hospital because the cost of treatment will be borne by BPJS health in accordance with applicable regulations. Comprehensive health services. BPJS health participants are entitled to health services that cover various types of care, ranging from routine health checks to advanced care.

#### **4.2 Information technology infrastructure constraints**

There are shortcomings in the information technology infrastructure required for the effective use of BPJS cards. As some areas in Indonesia, especially those that are remote or isolated, may have limited infrastructure. Therefore, in the current era of digitalization, a good and integrated information system is very important. However, in Undata Hospital there are still weaknesses in the information system related to BPJS card services. Errors often occur in recording patient data, processing BPJS claims, and suboptimal use of technology. This hampers efficiency and accuracy in services to BPJS cardholders.

One important aspect of health care is equitable access. However, in the context of Undata Hospital, there are still several obstacles that hinder equal access for BPJS cardholders. One of them is the limited number of medical personnel and inadequate facilities. As a result, there is a buildup of patients and long waiting times to get services. This can have a negative impact on service quality and patient health.

Service quality is an important factor in meeting patient needs. Although Undata Hospital tries to provide good services, there are still some aspects that need to be improved. One of them is the lack of effective communication between RSUD staff and BPJS cardholders. Information conveyed to patients is often unclear and inadequate, making it difficult for patients to understand procedures or explanations about the services to be provided.

Counseling and education for BPJS cardholders is also important to improve their understanding of their rights and obligations as BPJS participants. Unfortunately, in Undata Hospital there is still a lack of counseling and education activities carried out to BPJS cardholders. This results in BPJS cardholders not knowing the benefits and services they get, and not being able to utilize them optimally.

### **4.3 Weaknesses in Relationships between Related Agencies**

Coordination between Undata Hospital and BPJS is still not optimal, resulting in obstacles in claims and payments. Administrative and bureaucratic processes in claims and payments between BPJS and hospitals may be complex and time-consuming. Problems in administrative governance may hinder an efficient relationship between the two. This study has also identified several advantages in the implementation of BPJS card services at RSUD Undata including increased accessibility of health services for people covered by BPJS, increased transparency in the use of BPJS funds, and better monitoring of the use of health services.

When a BPJS Kesehatan participant needs treatment at RSUD Undata, they must show their BPJS Kesehatan card when registering or during an examination. Undata Hospital will then make a claim process to BPJS Kesehatan to obtain medical expenses that have been covered by the BPJS Kesehatan program. Overall, this research is in line with previous research, namely the need for socialization to the community to find out more about the use and implementation of the BPJS card and to make it easier for users of the card Nur, S. I. [20], It is expected that the BPJS and RSUD together provide an explanation to BPJS user patients regarding the drugs given based on the class level taken so that there is no misunderstanding Syafrizal, S and Sari, F. P [9]. namely The results of this study support previous research conducted by Hasan [5] Afifah, Yusrani, Shabrina, and Istanti [1] which show the importance of improving the quality of service to BPJS Health Card participants. This is supported through a more comprehensive service system improvement Dianpungkassari, Usman, and Haerana [3]. Improving services with comprehensive system improvements will increase the satisfaction of BPJS Health card participants Listiyana and Rustiana [7]; Lusiani and Tannady [8]; Rahman [14]; Marpaung [10]; Wachruroji, Irawani, and Paselle [17]; and Nurazizah [11]. Ultimately, improved services, including administration, Suryani and Suharyanto [16] will improve future public health resilience Widada, Pramusinto, and Lazuardi [18].

## **5 Conclusion**

The results show that BPJS card services at Undata Hospital face several critical challenges. First, the complicated process of registering and verifying BPJS cards results in delays in services for patients. Second, the necessary information technology infrastructure is still lacking for the effective use of BPJS cards. Third, coordination between Undata Hospital and BPJS is still not optimal, resulting in obstacles in claims and payments. This study has also identified several advantages in the implementation of BPJS card services at Undata Hospital, including increased accessibility of health services for people covered by BPJS, increased transparency in the use of BPJS funds, and better monitoring of the use of health services.

Overall, this study contributes policy-making insights to the management of RSUD Undata and policy-makers in the local government of Central Sulawesi province that RSUD Undata needs to improve communication with BPJS cardholders, provide more education and information about their benefits and services, and improve their information systems to ensure efficiency and accuracy in delivering services. This research also provides insights to policy makers at RSUD Undata and policy makers at the local government of Central Sulawesi province so that services to patients who are BPJS Health Card participants are in accordance



with the rights and needs of these participants. The results of this study are also an important complement to researchers who concentrate on improving social security.

This study focuses on the health services of BPJS Card users, but does not examine non-BJS services. Future studies can compare between BPJS and Non BPJS to evaluate the efficiency and quality of health services provided such as analysis of waiting times, treatment costs, medical personnel ratios, treatment success rates and other quality indicators. This kind of research can provide valuable input for policy makers in optimizing the social security health system.

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