

# The Analysis of Health Social Security Agency (BPJS) and the Indonesia Health Card (KIS) Services at Setiabudi Public Health Center, South Jakarta

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## Abstract

*There are several phenomena at Setiabudi Public Health Center, South Jakarta City that attracts the researcher's attention. The public health center is lacking health service, administrative service, low call alert, and unfriendly when dealing with patients. In addition, a very long queue often happen which leads to the patient less comfortable and laziness to wait. In addition, not all drugs are covered by the Indonesia Health Card. Therefore, patients have to buy drugs outside of the public health center. The Doctor only serves for two minutes, The Public Health Center officers are less smile toward the patient, some patients do not have Health Social Security Agency, lack of socialization, lack of information for public knowledge about the self-registration procedure to Health Public Center of using Indonesia Health Card, very long queue when taking medicine at the public health center drugstore, and the doctor used to come late. The research problem is defined on the extent of the services given by the Setiabudi Public Health Center officers to the patients with Health Social Security Agency and Indonesia Health Card utilization. The research uses a qualitative approach. Data collection is done by interview, observation, and documentation techniques. The subject of this research is four informants consisting of the public health center chief, administrative division chief, patient, and Academic Lecturers at the Institute of Mandala Indonesia. The results signified that the criteria for the receiver of Indonesia health card are only allocated for those who are highly in need of the card. Finishing time is not punctual, its implementation is not fast, patients are waiting or queuing for a long time. Public Health Center sometimes out of medicine for the patients using Indonesia Health Card which lead to the patients searching for the drugs outside the public health center. Public Health Center has complete facilities and infrastructures for facilitating Health Social Security Agency and Indonesia Health Card. Health Workers know the field of the health sector and have skills in their health field. However, it is known that doctors have less attitude towards patients. Doctors are often arrived late, so patients are left waiting for a long time.*

**Keywords:** Service, Public Health Center, Healthy Indonesia Card

## INTRODUCTION

The difficulty of accessing health services for the community is a phenomenon that still occurs at present time. This does not only happen in urban areas but also rural areas. Thus, there is a familiar word that appears in society that the poor are prohibited from getting sick. The difficulty of these services is mainly influenced by financial factors and the relatively low quality of human resources, causing limited information. Such example, about the rules of the rights and obligations of the community as patients who need medical services to avoid unwanted things such as unpleasant services from medical personnel, malpractice, and others.

Based on the several factors above, the government has created a health insurance program for the poor, known as Jamkesmas. With the aim that cross-subsidies occur to realize comprehensive health services for the poor so that the poor can also feel health services when they are sick. This health care insurance is organized and regulated by the Health Social Security Agency (BPJS). In addition, the Indonesian National Health Insurance (JKN) program is also available which is part of the National Social Security System (SJSN) to provide comprehensive health insurance certainty for citizens.

Meanwhile, the JKN program has been implemented in Tangerang City starting from 2014. There are two categories of JKN-KIS participants, namely PBI participants (Recipients of Contribution Assistance) and Non-PBI. PBI Health Insurance participants are intended for the poor and underprivileged as participants in the health insurance program. Meanwhile, for Non-PBI Participants, Health Insurance is for participants who are not classified as poor and underprivileged. The implementation of the JKN program at the beginning of its implementation encountered several obstacles such as not all residents were included as participants, the distribution of health services was not evenly distributed, the quality of health services varied, the referral system and payments were not optimal. Inequality in the availability of health facilities and geographical conditions that vary widely, create the potential for widening health inequalities between community groups.

The low quality of public services is one of the highlights directed at the government bureaucracy in providing services to the community (Dewi, Rahmatunnisa, Sumaryana, & Kristiadi, 2018). The improvement of public services in the reform era was also hoped for by the whole community, but the journey did not experience significant changes. Various public responses tend to show that various types of public services are experiencing a setback, which is partly marked by the many irregularities in public services that are slow in providing services, which is also an aspect of public services that have been highlighted. In the field of public services, efforts have been made to establish public service standards in realizing public service standards that are fast, cheap, and transparent.

The lack of services for the Indonesian National Health Insurance Program was also triggered by the people who were not aware of the importance of participating in the program held by the government. In other words, the community had already assumed that the services to be provided would be slow, so people preferred to spend from their own pockets when they are sick. Even though the government has also provided health insurance for the underprivileged, such as Jamkesmas, but some poor people do not have the JKN card.

Public Health Center (Puskesmas) is one of the health institutions that have a vital role for the community in providing health first aid to patients for 7/24 hours. To be able to support this, the Setiabudi Public Health Center at South Jakarta has complete facilities and infrastructure to support the health needs of the community. However, there are several phenomena in the Puskesmas that have attracted the attention of researchers including:

1. Lack of health services and administrative services
2. Less alert and less friendly in serving patient administration
3. There are often happen long queues that make patients uncomfortable and sometimes lazy to wait.
4. Not all drugs are covered by KIS, so patients have to buy drugs outside the Puskesmas

5. Doctors serve only two minutes
6. Health center staff do not smile at patients.
7. some patients do not have BPJS-KIS Cards, due to a lack of socialization
8. Lack of public knowledge about the procedure for self-registration to the Puskesmas using the KIS Card
9. There is a long queue when taking medicine at the Puskesmas pharmacies
10. The doctor used to come late

Quality health services may be achieved if the providers and implementers of health services can jointly be patient-oriented.

## **METHODS**

This study used qualitative research methods. The qualitative research method as expressed by Bogdan and Taylor (L. J. Moleong, 2011: 4) is a research procedure that produces descriptive data in the form of written or spoken words from people and observable behavior. Objects in qualitative research are natural objects or natural settings, so this research method is often referred to as the naturalistic method.

Data was collected through several methods, including observation, in-depth interviews, and documentation methods as a complement to the use of the two previous methods (Sugiyono, 2008: 83). The selection of informants in this study used a purposive sampling technique according to Sugiyono (2017: 35) purposive sampling technique is a sample that is considered to understand and know service problems in the national health insurance program and sampling must truly reflect the state of the population itself.

## **RESULTS AND DISCUSSION**

Increasing efficient and effective public services will support the achievement of efficiency and effectiveness in terms of financing. It means that the costs may be reduced when the public services can serve the community under actual conditions or procedure that is not complicated.

Setiabudi Public Health Services at South Jakarta are an example of a public service that has a wide working area because it handles BPJS-KIS Card services for all residents of Setiabudi District, South Jakarta City. BPJS-KIS services at the Setiabudi District Health Center, South Jakarta City, can be analyzed from the results of this study according to the theory of Rahardjo Adisasmita (2009) that, every public service must have service standards and be published as a guarantee of certainty for service recipients. Service standards are a measure that must be possessed in the implementation of public services that must be obeyed by service providers and recipients. Public service standards at least include:

### **1. Service Procedure**

Based on the results of the interview above, the service procedure must refer to the service. The BPJS-KIS service starts from the RT/RW, Sub-district level in South Jakarta City, which registers its citizens to get KIS. There are criteria for KIS recipients, namely residents who can't afford it. For people who already have KIS if they want

treatment, they can directly go to the first health facility listed on the KIS card. The first health facility is located at the Setiabudi Public Health Center, South Jakarta. The BPJS-KIS program provides solutions for people who cannot afford to get free treatment. That way, it is known that BPJS-KIS prioritizes the public interest.

## 2. Completion Time

Based on the results of the interview above, the completion time of services is not following the completion time indicators. As such, the services given by the public health officers are not on time, not fast in implementation, and patients waiting or queuing too long. This can be seen from the initial process, namely registration of KIS through RT/RW, sub-districts, which did not socialize or register their citizens to get KIS. Residents were left in long queues for the KIS service process at the Setiabudi Public Health Center, South Jakarta.

## 3. Service Products

Based on the results of the interview above that the KIS service product at the Setiabudi Public Health Center, South Jakarta is following the service product indicators. Those are public health-oriented, Receives KIS referrals, Provides medicine. It can be seen that the Setiabudi Public Health Center, South Jakarta can provide service products to the community. However, in the field, it was found that there were deficiencies stated by the patient, namely Informant 3 that the Puskesmas sometimes ran out of drugs for patients using KIS, so patients bought drugs at other pharmacies.

## 4. Service fee

Based on the interview, the cost of KIS services at the Setiabudi Public Health Center, South Jakarta is in line with the service cost indicator. In which, not charging fees for BPJS-KIS users. However, the researchers are not able to find out about the fee transparency of general patients.

## 5. Facilities and Infrastructure

Based on the interview, it was signified that the KIS service facilities and infrastructure at the Setiabudi Public Health Center, South Jakarta are in line with the facilities and infrastructure indicators. Namely availability of adequate infrastructure, maintaining infrastructure, and facilitating services. It can be seen that the Setiabudi Public Health Center, South Jakarta has complete facilities and infrastructure to facilitate BPJS KIS services.

## 6. Competence of service providers

Based on the interview, the competence of KIS service providers at the Setiabudi Public Health Center, South Jakarta is in line with the indicators, namely having knowledge in the field of health, having skills in their respective health fields. However, according to the patient/community, it is known that doctors lack an attitude in serving the community because doctors used to arrive late.

## **CONCLUSION**

Based on the results of the research and implementation of services described above, the authors concluded on some ideas: The health services for KIS Card users at the Setiabudi Public Health Center, South Jakarta are running well. The health services are in line with the KIS service procedure. The procedure for using the BPJS-KIS card must begin with having a BPJS-KIS Card, the acquisition of which is under the criteria for receiving BPJS PBI (free KIS) from the government for health services starting from the 1st health facility. Service hours or operating hours are in line with the working hours of the

Setiabudi Public Health Center, South Jakarta. However, the service completion time is not following the completion time indicators, namely not on time, not fast in implementation, patients waiting, or queuing too long. From the possession of this BPJS-KIS Card, the Setiabudi Public Health Center, South Jakarta can provide service products such as health checks, medical consultations, and treatment as well as basic health needs at the Setiabudi Public Health Center for the community. However, the Setiabudi Public Health Center sometimes ran out of drugs for patients using KIS, so patients bought drugs at other pharmacies. The government frees all health costs at the Setiabudi Public Health Center through the BPJS-KIS program. The Setiabudi Public Health Center, South Jakarta can provide facilities and infrastructure to support the implementation of BPJS-KIS Card health services. The public health workers at the Setiabudi Public Health Center are under their respective competencies. However, it is known that doctors lack an attitude towards patients. Doctors are often late, so patients are left waiting a long time.

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