



Analysis of the Effectiveness of Health Programs on Access to Public Health Services (Case Study at BPJS Kesehatan Marelان)

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ABSTRACT: The topic is highly relevant to public health and social policy, particularly in developing country contexts undergoing universal health coverage transitions. This study evaluates the effectiveness of the National Health Insurance (JKN) program managed by BPJS Kesehatan in the Marelان area of Medan. This study examines how the BPJS Kesehatan program improves access to health services for low-income groups. Using a qualitative case study design, the research involved in-depth interviews and observations at several local healthcare facilities. Participants included BPJS users in Marelان with diverse demographic backgrounds. Data were analyzed thematically. The obstacles include long waiting times, limited facilities and medicines, and low public understanding of their rights and obligations. Additionally, socioeconomic factors affect access, with low-income groups facing additional barriers. The study implies the need to improve health infrastructure, simplify administrative procedures, adopt an inclusive approach targeting vulnerable populations, and enhance program socialization to raise public awareness. Implementing these recommendations is expected to improve the quality of BPJS Kesehatan services and health outcomes in the Marelان community.

Keywords: National Health Insurance (JKN), BPJS Health, Access to Health Services, Program Effectiveness, Socio-Economic.



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INTRODUCTION

The Republic of Indonesia's Constitution's Article 28H, paragraph 3, states that every citizen has the right to quality healthcare. According to the article, "Everyone has the right to social security that allows him/her to grow and develop fully into a useful individual." This principle is the basis for the implementation of the National Health Insurance (JKN) program in Indonesia. Every person has a fundamental right to access high-quality health care, which the government guarantees. BPJS Health aims to be more equitable and affordable for the entire community. BPJS Health, which is more affordable and equitable for the community as a whole (Sukardi & Anisa Nur Fadilla, 2024). The goal of the government's JKN program is to give all Indonesians access to comprehensive health insurance so they can lead successful, healthy lives (Ramadhani

et al., 2024). This program offers a range of services, including the supply of medications and medical supplies with an emphasis on quality management and cost control, as well as health promotion, illness prevention, treatment, and rehabilitation (Basuki et al., 2016). BPJS Kesehatan is expected to be able to answer the problem of high inequality in health services, especially for low-income groups (Dr. Sri Yulianty Mozin MPA, 2020). In this context, customer satisfaction is a crucial indicator of program success, with service quality and facilities being identified as primary determinant (Handayani et al., 2023). However, even though this program has been running for more than a decade, there are still challenges in its implementation, such as limited infrastructure, budget burden, and public dissatisfaction with the quality of health services provided. These challenges often manifest as operational bottlenecks at the primary healthcare level; for instance, studies have highlighted issues such as prolonged waiting times, limited human resources, and inadequate facilities as key barriers to effective service delivery (Meiliani et al., 2024). From the results of temporary observations, researchers saw that in the Marelan area, one of the densely populated areas in Medan City, access to BPJS Kesehatan services is a relevant issue."

Access to BPJS Kesehatan services is a pertinent issue in the Marelan district, one of Medan City's most densely populated areas, according to the findings of short-term observations. The realities of metropolitan neighborhoods with different socioeconomic levels are reflected in this section, allowing for a thorough evaluation of how well the JKN program reaches the community and enhances its quality of life. The primary cause of BPJS Kesehatan's budget deficit is the inability to raise enough money to pay for services, especially given the extremely high and steadily rising cost of funding catastrophic illnesses. Despite various policies to increase contributions, low public awareness of the importance of health insurance and misunderstandings about the principles of social insurance remain major obstacles in improving participation and compliance in paying contributions (N. A. Putri et al., 2024). The purpose of this study is to assess the efficacy of the BPJS Kesehatan program in Marelan, particularly with regard to how well it can enhance community access to services. However, there was considerable heterogeneity in the quality of health services that BPJS Kesehatan participants got in Marelan medical facilities (Pratama et al., 2023). While some participants expressed satisfaction, many expressed dissatisfaction with the lengthy wait times and the subpar quality of medical services. The complicated claim process and lengthy bureaucracy are also often obstacles for BPJS Kesehatan participants in obtaining the services they need. In addition to internal factors in the implementation of the program, the lack of effective socialization from BPJS Kesehatan also has an impact on the low understanding of the community regarding their rights and obligations as participants (K. I. L. Dewi et al., 2019). As a result of their ignorance or misinterpretation of service protocols, many people do not make the best use of health facilities (M. A. F. Putri et al., 2024)

Previous studies have revealed several factors that influence the effectiveness of the BPJS Kesehatan program. (Yesri O. Tambahani et al., 2014) stated that public perception of service quality is influenced by the intensity of socialization and ease of claims. Susilo et al. (2019) highlighted that although BPJS increases access for low-income people, the lack of socialization results in low understanding of the benefits of the program among participants. Putra and

(Tarigan et al., 2022) added that administrative barriers and non-transparent procedures also reduce participant satisfaction. These studies highlight the importance of socialization, understanding, and administrative efficiency in the success of BPJS Kesehatan, which aims to provide more equitable and affordable healthcare services (Yuliastuti & Jawahir, 2023). However, there is no comprehensive theoretical framework that integrates five key indicators of program effectiveness—participant comprehension, target accuracy, timeliness of service, goal achievement, and tangible community impact—especially in socioeconomically diverse settings like Marelan (Hasan, 2019). Public opinion of BPJS services in Marelan is mixed; while some appreciate the benefits, many report poor service quality and administrative challenges, particularly among low-income groups who face additional barriers. This gap in research and the unique socioeconomic context of Marelan motivate this study. Focusing on BPJS Kesehatan users in Marelan, this research aims to assess the program's effectiveness through the five indicators. Specifically, it seeks to answer: (1) How well do participants understand their rights and obligations? (2) How timely and accessible are the services provided? and (3) To what extent has the program achieved its goals in improving community health outcomes?

Effectiveness of Health Programs

Effectiveness, derived from the term "effective," means successful or well-executed. It generally measures how successfully a task is completed and how closely the outcomes meet predetermined objectives. Gibson (1997) defines effectiveness as the accomplishment of objectives through the application of the effectiveness concept, indicating whether the aims of a collaborative effort have been met. Agung Kurniawan further defines effectiveness as the capacity to perform organizational duties or responsibilities without conflict or pressure, frequently linked to the accomplishment of operational goals (Maharani et al., 2025). In the context of the BPJS Health program, effectiveness is directly tied to its ability to guarantee that members can obtain medical care without facing severe administrative or financial barriers (Sari et al., 2024). Indicators such as relatively short waiting times, adequate facilities and medical personnel, and participant satisfaction are key markers of success.

According to Sutrisno (2007), five main indicators measure program effectiveness:

1. Program Understanding: The extent to which the community understands the program activities.
2. Right on Target: Whether the program reaches or becomes a reality for its intended objectives.
3. On Time: Whether the implementation of the planned program adheres to the scheduled timeline.
4. Achievement of Objectives: Measured by the achievement of the program's planned objectives.
5. Real Change: The extent to which the program creates a tangible impact or change in the community.

Although the theory of health program effectiveness has explained these five key indicators, there is currently no comprehensive theoretical framework that integrates these indicators within a diverse socio-economic context, especially in regions like Marelan. This study identifies this gap and provides a synthesis and contextual analysis based on the local conditions. Therefore, the contribution of this research is primarily a consolidation and application of existing theories within the socio-economic context of Marelan, rather than introducing a new, original theoretical model. This highlights the importance of this study as an effort to portray the effectiveness of the BPJS Kesehatan program integratively in a varied local context, thereby filling the gap left by previous studies that have yet to examine these five indicators in an integrated manner.

BPJS Health Program

The main goal of the Indonesian government's 2014 National Social Security System (SJSN) strategic initiative, BPJS Health, is to achieve universal health coverage (UHC). Hospitals are included as advanced referral facilities (FKRTL) in this scheme, along with other health service providers (Pritami et al., 2023). Regardless of the participants' financial situation, BPJS offers equal access to health services, which is one of its main benefits, according to the Ministry of Health (2022). But there are still issues with its implementation, like long lines, a lack of drugs, and a lack of awareness among participants about their rights and responsibilities. Several studies have assessed BPJS's effectiveness: (Hidayat & Bachtiar, 2024) found that despite increased access, participants struggled with long waiting times and poor communication between medical staff and patients; (Handayani et al., 2023) noted higher satisfaction among participants with better program understanding, while a lack of understanding led to disappointment; (Abidin, 2016) highlighted disparities between urban and rural areas, with rural services hampered by minimal infrastructure and personnel shortages. A related study by (Meiliani et al., 2024) on BPJS implementation at Marbau Community Health Center revealed adherence to standard procedures and patient comfort, but also significant obstacles like long waits and insufficient medical and support staff, alongside positive elements such as free services, consistent treatment, comprehensive inpatient care, and strategic location enhancing efficiency. Complementing these findings, (Padang & Village, 2023) examined service quality at Ofa Padang Mahondang Health Center, noting that services for both BPJS and non-BPJS participants met community needs through dimensions such as tangibles, reliability, responsiveness, assurance, and empathy. Their study emphasized the supportive role of friendly staff attitudes and straightforward service flows in delivering quality care. However, they also identified persistent inhibiting factors related to a lack of facilities and infrastructure that warrant attention (Astuti, 2020). Although these studies have explored various dimensions of BPJS's effectiveness, comprehensive analysis employing five main indicators within the local context of Marelan remains lacking. This research gap presents an opportunity for more detailed, contextual research to fully understand and enhance the effectiveness of BPJS throughout the region (Ramadhani et al., 2024)

Access to Health Services

Inclusive and equitable health service delivery depends significantly on community access. Access involves not only the availability of medical facilities and professionals but also the public's ability to utilize and accept offered services.

Levescue, (2013) conceptual framework describes access as a process influenced by both user characteristics and health system factors, with five main dimensions:

1. **Approachability (Information Accessibility):** Degree to which services can be identified and understood by the community through transparent, accessible information.
2. **Acceptability (Service Acceptance):** Compatibility of services with the socio-cultural norms, religious values, and preferences of the community.
3. **Availability (Facilities and Health Workers):** Presence and equitable distribution of adequate healthcare facilities and personnel.
4. **Affordability:** Economic ability of individuals to pay for direct and indirect healthcare costs.
5. **Appropriateness:** Extent to which services meet medical needs and consider patients' socioeconomic contexts, leading to effective and trusted care.

In Marelan, public perceptions of BPJS vary widely. Access and quality are still challenged by systemic and socio-economic factors, especially among low-income groups. This gap in understanding access complexities motivates this study.

Community Socioeconomic Factors

Widjajanto (2021) Socioeconomic factors such as income, education, and employment heavily influence BPJS program effectiveness. Low-income beneficiaries, especially Contribution Assistance Recipients (PBI), often struggle with contributions and healthcare costs despite government support. Educational level also affects participant understanding and utilization of healthcare services. Lower education levels correlate with poorer awareness of BPJS mechanisms and benefits, resulting in underutilization of the program (Marni Siregar et al., 2023). Hence, success depends not only on financial access but also on participant awareness of rights and obligations.

Community Satisfaction

Participant satisfaction is a holistic evaluation comparing expectations and actual experiences with BPJS health services, encompassing quality, accessibility, procedural ease, and perceived benefits. Oliver (1997) categorizes satisfaction into:

1. **Transactional Satisfaction:** Immediate satisfaction following specific service delivery.

2. Cumulative Satisfaction: Long-term satisfaction built over repeated experiences as a BPJS participant.

In Marelan, satisfaction levels vary due to differences in understanding and systemic barriers.

Integrative Conceptual Framework

This study proposes an integrative conceptual framework combining Levesque et al.'s five access dimensions with Sutrisno's five program effectiveness indicators, creating a comprehensive evaluation model:

Access Dimension	Effectiveness Indicator	Explanation
Approachability	Program Understanding	Access to clear, understandable information enhance participant comprehension.
Acceptability	Right on Target	Cultural and social appropriateness supports accurate targeting of beneficiaries.
Availability	On Time	Availability of services enables timely program implementation and service delivery.
Affordability	Achievement of Objectives	Economic accessibility aids in realizing equitable health service goals.
Appropriateness	Real Change	Service relevance encourage behavioral changes and tangible community health improvements.

Source: data processed by the author (2025)

Theoretical Gap and Contribution

Though prior studies examine aspects of BPJS effectiveness, a lack of integrated conceptual models addressing socio-economic diversity alongside program effectiveness indicators persists. This study fills that gap by synthesizing and contextualizing these dimensions within Marelan's local setting.

Hypotheses and Expected Outcomes

Using this framework, the study qualitatively expects:

1. Enhanced program understanding to improve participation and satisfaction.
2. Accurate targeting to bolster inclusiveness and fairness.
3. Timely services to increase efficiency and trust.
4. Demonstrable achievement of program goals through expanded access and financial risk protection.
5. Observable positive changes in health behavior and service utilization within the community.

METHOD

This study employed a qualitative case study design. A qualitative approach allows researchers to explore in depth the phenomena that occur in the field and understand the community's perspective on the effectiveness of the BPJS Kesehatan program in the context of socio-economic factors in Medan Marelان District. As stated by Kirk and Muller in Kaelan (2011), qualitative research aims to explore the meaning, concepts, and values contained in the object being studied. In this case, researchers will focus on the experience, understanding, and views of the community towards the BPJS Kesehatan program, as well as how socio-economic factors (income, education, employment) influence the success of the program in the area. These data consist of narratives, experiences, views, and subjective perceptions from the community regarding the BPJS Kesehatan program and access to health services. This data is obtained through in-depth interviews, observations, and documentation regarding the implementation of BPJS in Medan Marelان District and the challenges faced by the community related to their socio-economic factors.

The participants of this study were BPJS Kesehatan members in the Medan Marelان District, comprising both Contribution Assistance Recipients (PBI) and independent participants. Participants were purposively selected to represent various social and economic backgrounds and experiences in utilizing BPJS Kesehatan services.

Table 1. Participant Characteristics

No	Age (years)	Gender	Occupation	BPJS Membership Type
1	47	Female	Housewife	PBI
2	52	Male	Private Employee	Independent
3	38	Female	Housewife	Independent
4	55	Male	Casual Worker	Independent
5	63	Male	Retired	PBI
6	63	Male	Retired	Independent
7	45	Female	Housewife	Independent
8	50	Male	Informal Worker	Independent
9	37	Female	Housewife	PBI
10	48	Male	Daily Laborer	Independent

Source: data processed by the author (2025)

Primary data were collected through in-depth interviews and direct observations at health facilities serving BPJS Kesehatan participants in Medan Marelان. Interview questions focused on personal experiences with BPJS utilization, barriers encountered, and socio-economic factors influencing participation. Observations aimed to capture service processes and interactions within health facilities. Secondary data were obtained from official documents, government reports, and relevant literature.

Data from interviews, observations, and documentation were analyzed using the qualitative data analysis model by Miles and Huberman (2014), which involves data reduction, data presentation,

and conclusion drawing. Data analysis focused on information relevant to assessing the effectiveness of BPJS in the socio-economic context of Marelan.

To ensure credibility, source and method triangulation were conducted by comparing findings from interviews, observations, and documentation as well as across different informant groups (participants, BPJS officers, and health workers).

This study received ethical approval from the appropriate review board. Participants were fully informed about the research objectives, their rights to refuse or withdraw, and confidentiality of their data. Participation was voluntary and anonymous.

RESULT AND DISCUSSION

Research Results

According to the findings of in-depth informant interviews, the program effectiveness metric used by this organization aligns with the idea presented by Sutrisno (2007:125–126), which compiles the findings of expert research. The following explains the effectiveness indicators in question:

Program Understanding

The interviews revealed a variation in the level of public understanding regarding the BPJS Kesehatan program. Six out of ten participants knew about the program from the beginning, mainly through socialization via neighborhood RT/RW and community outreach activities. The other four participants only knew of the program's existence but did not understand the detailed benefits and procedures. Two participants experienced misunderstandings related to active membership status despite irregular payment of contributions.

"I thought it was okay if I didn't pay now, I could pay when I got sick. But when my wife was hospitalized, they said her BPJS was inactive due to late payments. I was confused about how much and since when I had to pay." (Participant, 47 years old)

Other information sources included social media and stories from neighbors.

Right on Target

Most participants claimed to feel real benefits from BPJS Kesehatan, particularly in access to more affordable healthcare services. However, complaints were raised about limited facilities and long queues in hospitals. Some services, such as dental care, were not covered, causing disappointment. These complaints were reported by 5 out of 10 participants. Additionally, 3 participants stated that the program was quite well-targeted, especially for Contribution Assistance Recipients (PBI).

"The facilities at the hospital are limited. Many patients have to share beds. The queues are long, so it feels uncomfortable." (Participant, 38 years old)

"I thought BPJS would cover all medical costs, but dental treatment is not included, so I was disappointed." (Participant, 55 years old)

"BPJS really helps me as a retiree with limited income." (Participant, 63 years old)

On Time

The registration and activation process for BPJS participants was considered relatively fast and on schedule by 7 out of 10 participants. Primary healthcare services at community health centers and hospitals were also rated timely, although queues were sometimes long. However, payment claim processes in hospitals were reported delayed by more than two weeks by 3 participants, and communication regarding claim status was sometimes unclear.

"Usually, when I go to the community health center with BPJS, I don't have to wait long; the process finishes within an hour." (Participant, 48 years old)

"My BPJS claim for my child's treatment took a long time to be approved, more than two weeks." (Participant, 38 years old)

"Sometimes, I have to wait a long time to get information about my claim from the BPJS office." (Participant, 63 years old)

Achievement of Objectives

The majority of participants, 8 out of 10, stated that the BPJS program successfully alleviated healthcare cost burdens and provided financial security. Nonetheless, some participants felt that service quality still needs improvement, especially concerning queues and hospital referral processes.

"Since having BPJS, I no longer fear taking my child to the doctor because of costs." (Participant, 37 years old)

"Without BPJS, hospital costs could be millions; now, I don't pay a penny." (Participant, 50 years old)

"The queues are still long, and hospital referral procedures can be confusing." (Participant, 55 years old)

Real Change

Participants reported real behavioral changes in healthcare usage, with increased awareness to do routine check-ups and promptly seek treatment if ill. About 7 out of 10 participants experienced

this change. However, some community members still do not optimally utilize services due to limited information and traditional cultural patterns.

"Before having BPJS, I rarely checked at the health center because of fear of costs. Now, I feel calm and routinely check my child's health." (Participant, 45 years old)

"Now I can check my blood pressure monthly with free medication." (Participant, 53 years old)

"Some still prefer traditional medicine and wait until conditions worsen." (Participant, 50 years old)

Based on the study's findings, it can be said that the purpose of the investigation was to assess how well the BPJS Kesehatan program was being implemented in the Marelan region. According to Sutrisno (2007), there are five indications used to evaluate effectiveness: program comprehension, target accuracy, timeliness, goal achievement, and real change. In-depth interviews with BPJS Kesehatan users in Marelan yielded a number of intriguing findings that demonstrate how this program is operated, embraced, and how the community benefits from it. In the discussion that follows, each signal is covered in detail.

Program Understanding

The success of the BPJS Kesehatan program implementation is highly influenced by the level of public understanding of the program. Interview results reveal that most people are aware of BPJS, but a deep understanding of the registration process, rights and obligations, and service mechanisms is still lacking. This is especially experienced by the elderly and those with low education levels, causing confusion and suboptimal utilization of services. To address this, regular socialization and education tailored to local community conditions are needed, involving health workers, community leaders, and effective use of social media (Saragih & Atika, 2021) (Pertiwi & Nurcahyanto, 2017) (U. A. Putri et al., 2022)

Target Accuracy

The BPJS Kesehatan program has generally reached the appropriate target groups, particularly low-income communities and Contribution Assistance Recipients (PBI). However, there are challenges related to participant data validity, with some poor individuals not yet registered and vice versa. Additionally, limitations in health facilities and medical personnel result in complaints about service quality, which need attention to ensure equitable benefits. Collaboration between central and regional governments, healthcare providers, and the community is crucial to ensure accurate targeting and service distribution (Pratama et al., 2023) (N. Putri et al., 2020)

Timeliness

Regarding service timeliness, the registration and activation process for BPJS participants runs fairly smoothly and as expected, especially in primary healthcare at community health centers and

hospitals. However, claims processing and administration at hospitals often experience delays, negatively impacting participant satisfaction. These delays are usually caused by administrative systems that are not yet automated and poorly integrated. Utilizing real-time connected digital information technology and increasing administrative staff capacity can accelerate processes and improve service efficiency (Meiliani et al., 2024) (M. A. F. Putri et al., 2024) (Astuti, 2020)

Achievement of Objectives

Most participants feel that the BPJS program has successfully reduced healthcare cost burdens and provided financial security. This is particularly significant for low-income families who previously faced high costs when seeking treatment. Nevertheless, service quality and facility distribution remain areas requiring improvement, including the referral process, which is perceived as slow and less responsive. Enhancing service capacity and coordination among stakeholders is essential to optimally achieve program goals (Yuliastuti & Jawahir, 2023) (Suprpto & Malik, 2019) (Muchsin & Suryanto, 2019)

Real Changes

The BPJS Kesehatan program has encouraged positive behavioral changes in society, such as increased awareness of the importance of routine health check-ups and early treatment. However, these changes are not yet widespread across all social layers, as some still prefer traditional medicine or delay going to the doctor until conditions worsen. Intensive, community-based educational approaches that respect local cultural values are greatly needed to increase acceptance and broad participation. With the right strategy, the positive impact of BPJS can continue to expand toward achieving a healthy and independent society (Saragih & Atika, 2021) (L. Dewi, 2021)

CONCLUSION

The five primary indicators used in this study are the degree of public awareness of the BPJS Kesehatan program, the precision of participant targets, the promptness of service, the accomplishment of program goals, and actual behavioral and health service access changes (Samodra & Wirantari, 2024). Based on the findings in the Marelان area, it can be concluded that the BPJS Kesehatan program has made a positive contribution by facilitating public access to health services and providing financial protection against health-related risks. These findings correspond with previous studies that emphasize the critical role of socialization intensity, administrative efficiency, and service quality in ensuring program success. The study explains that while most residents are aware of BPJS Kesehatan, a deeper understanding of rights and obligations is lacking, and though the program effectively targets low-income groups, administrative obstacles remain. Timeliness has improved at first-level health centers, but challenges in referral and advanced administrative processes persist. These factors reflect

ongoing disparities in service quality and utilization, driven in part by socioeconomic obstacles faced by vulnerable communities.

Given these insights, the implications for policy and practice include enhancing community education to improve comprehension, investing in healthcare infrastructure and human resources to address facility limitations, and advancing digital integration to simplify procedures. Strengthening these areas would promote more equitable and effective health service delivery, particularly for marginalized populations in Marelان. However, the study has limitations such as a small sample size and focus on a single location, which may affect the generalizability of outcomes. Potential biases inherent in qualitative research and the localized context should be acknowledged.

Overall, this research contributes by applying a comprehensive framework of five effectiveness indicators at the local level, enriching understanding of BPJS Kesehatan's performance in Marelان. Future studies should broaden geographic coverage, employ mixed methodologies, and examine long-term impacts to further inform policy and program improvement.

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