

The Effect of BPJS Health Policy Implementation on the Quality of Service and Its Impact on Satisfaction and Compliance of BPJS Participants in Malang City

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Abstract:

The purpose of this research is 1) testing and analyzing the effect of the implementation of BPJS health policies on service quality in Malang City, 2) testing and analyzing the implementation of BPJS health policies on the satisfaction of BPJS participants in Malang City, 3) testing and analyzing the implementation of BPJS health policies on satisfaction of BPJS participants in Malang City, 4) testing and analyzing the quality of service on the satisfaction of BPJS participants in Malang City. 5) testing and analyzing the quality of service to the compliance of BPJS participants in Malang City, 6) testing and analyzing the quality of satisfaction with the compliance of BPJS participants in Malang City. The type of research that will be used in this research is explanatory research, while the research method used is a survey method. Data analysis techniques using Smart PLS software.

Keywords: E-Service Quality, Ease of Use, Electronic Customer Relationship Management (E-CRM), Brand image

1. Introduction

In 2014, the government implemented the National Health Insurance (JKN) program organized by the Social Security Administering Body (BPJS). BPJS is expected to meet the needs of citizens for health services. This BPJS is organized through a social insurance mechanism and the BPJS membership is all Indonesian citizens without exception. The implementation of the BPJS refers to several principles, including the principle of social insurance with the aim that participants benefit from health care and protection in meeting basic health needs [1]. Officially, the Government has implemented the BPJS on January 1, 2014 based on article 60 paragraph 1 of Law number 24 of 2011 concerning BPJS.

It has been more than one year that the JKN BPJS Kesehatan program has been running. But there are still many problems on the ground. Indeed, in the period 2014-2015 it became a socialization phase in society. Even so, there are still many problems that occur in society [2]. Starting from the problem of services at the hospital, participants, as well as dues or premiums each month that must be paid are not in accordance with what BPJS Kesehatan participants receive. When viewed from the existing problems, each district or

city has almost the same problems related to the BPJS Kesehatan, namely the problem of service and membership (active period) [3].

In its implementation, BPJS Kesehatan experiences a deficit every year. Based on BPJS Health data, the deficit in 2014 was IDR 8.5 trillion, in 2015 it was IDR 10.67 trillion, in 2016 it was IDR 11.55 trillion, in 2017 it was IDR 16.62 trillion, and in 2018 it was IDR 16.62 trillion. IDR 10.98 trillion [4]. This deficit figure occurs due to several factors, one of which is the low number collectability dues. The collectability level of JKN contributions in Indonesia for the independent participant segment or PBP participant in 2018 is not optimal at only 54%. This happens because independent participants do not regularly pay JKN dues by [5]. According to Thabrany, participants in informal workers or self-employed workers are the main challenges in achieving the target coverage and sustainability of a social security system [6]. This challenge is particularly in the participation and consistent payment of JKN contributions because an essential factor in the success of a social security system is the contribution. JKN contributions are one of the sources of health insurance financing [7].

The high level of non-compliance in the payment of JKN contributions will reduce the

collectability of contributions, which can create significant financial risks for health insurance providers. Therefore compliance paying dues is an important factor in increasing the receipt of contributions [8]. Independent participants or participants in informal workers have greater potential or probability than category participants other than independent participants to not comply with the payment of JKN contributions [5]. This happens because formal workers make JKN contribution payments managed by their place of work, which is deducted directly from their wages or salaries [9]. Meanwhile, the informal sector must manage the payment of health insurance contributions by themselves. A person's behavior is influenced by several factors [10]. Factors that can hinder the compliance of JKN contribution payments such as the dissatisfaction with the quality of health services felt by JKN participants, no reminders or notification of JKN premium payment, lack of satisfaction, quality of service, knowledge of how to pay JKN contributions, and the JKN premium payment system which is often problematic [11]. Research conducted by Novia in 2018 found a relationship between education, work, knowledge, and perceptions with compliance with paying independent BPJS dues at the inpatient installation of Labuang Baji Hospital [12]. According to the results of research conducted by Maryam in 2016 there is a relationship between age, occupation, length of participation, experience, payment facilities, costs incurred, support, clarity of regulations and sanctions. Furthermore, according to [13], factors related to regularity of paying JKN dues are knowledge, education, work, availability of service places, distance to service places, ability and willingness to pay contributions, perceptions of health service places and motivation.

Satisfaction greatly affects one's compliance in obeying the rules [14]. BPJS participant satisfaction is an important element in evaluating service quality by measuring participant responses after receiving services [15]. With an assessment of these services, the health service facilities are expected to continue to stand and develop [16]. To improve the quality of health services for BPJS Kesehatan participants, health services are no longer concentrated in hospitals or advanced health facilities (faskes), but health services must be carried out in stages according to medical needs [17]. This principle will impose that health services will be focused on First Level Health Services (FKTP) / Primary health facilities such as hospitals which will be the main gate for BPJS Kesehatan participants to access health services

[18]. One of the efforts to strengthen primary health facilities, it is hoped that health workers who are at the primary health facility level, must have the ability and must master the latest things regarding predictions, signs, symptoms, diagnosis and comprehensive management of various diseases, because two of important elements in efforts to improve health services are the level of patient satisfaction as service users and fulfillment of predetermined service standards [19].

Patient satisfaction is an important element in evaluating service quality by measuring the extent to which the patient responds after receiving services [20]. With good quality service, it will create satisfaction for patients [18]. One of the assessments of service quality, namely reliability, responsiveness, and empathy. Reliability, namely the ability of health workers to provide promised services in a timely and satisfactory manner [21]. Responsiveness, namely the ability of health workers to help patients and provide responsive services. Empathy includes the ease of making good communication relationships and understanding the needs of patients [22]. So that the quality of service that becomes the focus of research is reliability, responsiveness, and empathy, its effects on patient satisfaction.

Participant satisfaction as a customer response to the mismatch between the level of prior importance and the perceived actual performance after use [23]. Expectations are directly proportional to the patient's desire to be able to enjoy satisfying services. If the services provided are as expected, then the quality is interpreted as good and satisfying and so should be. Health services provided by health workers to patients who are participants of the BPJS Kesehatan are expected to provide satisfaction to these patients [24].

The quality of service is closely related to the extent to which policies can be applied. Measurement of policy implementation can be seen from six five dimensions including policy standards and objectives, resources, characteristics of implementing agents, attitudes / tendencies (dispositions) of implementing agents, communication between organizations and implementing activities [25]. The first dimension is policy standards and objectives, the importance of policy standards and targets is an absolute matter so that policy implementation can run according to the wishes of public administrators and the public's own expectations. The success of policy implementation can be measured if and only if the policy standards and targets of the policies are realistic with the socio-culture that exists at the policy executive

level. But in reality so far, The quality of health services, especially for JKN program participants (BPJS), is still low and even tends to be less good when compared to general patients who pay directly according to the bill and the ideal type of treatment. The JKN program (BPJS) is a national program in the health sector, so the standards used are national standards. To that end, the government has issued the Minister of Health Regulation No. 28 of 2014 concerning Guidelines for the Implementation of the National Health Insurance Program. the government has issued the Minister of Health Regulation No. 28 of 2014 concerning Guidelines for the Implementation of the National Health Insurance Program. the government has issued the Minister of Health Regulation No. 28 of 2014 concerning Guidelines for the Implementation of the National Health Insurance Program.

The next dimension is resources, the success of the policy implementation process is highly dependent on the ability to utilize available resources [26] A policy needs to be supported by good resources which include human resources and other necessary resources. The implementation of the JKN program in hospitals is not a new program, the JKN program is a development of health service programs that have previously been running. It is not too difficult for the implementing agency to prepare resources.

The next dimension is the characteristics of the executing agent. The focus of attention on implementing agencies includes formal organizations and informal organizations that will be involved in implementing the (public) policy will be very much influenced by the exact characteristics and according to the implementing agents [27]. In addition, the scope or area of policy implementation must also be taken into account when determining the implementing agent [28]. The wider the scope of policy implementation, the greater the agents involved should be. The JKN program is a government program to ensure the degree of public health which includes all citizens without exception [29]. This is what requires BPJS to recruit JKN participants from all levels of society, the lower classes of society to officials. The only difference is that the people who are poor (poor) have their BPJS contributions borne by the government who are included in the PBI-participant category (Contribution Beneficiary Participants). In addition, due to the large number of BPJS participants who are poor and low-level people, a mechanism and system that is not complicated and easy to understand is needed.

The fourth dimension is the attitude of acceptance or rejection of the implementing agency which will greatly affect the success or failure of the policy implementation performance [30]. This is very possible because the policies implemented are not the result of the formulation of people who are directly related to the policies who are well acquainted with the problems and problems they feel [31]. The JKN program is a program from the Central Government, where the results of the JKN Program policy formulation are not directly related to implementing agencies at lower levels. This is what causes the implementation of the JKN program policy at each hospital (sub-district level) and at the district level throughout Indonesia. Support from the local government in the form of allocating funds to hospitals for household needs of the hospital.

The final dimension of policy implementation is communication between organizations and implementing activities. Communication is a powerful mechanism for implementing public policy [32]. The better the coordination and communication between the parties involved in an implementation process, the less errors will be assumed. There is good communication between the Head of the Hospital and the Health Office, especially with the Health Insurance and Facilities Sector to jointly implement the JKN Program. The objectives of this study are 1) To test and analyze the effect of the implementation of BPJS health policies on service quality in Malang City. 2) Test and analyze the implementation of BPJS health policies on the satisfaction of BPJS participants in Malang City. 3) Testing and analyzing the implementation of BPJS health policies on the satisfaction of BPJS participants in Malang City. 4) Testing and analyzing service quality on satisfaction of BPJS participants in Malang City. 5) Testing and analyzing the quality of service to the compliance of BPJS participants in Malang City. 6) Testing and analyzing the quality of satisfaction with BPJS participant compliance in Malang City.

2. Literatur Review

2.1 Policy Implementation

Policy implementation is viewed in a broad sense, as a legal administration tool in which various actors, organizations, procedures and techniques work together to carry out policies in order to achieve the desired impact or goal. Implementation on the other hand is a complex phenomenon that may be understood as a process, output or as a result [33]. The top down approach model formulated by

[34] is called A Model of The Policy Implementation. This implementation process is an abstraction or performance of a policy implementation which is basically deliberately carried out to achieve a high performance of public policy implementation that takes place in the relationship of various variables.

There are six variables, according to [34], that influence this public policy work, which are:

1. Size and Policy Objectives

The performance of policy implementation can be measured the level of success if and only if the size and objectives of the policies are realistic with the societies that exist at the level of policy implementers. When policy measures or policy objectives are too ideal (even too utopian) to be implemented at the citizen level, it is rather difficult to realize public policy to the point where it can be said to be successful.

2. Resource

The success of the policy implementation process really depends on the ability to use the available resources. Humans are the most important resource in determining a successful implementation process. Certain stages of the whole implementation process demand quality resources according to the work implied by policies that have been determined apolitically. But when the competencies and capabilities of these resources are nil, then the performance of public policies is very difficult to expect.

3. Implementing Agent Characteristics

The focus of attention on service agencies includes formal organizations and informal organizations that will be involved in implementing public policy. This is very important because the performance of (public) policy implementation will be very much influenced by the characteristics that are appropriate and suitable for the implementing agencies. For example, the implementation of a public policy that seeks to radically change human behavior or behavior, the project executing agent must be characterized by being tough and strict on legal rules and sanctions. Meanwhile, if the public policy does not really change the basic human behavior, then it is possible that the implementing agency that is lowered is not as harsh and not as clear as in the first picture.

4. Attitudes / Tendencies (Disposition) of the Implementers

The attitude of acceptance or rejection of the implementing (agent) will greatly affect the success or failure of the performance of the

implementation of public policies. This is very likely to happen because the policies implemented are not the result of the formulation of local residents who are very familiar with the problems and problems they feel. But the policies that will be implemented are policies "from the top" (top down), which allows the decision makers to never know (even unable to touch) the needs, desires, or problems they want to solve.

5. Interorganizational Communication and Implementing Activities.

Coordination is a powerful mechanism for implementing public policies [35]. The better the communication coordination between the parties involved in an implementation process, the more likely it is that errors will be very small to occur. And, vice versa.

2.2 Service Quality

According to Elvers & Lindén (2015), the concept of quality is considered as a measure of the perfection of a product or service consisting of design quality and conformance quality. Design quality is a specific function of a product or service, conformity quality is a measure of how much the level of conformity between a product or service and the requirements or quality specifications that have been previously set. Therefore what is meant by quality is if several factors can meet consumer expectations such as statements about quality by Goetsch & Davis (2016), "Dynamic conditions related to products, services, human resources, processes, and the environment. meet or exceed expectations". Tjiptono (2012), There are factors that affect the quality of a service, namely expected service and perceived service. If the service received is appropriate and can even fulfill what is expected, the service is said to be good or positive. If perceived service exceeds expected service, service quality is perceived as ideal quality. Conversely, if the perceived service is worse than expected service, then the service quality is perceived as negative or bad. Therefore, whether the quality of service is good or not depends on the ability of the company and its staff to consistently meet customer expectations. If the service received is appropriate and can even fulfill what is expected, the service is said to be good or positive. If perceived service exceeds expected service, service quality is perceived as ideal quality. Conversely, if the perceived service is worse than expected service, then the service quality is perceived as negative or bad. Therefore, whether the quality of service is good or not depends on the ability of the company and its staff to consistently meet customer

expectations. If the service received is appropriate and can even fulfill what is expected, the service is said to be good or positive. If perceived service exceeds expected service, service quality is perceived as ideal quality. Conversely, if the perceived service is worse than expected service, then the service quality is perceived as negative or bad. Therefore, whether the quality of service is good or not depends on the ability of the company and its staff to consistently meet customer expectations.

From several opinions, it can be concluded that service quality is the ability of a company to meet consumer expectations by providing services to consumers during and after the transaction takes place. According to Parasuraman et al., (1985), there are five dimensions of service quality that are used as guidelines by customers in assessing service quality, namely:

- 1) Tangible
- 2) Empathy (Emphaty)
- 3) Reliability (Reliability)
- 4) Responsiveness
- 5) Assurance

2.3 Satisfaction

Satisfaction is a condition that consumers feel after they experience a performance (or result) that has met their various expectations. According to Oliver, (1999), satisfaction is the level of feelings of a person (customer) after comparing the performance or perceived results (services received and felt) with what he expects. According to [41] consumer satisfaction is the result felt by buyers who experience the performance of a company in accordance with their expectations [42].

The dimensions of patient satisfaction can be divided into two types as follows [43] [44]:

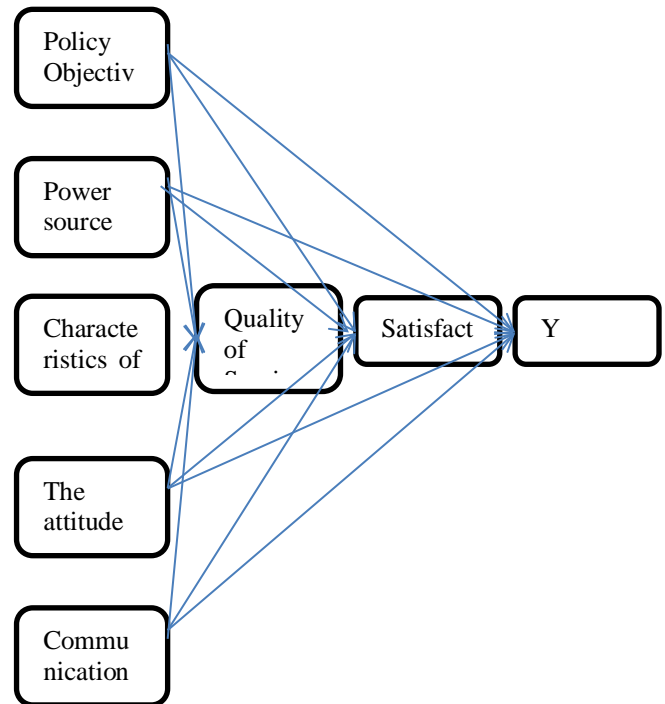
- 1) Relationship with clients
- 2) Client convenience
- 3) Freedom to make choices
- 4) Knowledge and technical competence (scientific knowledge and technical skills)
- 5) Service effectiveness (effectiveness)

2.4 Obedience

According to [45], obedience is a form of social influence where one person orders someone or more to do what he wants. Compliance is a condition where someone in a position of power simply says or orders someone else to do something and they do it. Which means that people who have high power only order others so that they submit and do it. According to [46], obedience is one type of social influence, where a person obeys and obeys the

requests of others to behave because of the element of power. According to [47], obedience is accepting orders from others. Compliance can occur in any form, as long as the individual shows obedient behavior towards something or someone. There are three dimensions of compliance with regulations, namely belief, accept and act.

2.5 Hypothesis Framework



Hypothesis

- H1: There is an effect of the implementation of the BPJS health policy on service quality in Malang City
- H2: There is an effect of the implementation of the BPJS health policy on the satisfaction of BPJS participants in Malang City
- H3: There is an effect of the implementation of the BPJS health policy on the satisfaction of BPJS participants in Malang City
- H4: There is an effect of service quality on the satisfaction of BPJS participants in Malang City
- H5: There is an effect of service quality on BPJS participant compliance in Malang City
- H6: There is an effect of the quality of satisfaction on the compliance of BPJS participants in Malang City

3. Research Method

Apart from the descriptive format, the type of research that will be used in this research is research *explanatory* or research aimed at explaining a situation or situation (Notoatmodjo, 2005). This type of explanatory research is the same as correlational,

in which this method explains the relationship or influence between the variables studied. This correlation method aims to examine the extent to which variables on one factor affect variables on other factors (Hasan, 2002). In connection with the research objectives, this overall uses a survey method, namely research obtained from taking a sample of a population and using a questionnaire as the main data collection tool (Singarimbun, 2006: 3). The research location is the place where the research is carried out. This research was conducted at BPJS offices and BPJS hospitals located in all cities of Malang. The population in this study were all BPJS employees and participants in the city of Malang, totaling 129,314 people. The sampling technique used in this study was simple random sampling using the Slovin formula. Based on this formula, 100 respondents were obtained.

This study uses data analysis methods using Smart PLS software version 3.0 which runs on computer media. According to Jogiyanto and Abdillah (2009) PLS (Partial Least Square) is a multivariate statistical technique that makes comparisons between multiple dependent variables and multiple independent variables. PLS is a variant-based SEM statistical method designed to solve multiple regression when specific problems occur in the data. The main purpose of PLS is to explain the relationship between constructs and emphasize the meaning of the value of these relationships.

4. Result and Discussion

4.1 Evaluate Measurement (Outer) Model

4.1.1 Convergent Validity

Discriminant validity is done by comparing the square root of average variance extracted (AVE) value of each construct with the correlation between other constructs in the model, if the square root of average variance extracted (AVE) construct is greater than the correlation with all other constructs it is said to have discriminant validity. good. The AVE score obtained must be greater than 0.50.

To test the convergent validity, the value of the outer loading or loading factor is used. An indicator is declared to meet the convergent validity in the good category if the outer loading value is > 0.7 . The following is the outer loading value of each indicator in the research variable. Based on the data presented in table 4.1 above, it is known that each indicator of many research variables has an outer loading value of > 0.7 .

In addition to testing the validity, the researcher conducted a reliability test to determine the reliability level of the instrument. Composite Reliability is used by researchers to test reliability. A variable is declared to meet composite reliability if it has a composite reliability value ($p > 0.6$). The following is the composite reliability value of each variable used in this study.

Tabel 4.1 Convergent validity result

| Variable | Instrument Code | Outer Loading | AVE | Composite Reliability | Information |
|--|-----------------|---------------|-------|-----------------------|-------------|
| <i>Policy Objectives</i> | X1.1 | 0.840 | 0.641 | 0.843 | Valid |
| | X1.2 | 0.775 | | | Valid |
| | X1.3 | 0.786 | | | Valid |
| <i>Resource</i> | X2.1 | 0.817 | 0.645 | 0.845 | Valid |
| | X2.2 | 0.795 | | | Valid |
| | X2.3 | 0.797 | | | Valid |
| <i>Implementing agent characteristics</i> | X3.1 | 0.837 | 0.648 | 0.846 | Valid |
| | X3.2 | 0.817 | | | Valid |
| | X3.3 | 0.759 | | | Valid |
| <i>The attitude of the executing agent</i> | X4.1 | 0.819 | 0.650 | 0.848 | Valid |
| | X4.2 | 0.802 | | | Valid |
| | X4.3 | 0.798 | | | Valid |
| <i>Communication between organizations</i> | X5.1 | 0.765 | 0.594 | 0.815 | Valid |
| | X5.2 | 0.754 | | | Valid |
| | X5.6 | 0.793 | | | Valid |
| <i>Obedience</i> | Y1.1 | 0.867 | 0.686 | 0.887 | Valid |
| | Y1.2 | 0.797 | | | Valid |
| | Y1.3 | 0.820 | | | Valid |
| <i>Service quality</i> | Z1.1 | 0.769 | 0.574 | 0.871 | Valid |
| | Z1.2 | 0.797 | | | Valid |
| | Z1.3 | 0.826 | | | Valid |
| | Z1.4 | 0.772 | | | Valid |
| | Z1.5 | 0.746 | | | Valid |
| <i>Satisfaction</i> | Z2.1 | 0.768 | 0.686 | 0.868 | Valid |
| | Z2.2 | 0.757 | | | Valid |
| | Z2.3 | 0.725 | | | Valid |
| | Z2.4 | 0.772 | | | Valid |
| | Z2.5 | 0.766 | | | Valid |

The data above shows that there is no variable indicator whose outer loading value is below 0.6, so all indicators are declared valid. Based on the data presentation in the table above, it can be seen that the composite reliability score ($p > 0.6$). These results indicate that all variables have a high level of reliability.

4.2 Hypothesis Testing

In the PLS test, each relationship test is carried out using a simulation with the bootstrapping method of the sample. The following is the calculation result based on the direct indirect effect. The basis for decision making is determined by Original sample, t statistics and P-Value. Original sample shows the direction of the relationship. The hypothesis is accepted when the data is significant with T statistics > 1.96 and at P value < 0.05 .

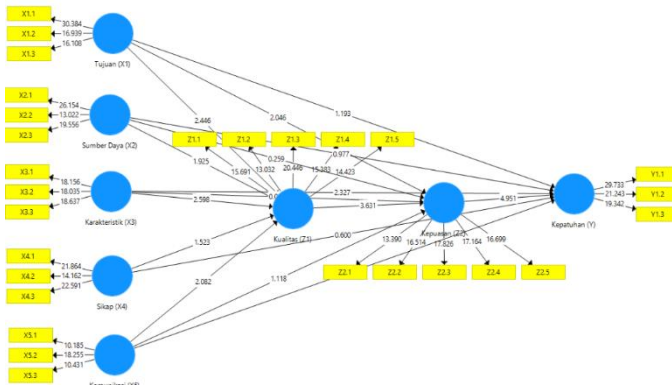


Figure 4.1. Summary of Research Hypotheses

| Hypothesis | Beta | T-Statistic | P-Val ues | Result | |
|---|---|-------------|-----------|--------------|-----------------|
| Implementati on of health BPJS policies -> service quality in Malang City | Objective (X1) -> Compliance (Y) | 0.131 | 1.193 | 0.234 | Not Significant |
| | Resources (X2) -> Compliance (Y) | 0.110 | 0.977 | 0.329 | |
| | Characteristics (X3) -> Compliance (Y) | 0.300 | 2.327 | 0.020 | |
| | Attitude (X4) -> Compliance (Y) | 0.079 | 0.600 | 0.548 | |
| | Communication (X5) -> Compliance (Y) | 0.074 | 0.683 | 0.495 | |
| Implementati on of health BPJS policies -> service satisfaction in Malang City | Objective (X1) -> Satisfaction (Z2) | 0.250 | 2.046 | 0.041 | Significant |
| | Resources (X2) -> Satisfaction (Z2) | 0.028 | 0.259 | 0.796 | |
| | Characteristics (X3) -> Satisfaction (Z2) | 0.308 | 2.467 | 0.011 | |
| BPJS Health Policy Implementation -> BPJS Participant Satisfaction in Malang City | Purpose (X1) -> Quality (Z1) | 0.228 | 2.446 | 0.015 | Significant |
| | Resources (X2) -> Quality (Z1) | 0.265 | 2.925 | 0.005 | |
| | Characteristics (X3) -> Quality (Z1) | 0.287 | 2.598 | 0.010 | |
| | Attitude (X4) -> Quality (Z1) | 0.266 | 2.523 | 0.011 | |
| | Communic (X5) -> Quality (Z1) | 0.175 | 2.082 | 0.038 | |

| ation (X5) -> Quality (Z1) | | | 38 | |
|---|-------|-------|--------------|-------------|
| Quality of service (Z1) -> Satisfaction of BPJS participants (Z2) | 0.459 | 3.631 | 0.000 | Significant |

5. Discussion

5.1 There is an effect of the implementation of the BPJS health policy on paying compliance in Malang City

The results of the hypothesis testing conducted showed that the p-value score for the implementation variable was mostly insignificant ($p > 0.05$) with a score ($p = 0.234; 0.329; 0.548; 0.495$) and only the characteristic variable ($p = 0.020$) obtained significant results. Based on this calculation, it can be concluded that the implementation of the BPJS health policy has no effect on service quality in Malang City.

These results indicate that the variable implementation of the BPJS health policy on service quality in Malang City. These results support the statement of Van Metter and Carl Van Horn (1975) that one of the supporting indicators of service quality, policy objectives of policy implementation performance can be measured the level of success and only if the size and objectives of the policy are realistic with the societies that exist at the level of policy implementers. Resources are the key to the success of the policy implementation process, depending on the ability to utilize available resources. Humans are the most important resource in determining a successful implementation process (Shamnot, 2014). Training can increase teacher excellence and professionalism (Harris & Sass, 2011). Research by Cucciniello, & Ongaro (2015) found that coordination is a powerful mechanism in the implementation of public policies.

5.2 There is an effect of the implementation of the BPJS health policy on the satisfaction of BPJS participants in Malang City

The results of the hypothesis testing conducted showed that the p-value score for the implementation variable was mostly significant ($p < 0.05$) with a score ($p = 0.041; 0.001; 0.000$) and only the Resource variable ($p = 0.796$) obtained insignificant results. The direction of the relationship generated by all variables is positive, so it can be concluded that the implementation of BPJS health policies has a significant positive effect on the satisfaction of BPJS participants in Malang City.

These results indicate that the variable of the implementation of the BPJS health policy on the satisfaction of BPJS participants in Malang City. Implementation in implementing policies can encourage satisfaction in implementing client

decisions to develop their abilities (Mahmoudi & Joudi, 2017). According to Oliver and Richard (2010), satisfaction is the level of feelings of a person (customer) after comparing the performance or perceived results (services received and felt) with what he expects. Dufrene (2000) in her research found that service effectiveness has a positive effect on increasing client satisfaction.

5.3 There is an effect of the implementation of the BPJS health policy on the service quality of BPJS participants in Malang City

The results of hypothesis testing, obtained a p-value score for the implementation variable is all significant ($p < 0.05$) with a score ($p = 0.015; 0.005; 0.010; 0.001; 0.038$). The direction of the relationship generated by all variables is positive, so it can be concluded that the implementation of the BPJS health policy has a significant positive effect on the service quality of BPJS participants in Malang City.

These results indicate that the variable of the implementation of the BPJS health policy on the service quality of BPJS participants in Malang City. Policy implementation is seen in a broad sense, as a legal administration tool in which various actors, organizations, procedures and techniques work together to carry out policies in order to achieve the desired impact or goal (Talib, Rahman, & Azam, 2011). According to (Restuccia, Cohen, Horwitz, & Schwartz, 2012), the factors that influence the quality of a service are expected service and perceived service. If the service received is appropriate and can even fulfill what is expected, the service is said to be good or positive. Research conducted (Twigg, Duffield, & Evans, 2013) in their research found that nurses play an important role for the successful implementation of safety and quality health service standards.

5.4 There is an effect of service quality on the satisfaction of BPJS participants in Malang City

The results of hypothesis testing conducted, obtained a p-value score of 0.000 ($p < 0.05$). The resulting relationship direction is positive, so it can be concluded that the quality of service has an effect on the satisfaction of BPJS participants in Malang City.

These results indicate that the variable of service quality on the satisfaction of BPJS participants in Malang City. The effect of service quality on customer satisfaction can increase compliance with payment of dues (Kassim & Abdullah, 2010). According to Elvers & Lindén (2015), quality is considered as a measure of the perfection of a product or service which consists of design quality and conformity quality. In addition, in his research

Lee et al (2011) stated that the effect of service quality has a positive effect on increasing customer satisfaction.

5.5 There is an effect of service satisfaction on paying compliance for BPJS participants in Malang City

The results of hypothesis testing conducted, obtained a p-value score of 0.000 ($p < 0.05$). The resulting relationship direction is positive, so it can be concluded that service satisfaction has an effect on paying compliance for BPJS participants in Malang City.

These results indicate that the variable service satisfaction on paying compliance with BPJS participants in Malang City. So that the existence of satisfactory service quality can increase compliance with pay. This is in line with research from Blass (2002) which states that service satisfaction has a positive effect on customer compliance.

6. Conclusion

The results of this the effect of BPJS health policy implementation on the quality of service and its impact on satisfaction and compliance of bpjs participants in Malang city. The implementation of the BPJS health policy has no effect on service quality in Malang City. The implementation of the BPJS health policy has a significant positive effect on the satisfaction of BPJS participants in Malang City. The implementation of the BPJS health policy has a significant positive effect on the service quality of BPJS participants in Malang City. Service quality affects the satisfaction of BPJS participants in Malang City. And service satisfaction has an effect on paying compliance for BPJS participants in Malang City.

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