

## Evaluation of the BPJS Patient Admission Administration Service System at Pekanbaru Medical Center Hospital

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### Abstract

Pekanbaru Medical Center Hospital has partnered with BPJS Health since 2014, offering outpatient, inpatient, and emergency services. However, the hospital has not fully met patient expectations, especially regarding the speed and accuracy of administrative services, which has affected its public image. This study aims to analyze the implementation, challenges, and improvement strategies of administrative services for BPJS patients. Conducted in Sail District, Pekanbaru City, this qualitative case study used purposive sampling for BPJS patients and snowball sampling for other stakeholders, including all management levels and BPJS Health representatives. Data analysis involved data reduction, presentation, and conclusion drawing. Findings indicate that while the administrative service system is fairly effective, it faces challenges such as inactive BPJS membership, long registration queues, data mismatches between systems, and limited patient understanding. To enhance service quality, the hospital must optimize digitalization, train administrative personnel, and upgrade support facilities to meet patient needs more effectively.

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## 1. INTRODUCTION

Health becomes something valuable. Various efforts are made to meet the desired health standards. Health is a basic need for every human being and the capital of every citizen and nation in achieving goals and prosperity. A person cannot meet all of his life's needs if he is in an unhealthy condition, so health is the capital of every individual to continue his life properly. Health becomes something valuable, therefore various efforts are made to meet the desired health standards.

One form of the realization of comprehensive health development is the initiation of the National Health Insurance (JKN) program organized by the Social Security Administering Agency (BPJS). Law No. 24 of 2011 concerning the Social Security Administering Agency stipulates that National Social Security will be organized by BPJS, which consists of BPJS Health and BPJS Employment. Specifically, National Health Insurance (JKN) will be organized by BPJS Health whose implementation began on January 1, 2014. Operationally, the implementation of JKN is outlined in Government Regulations and Presidential Regulations, including: Government Regulation of the Republic of Indonesia Number 101 of 2012 concerning Recipients of Health Insurance Contribution Assistance; Presidential Regulation Number 12 of 2013 concerning National Health Insurance; and the JKN Roadmap (National Health Insurance Roadmap).

Health insurance reduces the risk of people having to bear health costs from their own pockets. *out of pocket*, in an amount that is difficult to predict and sometimes requires a large cost. Therefore, a guarantee is needed in the form of health insurance because participants pay premiums with a fixed amount, so that health costs are borne together by all participants, so that it does not burden each individual.

Indonesia's health system has made significant progress in the last twenty years. In terms of affordability, the number of National Health Insurance participants has now reached more than 82% of the total population in a period of seven years. The participation has grown from 121 million people in 2014 to 223 million people this year. In 2024, the number is targeted to reach 98%.

Amidst the rapid development of health technology and increasing public demands for optimal services, hospitals are faced with various operational challenges (Purwadhi et al., 2024). The problem that is often faced by hospitals in general is that hospitals have not been able to provide something that service users really expect. The main factor is because the services provided are of low quality so that they have not been able to produce the services expected by patients, thus affecting the quality of services to the community. If conditions like this are not responded to, it will create a bad image of the hospital itself. Recent developments show that the community of government and private health service users is increasingly demanding quality services. It is undeniable that patients are now increasingly critical of health services and demand their safety.

Pekanbaru Medical Center Hospital has been cooperating with BPJS Kesehatan since 2014 by providing outpatient, inpatient and emergency services. In one aspect of loyalty that is applied, there is an aspect of service procedures. This is the main component that customer loyalty can be comparable to the performance provided by the officers. The service system in the study focused on the administrative service system in receiving BPJS patients at Pekanbaru Medical Center Hospital.

Pekanbaru Medical Center Hospital has not been able to provide services that meet patient expectations, especially in terms of speed and accuracy of administrative services, thus reducing the image of the hospital in the eyes of the public. In addition, the number and competence of administrative staff are often not comparable to the number of patients served, and limited facilities such as computers and networks that often experience disruptions also hamper the service process (Yolanda, 2019). The flow of administrative services for BPJS patients at hospitals is often more complex than for non-BPJS patients, which can extend waiting times and cause patient dissatisfaction (Sari, 2022). Obstacles in the claim collection process by hospitals to BPJS Kesehatan, such as claim files that are declared ineligible, can slow down the claim payment process and harm the hospital (Agiwahyunto, Anjani & Juwita, 2021). In addition, the lengthy patient service time at the hospital, especially for patients who are decided to be hospitalized, is not in accordance with the Standard Operating Procedure (SOP) for observing critical patients for a maximum of 2 hours (Yolanda, 2019).

In addition, based on Google reviews of Pekanbaru Medical Center Hospital, the services provided were considered less than satisfactory by many patients and their families. Several complaints highlighted the poor condition of the facilities, such as a broken waiting room on the 1st floor and non-functioning air conditioning in the treatment room. There was even a case of a patient from the ICU being transferred to a regular room without adequate facilities. The service for BPJS patients was also widely criticized—patients had to wait for a room for up to eight hours after entering the ER, which gave the impression of discrimination. Even more disappointing, there were reports of unprofessional doctors, such as answering questions from patients' families with

inappropriate remarks such as, "Do you have children yet?" which clearly hurt feelings and did not reflect empathy.

Not only that, bad experiences were also felt by patients who gave birth at this hospital. A mother admitted that she was not given a wheelchair when she went home, even though she had just gone through a tiring labor process. She had to walk while enduring the pain and carrying her own belongings because there was no help from hospital staff. Even to go upstairs to breastfeed, she was not allowed to use a wheelchair. This situation shows the lack of empathy and support from the hospital towards patients who should be prioritized. This inhumane and unfriendly service makes many patients feel disappointed and do not want to return. A total evaluation of the quality of service, ethics of medical personnel, and facilities is urgently needed so that public trust can be rebuilt.

Another phenomenon that occurs is the number of National Health Insurance (JKN) participants continues to increase, reaching more than 98% of the total population in 2024. This increase requires hospitals to increase their capacity and quality of service. In addition, the community of health service users, both government and private, increasingly demands quality services, with patients now increasingly critical of health services and demanding their safety.

Table 1 Number of National Health Insurance (JKN) Participants 2020–2024

Year	Amount	Percentage (%)
2020	222.461.000	85
2021	235.719.000	86,07
2022	241.791.615	89,20
2023	267.311.566	95
2024	276.520.647	98,19

Source: BPJS Health, 2020-2024

Based on Table 1, the number of National Health Insurance (JKN) participants in Indonesia has increased significantly from 2020 to 2024. In 2020, the number of participants was recorded at 222,461,000 people or around 85% of the total population. This figure continues to increase every year, reaching 235,719,000 people in 2021 with a participation percentage of 86.07%. In 2022, the number of participants increased to 241,791,615 people or 89.20% of the total population. This increasing trend is increasingly clear in 2023 with the number of participants reaching 267,311,566 people (95%), until finally in 2024, JKN participation reached 276,520,647 people or 98.19% of the total population of Indonesia. The significant increase shows the increasingly broad scope of the JKN program in ensuring access to health services for the community, so that more and more participants, hospitals and health service facilities are expected to continue to improve the quality of services to meet the needs of the community who increasingly demand quality and safe health services.

To ensure the quality of service, the government has set the Minimum Service Standards (SPM) in the health sector through the Regulation of the Minister of Health of the Republic of Indonesia No. 6 of 2024 concerning Technical Standards for Fulfillment of Minimum Health Service Standards. The SPM regulates the types and quality of basic services that must be provided by local governments to the community. In addition, Law No. 44 of 2009 concerning Hospitals stipulates that hospitals must meet service requirements, including the availability of quality, useful, and affordable pharmaceutical supplies and medical devices.

By understanding these problems and phenomena, it is hoped that hospitals can evaluate and improve the administrative service system, especially in accepting BPJS

patients at Pekanbaru Medical Center Hospital, in order to improve the quality of health services for the community.

This study aims to analyze various aspects in the implementation of the BPJS patient administration service system at Pekanbaru Medical Center Hospital. The main focus of this study includes three things, namely: first, analyzing how the implementation of the BPJS patient administration service system runs in the hospital; second, identifying the obstacles faced in the implementation process; and third, evaluating and providing analysis of efforts that have been and can be made to improve the BPJS patient administration service system, in order to support the optimization of health services to the community.

This research is expected to contribute to the development of science, especially in the field of health administration service systems, and to be a reference for further research. In addition, the results of this study are expected to be input and suggestions for health service providers, especially BPJS at Pekanbaru Medical Center Hospital, in improving the quality of administrative services. In addition, this study is also expected to provide additional information that is useful for the community regarding the quality and effectiveness of administrative services provided by the hospital.

## 2. RESEARCH METHOD

The research method used in this study is a qualitative approach with a descriptive design through a case study conducted at Pekanbaru Medical Center Hospital in April 2025. This study aims to understand in depth the implementation, obstacles, and efforts to improve the BPJS patient administration service system from various perspectives, both internal to the hospital and from BPJS and patients. The choice of qualitative methods was made because this approach allows researchers to explore social phenomena in their natural context through direct interaction with informants. The study was conducted through field observations and in-depth interviews (*in-depth interview*) to the various parties involved, such as *top management*, *middle management*, *low management*, BPJS officers, and BPJS patients who have used administrative services at the hospital. The informant selection technique used a combination of purposive sampling to select patients based on certain experiences, and snowball sampling to gradually collect managerial informants and BPJS officers based on recommendations from previous informants until the data was considered saturated. Data collection was carried out simultaneously with observation and documentation, and supported by an instrument in the form of a researcher as the main instrument (*human instrument*), stationery, voice recorder, and visual documentation. The collected data were analyzed using techniques from Miles et al. (2014) which include data reduction, data presentation, and drawing/verifying conclusions, which were carried out interactively and repeatedly until valid and comprehensive data were obtained. To ensure the validity of the data, the researcher applied triangulation of sources, techniques, and time, conducted member checks on informants, and used reference materials in the form of recordings and documentation as authentic evidence. This method was chosen because it can provide a comprehensive and contextual understanding of the BPJS patient administration service system which is the focus of the study, and supports the drawing of valid and academically accountable conclusions.

## 3. RESEARCH RESULTS AND DISCUSSION

### Implementation of BPJS Patient Administration Service System at Pekanbaru Medical Center Hospital

The implementation of the BPJS patient administration service system at Pekanbaru Medical Center (PMC) Hospital has generally been running quite well and systematically. Based on interviews with various informants from patients to hospital management, a comprehensive picture was obtained regarding the flow, obstacles, and quality of BPJS administration services.

Rifka, an administrative officer at PMC Hospital, explained that the service flow starts from the first-level health facility (FKTP), such as a community health center or clinic, then the patient is referred to a more advanced health facility (FKTL) such as a hospital. After registering and verifying, the patient will be examined by a doctor, and if needed, medical action or further treatment will be carried out. This flow is generally understood by the majority of patients, and runs according to procedure.

From the patient's side, Suherly Pratiwi Saragih said that documents such as a photocopy of the Family Card (KK), KTP, fingerprints, and filling out forms must be prepared before the administration process takes place. She stated that the officers were quite helpful, especially in guiding the completeness of the files and service flow. The same thing was expressed by Cut Febrianti, who felt that the administration process ran smoothly and clearly as long as all documents were brought according to the provisions. The officers were considered friendly and communicative in explaining the procedures, so that patients felt helped.

Specifically, for the IGD service, Divo Hadi Pratama Putra said that he did not encounter any significant obstacles. He registered as a BPJS patient and was immediately directed to the action room by the information officer. Meanwhile, Noraini Aktalia also admitted that she was satisfied with the service, because the registration procedure went smoothly without any significant obstacles.

However, not all experiences go smoothly. Lidia Muliarta Br Sinulingga and Suherly Pratiwi Saragih have both experienced inactive BPJS status. However, they felt helped because the hospital quickly provided alternative solutions, such as using the KIS (Healthy Indonesia Card) program or assistance in reactivating BPJS cards, so that the service process could continue.

Digital transformation in the administrative service system has a significant impact on service efficiency. Rifka explained that PMC Hospital has implemented an online queue system through the Mobile JKN application that allows patients to take a queue number without having to come directly to the hospital earlier. In addition, the verification process for the Participant Eligibility Letter (SEP) is carried out online and is directly connected to the Hospital Management Information System (SIMRS). This speeds up the registration process and minimizes queues.

Panny Sihombing, a hospital management staff, added that the integration between SIMRS and the BPJS system (bridging system) allows for fast and accurate verification of patient data. According to him, this digitalization minimizes data input errors and speeds up administrative completion. Abdul Munir, a BPJS patient, also acknowledged the benefits of using Mobile JKN which is practical and efficient in the queuing process.

Coordination between officers is also a strength in BPJS administrative services at PMC Hospital. Cut Febrianti said that when she felt confused about the procedure, the administrative officer immediately coordinated with the nurse and doctor to ensure the service flow was running smoothly. Nurul Novita Sari added that since the referral process from the health center to the service at the hospital, the officers provided friendly and helpful explanations.

Regarding the differences between BPJS patients and general patients, Panny Sihombing admitted that there are differences in procedural aspects, such as the

requirement for stricter data verification for BPJS patients. However, he emphasized that in terms of medical services, all patients are treated equally. Abdul Munir added that although general patients can register directly at the counter, BPJS patients need to go through a verification queue process first. However, the service received is still good.

The level of patient satisfaction with administrative services is quite high. Divo Hadi Pratama Putra gave a score of 95 out of 100 for the service he received. Cut Febrianti and Lidia Mulianta said that they were very satisfied with the friendly and fast service. Suherly Pratiwi Saragih also appreciated the existence of supporting facilities such as a photocopying place near the registration which was very helpful if there were any missing documents.

From the internal side of the hospital, Agustin Wulan Sari, Customer Service Officer (CSO), said that she was proud to serve BPJS patients and considered that the administration system that was run was quite efficient. She also emphasized that there was no difference in treatment between BPJS patients and general patients. Meldanny Edward, Marketing Public Relations of PMC Hospital, added that the service system implemented was organized and fast, as long as patients followed the applicable procedures. She highlighted that officers also helped patients in the online queue and registration process.

Ade Kurniasih, Registration Coordinator, explained that all patient data is managed digitally through SIMRS. With this system, diagnosis, claims, and verification are done electronically, which speeds up the process and reduces queues. Sri Wahyuni, Hospital Director, emphasized that all processes from identity verification to SEP issuance can now be done online, and this greatly reduces the burden on the registration counter.

In closing, dr. Nadya Yulisa, PMC Hospital Medical Service Manager, explained that the use of SIMRS which is directly connected to the BPJS system allows data validation, SEP creation, and referrals to be carried out automatically. Thus, the service process becomes more efficient and patient waiting time can be reduced significantly.

Overall, the interview results show that the BPJS patient administration service system at Pekanbaru Medical Center Hospital has been running quite well. Digital system support, SIMRS-BPJS integration, officer readiness, and cross-sectional coordination are the keys to the success of responsive, fair, and efficient services. However, evaluation and improvement are continuously needed, especially in terms of patient education and waiting time efficiency at administrative service points.

### **Obstacles to the Implementation of the BPJS Patient Administration Service System at Pekanbaru Medical Center Hospital**

Although the BPJS patient administration service system at Pekanbaru Medical Center (PMC) Hospital has been well-structured and supported by digital infrastructure such as SIMRS and the Mobile JKN application, various operational obstacles are still found in the field. These obstacles are multidimensional, covering technical aspects, human resources, administrative procedures, and patient perceptions of the service.

One of the most common obstacles faced by patients is related to the active status of BPJS membership. Several patients admitted to experiencing a situation where their BPJS card was declared inactive, even though they felt they had paid their contributions regularly. This situation hampers the service process because the system cannot process patients whose membership status is invalid. Suherly Pratiwi Saragih, a BPJS patient, explained that even though she faced the problem of an inactive card, the hospital provided a quick solution by directing her to use alternative services such as KIS. A similar thing was expressed by Lidia Mulianta br Sinulingga, who felt helped by the quick response of the officers in handling the administrative problem.

Another significant obstacle is the long queues at the registration desk, especially during peak hours. This is exacerbated by the limited number of administrative officers that are not comparable to the daily patient volume. Noraini Aktalia, one of the patients, said that she had to wait more than 30 minutes for the BPJS verification process. This condition has the potential to reduce patient satisfaction, especially for vulnerable groups such as the elderly or patients in emergency conditions.

In addition to the waiting time aspect, procedural differences between BPJS patients and general patients are also highlighted. Panny Sihombing, a hospital administration officer, said that general patients can go directly to the polyclinic service, while BPJS patients must go through additional verification stages, including SEP validation and participant eligibility. Although these differences are procedural and do not concern the quality of medical services, without adequate explanation to patients, these differences can create discriminatory perceptions and affect service satisfaction.

In terms of digitalization, obstacles arise in the form of dependence on physical documents. Although the SIMRS system and integration with BPJS have been running, the initial data input process and document collection still require physical photocopies of KTP, KK, and BPJS cards. This is considered inefficient by patients such as Noraini Aktalia, who suggested that photocopying services be available in the hospital area or, ideally, full digitization of all administrative documents.

Not all patients experienced significant obstacles. Divo Hadi Pratama Putra stated that the registration process went smoothly and there was no difference in service between BPJS and general patients. Cut Febrianti also assessed that the queues that occurred were still within reasonable limits and officers continued to provide friendly and informative service. This view shows that perceptions of service are subjective and influenced by each patient's experience, time of visit, and the condition of the system at that time.

Another issue that emerged from the interview was the lack of education related to BPJS administrative procedures for patients, especially for new or elderly participants. Several patients admitted to being confused because they did not understand the need for SEP verification or referral mechanisms from FKTP. In this context, education through information media such as pamphlets, infographics, or special information officers in the registration area is very relevant to implement.

From a technical perspective, Agustin Wulan Sari, a Customer Service Officer, revealed that network constraints are a problem that often arises, especially when patient traffic is high. Network disruptions affect the speed of the administration process, especially in the bridging system between the hospital SIMRS and the BPJS system. This constraint requires a quick response from the technical team so as not to hamper service.

Meldanny Edward, Public Relations and administrative service staff, also highlighted the challenges in using the Mobile JKN application. According to him, some patients, especially the elderly, are not familiar with digital technology and often have difficulty using the application. He explained that officers often have to help patients log in to the application from the patient's personal device, including overcoming the problem of forgetting usernames or passwords.

Ade Kurniasih, Registration Coordinator, added that data mismatch between the hospital system and the BPJS system is a fairly common obstacle. When patient data is not synchronized, the verification process is hampered and affects the speed of service. In addition, internet connection disruptions are also an inhibiting factor that requires direct coordination with the IT team to be handled immediately.

The same problem was also conveyed by Sri Wahyuni, Director of the Hospital. She emphasized that many elderly patients are not familiar with the digital system and find it

difficult to register online through the Mobile JKN application. The hospital overcomes this by providing direct assistance on the spot and explaining the procedures in stages.

Meanwhile, dr. Nadya Yulisa, Medical Service Manager, stated that network disruption is the most common obstacle, both from the hospital's internal side and from the BPJS central system. If bridging is disrupted, SEP validation will be delayed. However, the hospital has prepared risk mitigation, including manual process options and fast coordination between units to maintain smooth service.

Based on the findings above, it can be concluded that the obstacles to BPJS patient administration services at PMC Hospital include five main aspects. First, the problem of BPJS card activity which causes service delays. Second, long queues due to limited administrative staff. Third, procedural differences that create discriminatory perceptions if not properly socialized. Fourth, limited digitalization that still requires physical documents. Fifth, low digital literacy among elderly patients and network system disruptions that have a direct impact on service times.

However, these findings also show that the hospital has shown an adaptive response to these various obstacles. Solution-oriented actions from officers, use of bridging systems, coordination with technical teams, and services that remain professional are the strengths of PMC Hospital in maintaining service quality. In the future, improvement efforts need to be focused on increasing the capacity of digital infrastructure, patient education, and increasing the number of administrative officers, especially during peak hours, so that BPJS administrative services can be more efficient, humane, and equitable.

### **Efforts to Improve the BPJS Patient Administration Service System at Pekanbaru Medical Center Hospital**

BPJS patient administration services at Pekanbaru Medical Center Hospital (PMC Hospital) are an important component in supporting fair, efficient, and equitable access to health services. As one of the referral hospitals in Pekanbaru City, PMC Hospital realizes that administrative obstacles are often the initial obstacles experienced by patients in obtaining health services, especially National Health Insurance (JKN) participants through BPJS Kesehatan. In response to this, various efforts have been made by the hospital to improve the quality of administrative services, both in terms of information systems, human resources, and supporting facilities.

One of the strategic steps that has been implemented is the digitalization of services through the implementation of the Hospital Management Information System (SIMRS) which is directly integrated with the BPJS Kesehatan system. According to Rifka, an administrative officer at PMC Hospital, this system integration facilitates administrative processes such as participant verification, registration, and printing of Participant Eligibility Letters (SEP). By utilizing the Mobile JKN application, patients can queue online and verify data without having to come to the hospital early. This increases efficiency, reduces queues, and minimizes errors in data input.

Furthermore, the use of the VClaim platform has accelerated the creation of SEPs which were previously done manually. Rifka emphasized that this system has supported the acceleration of real-time data verification and reduced administrative workload. Thus, the service process becomes shorter and more transparent.

In addition to the technological aspect, attention to the quality of humanistic services is also an important highlight. Cut Febrianti, one of the BPJS patients, conveyed the need to improve the friendly attitude and not make things difficult for administrative officers. According to her, empathetic service will increase public interest in seeking treatment at



PMC Hospital. This shows that excellent service is not only oriented towards an efficient system, but also on interpersonal communication that respects the dignity of patients.

The supporting facilities aspect is also a concern. Suherly Pratiwi Saragih proposed that PMC Hospital provide a file photocopying service near the administration counter. When patients do not bring complete documents, they have to leave the hospital to find a photocopying place, which causes delays and inconvenience. The availability of this facility is considered to support the effectiveness of the service system, especially for patients with limited access.

In addition, the limited number of administrative officers during peak hours is another inhibiting factor conveyed by Noraini Aktalia. She proposed adding officers so that the queue process is not too long. This is important because long waiting times can reduce patient satisfaction and disrupt the flow of services.

In terms of human resource competency, Cut Febrianti reiterated the importance of patient attitude and communicative explanation from officers, especially to patients who are confused about the procedure. In this context, public service training and effective communication for administrative officers are important agendas to create friendly and inclusive services.

Management's commitment to evaluation and improvement is also reflected in the statement of Panny Sihombing, a representative of PMC Hospital, who emphasized that all input from patients is used as material for periodic evaluation. This process is part of a good feedback mechanism between patients and management, and is one indicator of an institution that is responsive to the needs of service users.

From a technical perspective, Agustin Wulan Sari explained that network constraints are one of the main challenges faced. Connection disruptions, especially when the patient volume is high, can slow down the verification and data input process. However, coordination between the service department and the IT team was carried out quickly to maintain system stability. She also said that in addition to the network, other facilities have supported the service, and hopes that in the future PMC Hospital will continue to maintain the quality of friendly and sincere service.

Meldanny Edward, Public Relations of PMC Hospital, highlighted the stability of the Mobile JKN application as a challenge that needs attention. He stated that the application often experiences auto logout, which makes it difficult for elderly patients who come alone. In many cases, officers help re-login from the patient's device, but system stability remains an area that needs to be improved. He assessed that the manual system at PMC Hospital is quite helpful, but improvements in digital technology are still needed for maximum efficiency.

Furthermore, Ade Kurniasih, Registration Coordinator, emphasized that improving the quality of service is done through optimizing information technology, intensive communication with patients, and identifying and resolving service delays immediately. The hospital routinely conducts satisfaction surveys as an evaluative instrument to improve the quality of administrative services.

Similar efforts were also expressed by Sri Wahyuni, Director of PMC Hospital. She explained that the hospital continues to strive to improve patients' digital literacy, especially by increasing educational materials such as banners and direct explanations in the field. According to her, good digital literacy will reduce queues at the counter and speed up the administrative process. She also emphasized the importance of transparency of procedures and openness to patient complaints through surveys and direct observation.

Finally, dr. Nadya Yulisa, Medical Service Manager, said that administrative procedures have been simplified through SIMRS-BPJS bridging, and patient education is carried out through the role of MJKN Ambassadors provided by the hospital. Through online queue taking and an integrated complaint system, PMC Hospital continues to strive to create fast, efficient, and comfortable services. Patient complaints are recorded systematically and followed up quickly as part of the service quality control mechanism. Overall, based on the research findings, it can be concluded that efforts to improve the BPJS patient administration service system at PMC Hospital have been carried out through various approaches, including technology, human resources, and provision of supporting facilities. Digitalization of services through the integration of SIMRS with the BPJS system, as well as the use of the Mobile JKN and VClaim applications, have helped speed up and simplify the administration process. However, challenges remain in terms of officer attitudes, limited number of personnel, and supporting facilities that still need to be improved. In the future, PMC Hospital is advised to continue to conduct soft skills training for officers, increase the number of administrative staff during peak hours, provide facilities such as photocopying and comfortable waiting rooms, and expand education to patients regarding the use of the Mobile JKN application. Continuous improvement efforts are key so that BPJS administrative services are not only fast and accurate, but also humane and equal for all patients regardless of participant status, so that even though BPJS administrative services at PMC Hospital are on the right track, the commitment to continuous improvement (*continuous improvement*) is maintained so that services are increasingly optimal, both in terms of system efficiency and the quality of human interaction.

## Discussion

### Implementation of BPJS Patient Administration Service System at Pekanbaru Medical Center Hospital

The implementation of the BPJS patient administration service system at the Pekanbaru Medical Center (PMC) Hospital shows good integration between information technology and a humanist approach. This is reflected in the use of the Hospital Management Information System (SIMRS) which is directly connected to the BPJS system through *bridging system*, allowing real-time data verification and automatic issuance of Participant Eligibility Letters (SEP). The implementation of this technology is in line with research findings at Rokan Hulu Regional Hospital, which emphasizes digitalization to improve the efficiency of BPJS patient administration services (Galingging, 2024).

From the perspective of service quality theory by Zeithaml, Parasuraman, and Berry, which includes five dimensions—*tangible*, *reliability*, *responsiveness*, *assurance*, and *empathy*—administrative services at PMC meet most of these indicators (Sugiarti et al., 2022). Adequate physical facilities (*tangibles*), reliability in the data verification process (*reliability*), rapid response to administrative constraints (*responsiveness*), guarantee of non-discriminatory service (*assurance*), as well as the friendly and helpful attitude of the officers (*empathy*) has been recognized by patients through various positive testimonials. This is consistent with research at Dr. R. Soeharsono Banjarmasin Regional Hospital, which found that professional and timely administrative services increase patient satisfaction (Destriyani, Herman, M., & Fibriyanita, F., 2020).

However, challenges remain, especially related to the complexity of administrative procedures for BPJS patients compared to general patients. BPJS patients are required to complete various documents and go through a longer verification process. Nevertheless, officers at PMC demonstrated adaptive capabilities in dealing with these obstacles, such as

assisting in activating inactive BPJS cards or providing alternative solutions. This approach is in line with findings at H. Andi Sultan Daeng Radja Bulukumba Regional Hospital, which emphasized the importance of planning, organizing, implementing, monitoring, and evaluating in the administrative service system to ensure efficiency and effectiveness of services (Yolanda, 2019).

Overall, the implementation of the BPJS patient administration service system at PMC shows that the integration of information technology with a humanistic service approach can improve efficiency and patient satisfaction. However, to achieve more optimal service, ongoing efforts are needed to simplify administrative procedures and improve patient literacy regarding the use of digital services.

### **Obstacles to the Implementation of the BPJS Patient Administration Service System at Pekanbaru Medical Center Hospital**

The implementation of the BPJS patient administration service system at the Pekanbaru Medical Center (PMC) Hospital faces various obstacles that affect the quality of service. One of the main problems is the invalid BPJS card activity status even though patients feel they have paid their contributions regularly. This discrepancy can be caused by late payments, data errors, or changes in membership that are not informed. According to Hardiyansyah (2018), reliability (*reliability*) is the ability to provide promised services accurately and reliably. The inconsistency of the card's active status reflects the lack of reliability in the BPJS administration system. Research by Silitonga, T. D., Safera Arianti, E., Aguslianti, D., Astari, R., Luthfi, M., Hang, S., & Pekanbaru, T. (2023) identified similar problems, namely patients experiencing obstacles because their BPJS participant cards are inactive, and the SEP creation application experiences network disruptions that impact the outpatient BPJS patient registration service process.

Long queues at the registration desk, especially during peak hours, indicate a lack of responsiveness (*responsiveness*) in service. Hardiyansyah (2018) emphasized the importance of responsiveness in public service. Research by Silitonga et al. (2023) at PMC Hospital also found that the high number of outpatient visits by BPJS patients hampered the service process at registration, especially when the SEP creation application experienced network disruptions.

The difference in procedures between BPJS patients and general patients can lead to discriminatory views. According to the theory of justice in public services, all citizens have the right to receive equal services. Research by Putri & Cokki (2024) shows that non-BPJS users receive quality services and have significantly higher patient satisfaction than BPJS users, which indicates the need to promote equality in services.

The need for photocopying physical documents indicates a lack of tangible evidence in service. Hardiyansyah (2018) stated that physical facilities and technology support service quality. Research by Silitonga et al. (2023) also highlighted that the lack of digitalization in the administrative process means that patients still have to bring manual photocopies, which adds to the administrative burden.

Lack of patient understanding of BPJS procedures indicates low empathy (*empathy*) in service. Hardiyansyah (2018) emphasized the importance of good attention and communication to patients. Research by Silitonga et al. (2023) found that the lack of socialization or education regarding BPJS procedures in hospitals made some patients feel confused or unprepared when dealing with the service system.

Network disruptions and technical problems in the Mobile JKN application indicate a lack of reliability of the information technology system. According to public service theory,

system reliability is key to providing efficient services. Research by Silitonga et al. (2023) noted that the SEP creation application sometimes experiences network outages or disruptions that have a negative impact on the outpatient BPJS patient registration service process.

Data mismatch between the hospital system and BPJS indicates a lack of guarantee (*assurance*) in service. Hardiyansyah (2018) stated that assurance includes the knowledge and courtesy of employees and their ability to instill trust and confidence. Research by Silitonga et al. (2023) showed that data mismatch between the hospital system and BPJS caused verification to be hampered, which in turn slowed down the entire registration and service process.

Overall, the obstacles in the implementation of the BPJS patient administration service system at Pekanbaru Medical Center Hospital reflect various aspects of public service theory and are supported by findings in previous studies. Improvement efforts can be focused on increasing system reliability, officer responsiveness, procedural fairness, physical facilities, empathy in communication, reliability of information technology, and service assurance.

### **Efforts to Improve the BPJS Patient Administration Service System at Pekanbaru Medical Center Hospital**

Efforts to improve the BPJS patient administration service system at Pekanbaru Medical Center Hospital (PMC Hospital) reflect the implementation of public service principles that are oriented towards efficiency, accuracy, and patient satisfaction. One of the strategic steps taken is digitalization through the integration of the Hospital Management Information System (SIMRS) with the BPJS Kesehatan system. This integration allows real-time participant verification, speeds up the registration process, and minimizes data input errors, thereby increasing operational efficiency and service accuracy.

The implementation of SIMRS supports the principles of transparency and accountability in public services, in accordance with the New Public Service paradigm which emphasizes active community participation in the service process. Integrated system, patients can access information independently through the Mobile JKN application, which facilitates the administration process and reduces waiting time. However, technical challenges such as network stability and applications that often log out are still obstacles that need to be overcome to ensure optimal service (Sumarto, 2018).

In addition to the technological aspect, the quality of human resources is also a focus for improvement. Soft skills training for administrative officers is important to improve friendly, empathetic, and responsive attitudes to patient needs. Previous studies have shown that empathy and good attitudes of officers contribute significantly to patient satisfaction (Galingging, 2024). Therefore, PMC Hospital needs to continue to develop officer competencies through periodic training and evaluation.

Providing supporting facilities such as photocopying facilities near the administration counter is also an important step to make it easier for patients to complete the required documents. The availability of these facilities can reduce waiting times and increase service efficiency. Other studies emphasize the importance of adequate physical facilities in supporting the quality of administrative services.

The commitment of PMC Hospital management in receiving input from patients as part of routine evaluations shows the application of the principles of participation and accountability in public services. By listening to complaints and suggestions from patients, the hospital can make continuous improvements to improve the quality of service. This is

in line with the principles of public services that emphasize the importance of responsiveness and adaptability to the needs of the community.

Overall, efforts to improve the BPJS patient administration service system at PMC Hospital through digitalization, human resource development, provision of supporting facilities, and implementation of public service principles demonstrate the hospital's commitment to providing efficient, accurate, and patient satisfaction-oriented services. Although challenges remain, a holistic and sustainable approach will ensure that BPJS administration services at PMC Hospital continue to develop and meet community expectations.

#### 4. CONCLUSION

Based on the research results, it can be concluded that the implementation of the BPJS patient administration service system at Pekanbaru Medical Center Hospital has been quite effective thanks to the use of the Hospital Management Information System (SIMRS) which is integrated with the BPJS system. This provides convenience in the data verification process and the issuance of Participant Eligibility Letters (SEP). However, there are still several obstacles that hinder the smooth running of services, such as inactive BPJS membership status, long queues, data inconsistencies, and minimal patient understanding of procedures. Technical disruptions to the Mobile JKN application and limited supporting facilities are also obstacles in themselves. Therefore, improvements are needed through optimizing digitalization, increasing officer competence, and educating patients in order to create more efficient, responsive, and satisfying services.

This study has important managerial implications for Pekanbaru Medical Center Hospital in improving the quality of BPJS patient administration services. At the top management level, policies are needed to encourage the acceleration of digital transformation, especially in the integration of SIMRS with the BPJS system in real-time to reduce data errors and accelerate the verification process. Middle management is expected to strengthen supervision of SOP implementation, balance the workload of officers, and design regular technical training. Meanwhile, low management needs to improve coordination between teams and master the use of technology such as the Mobile JKN application and electronic queuing system. In addition, the addition of physical facilities and the provision of visual information can accelerate the service flow. Overall, hospitals need to foster a work culture that is adaptive to technological developments and oriented towards patient satisfaction, through strategic planning, resource organization, and continuous monitoring and evaluation.

Pekanbaru Medical Center Hospital is advised to continue developing an integrated management information system (SIMRS) with the BPJS system and expand the digitization of services such as online registration and electronic queues to increase efficiency and reduce waiting times. In addition, regular training is needed for administrative officers to improve their competence in using digital systems and understanding BPJS service procedures. The hospital also needs to complete supporting facilities, such as photocopiers and interactive information screens, and provide comprehensive education to patients regarding the service flow and their rights and obligations. This education can be delivered through print media, digital media, or direct approaches so that patients are better prepared to access health services smoothly and appropriately.

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