BUILDING HEALTH BRIDGES FOR BPJS PATIENTS BY STRENGTHENING THE LINK OF PREMIUM COSTS, INFRASTRUCTURE, SERVICE QUALITY, EMPLOYEE PERFORMANCE, AND PATIENT SATISFACTION

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Abstract
Health is one of the most important parts of human rights (HAM), Everyone has the right to an adequate standard of living for the health and well-being of himself and his family as mentioned in the United Nations (UN) Declaration of the Right of Human Rights on November 10, 1948. Public services are an important indicator in assessing government performance, both at the central and regional levels. The quality of public services is a dynamic condition related to products, services, processes and the environment, the quality assessment is determined at the time of the provision of public services. The administration of government is said to be good if the public services carried out are oriented to the interests of realizing the welfare of the community. This study aims to explain the relationship between premium costs, infrastructure, service quality, and employee performance on patient satisfaction of BPJS Kesehatan health facility level three users at dr. Chasbullah Abdulmadjid Hospital, Bekasi City. This study uses a quantitative approach. The data used is primary data. The object of the research used is the Bekasi City Regional General Hospital. The method used for sampling was accidental sampling of 126 respondents. This study was tested using the SEM-PLS (Structural Equation Model-Partial Least Square) system and the data was tested using SmartPLS software. The results of the study showed that the variables of premium costs and infrastructure did not have a significant effect on patient satisfaction of BPJS Kesehatan users, while the variables of service quality and employee performance had a significant effect on BPJS Kesehatan patient satisfaction.

Keywords: Premium Fees, Infrastructure, Quality of Service, Employee Performance, Patient Satisfaction

1. Introduction

Health is one of the most important parts of human rights (HAM), everyone has the right to an adequate standard of living for the health and well-being of himself and his family as mentioned in the United Nations (UN) Declaration on the Right of Human Rights (UN) on November 10, 1948. Therefore, in accordance with human rights norms, the state has an obligation to respect, protect, and fulfill these human rights of health. All levels of Indonesian society have the right to live a prosperous life both physically and mentally, have a place to live and get a good and healthy living environment and have the right to health services (Article 28H of the 1945 Constitution). Public services are an important indicator in assessing government performance, both at the central and regional levels. The quality of public services is a dynamic condition related to products, services, processes and the environment, the quality assessment is determined at the time of the

provision of public services. The implementation of government is said to be good if the public services carried out are oriented to the interests of realizing the welfare of the community (Hayat, 2017). Referring to Law Number 24 of 2011 concerning the Social Security Administration Agency, it explains the function of BPJS as the organizer of the health insurance program or commonly known as the National Health Insurance (JKN) and the membership of participants is marked by the Healthy Indonesia Card (KIS), including for those who receive contributions from the government which is held nationally based on the principles of social insurance and the principle of equity with the aim of ensuring that participants receive maintenance benefits health and protection in meeting basic health needs. JKN provides comprehensive health services through tiered referrals depending on the patient's medical indications.

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Third-level health facilities are an advanced type of referral from the previous level of health facilities. Referrals are given when the previous level health facilities could not provide treatment to patients due to medical equipment constraints or very severe patient condition factors. If at the previous level of health facilities, the patient will be handled directly by specialist doctors, then in the third level health facility the patient will be handled directly by subspecialist doctors. In this situation, the examination of the patient will be carried out more thoroughly and more in-depth. The types of BPJS Kesehatan health facilities that can provide third-level health facility services include type A hospitals, type B hospitals such as Regional General Hospitals (RSUD), Central General Hospitals (RSUP), and Private Hospitals.

Until now, the sustainability of BPJS Kesehatan has experienced pros and cons in the midst of the community. This is related to the satisfaction felt by the community as users of BPJS Kesehatan first-level health facilities or advanced health facilities. There are many benefits but also many complaints (Rahman & Basri, 2018). Since it was operationalized on January 1, 2014, BPJS Kesehatan has had various problems, many aspects that are immature and problematic. The lack of socialization and structural changes in BPJS are considered to be the cause of these problems. The problem that BPJS Kesehatan participants always complain about in an effort to get health services is the lack of optimal health services for partners, both at level one and advanced health facilities.

Patients want good facilities from the hospital, friendliness from the hospital, as well as the responsiveness, ability, and seriousness of the hospital staff, thus the hospital is required to always try to improve services to patients (Tarjono, 2022). From the explanation above, the formulation of the problem in this study is to find out whether there is an influence of premium costs, infrastructure, and service quality on health services for BPJS patients at dr. Chasbullah Abdulmadjid Hospital, Bekasi City.

2. Theoretical Background

2.1 Public Service

Public service can be interpreted as the provision of services (serving) the needs of people or communities who have an interest in the organization in accordance with the basic rules and procedures that have been established (Sapurto, 2015). Public services are the result of the interaction of various aspects, namely the service system, the human resources of service providers, strategies and customers (Dwiyanto, 2005). Efficiency, effectiveness, cheapness, speed, and quality in serving the public by placing community satisfaction as stakeholders are the main goals of public organizations (government organizations) (Muhammad, 2019). MENPAN Decree Number 63 of 2003, regarding services is as follows:

a. Public Service is all service activities carried out by public service providers as an effort to meet the needs of service recipients and the implementation of the provisions of laws and regulations.
b. Implementation is a public service is a Government Agency.
c. Government Agencies are collective designations including work units of organizational units of Ministries, Departments, Secretariat of the State Supreme and Higher Institutions, and other Government agencies, both central and regional, including Regional-Owned Enterprises.
d. Public service provider units are work units in government agencies that directly provide services to public service recipients.
e. Public service providers are officials/employees of government agencies who carry out public service duties and functions in accordance with laws and regulations.
f. Recipients of public services are people, communities, government agencies and legal entities that receive services from government agencies.

Service is the process of fulfilling needs through the activities of others directly. There are basically two types of services needed by humans, namely physical services that are personal as human beings and administrative services provided by other people as members of organizations, be it mass organizations or the state (Tangkilisan, 2005).

Thus, it can be interpreted that public service is the provision of services for the needs of people or communities who have an interest in the organization in accordance with the rules and procedures that have been set.

2.2 Premium Fees

Premium costs are a sum of money that must be paid by the insured in order to get protection for the insured object (Nasution, 2020; Soemitra, 2017). The premium payment period is highly dependent on the agreement that has been outlined in the insurance policy. Premium income is the premium earned in connection with the insurance contract and reinsurance is recognized as income during the policy period (contract) based on the proportion of the amount of protection provided (Yudhistira et al., 2022). According to Amir (2011), there are five dimensions of premium costs, namely:

a. Mortality table. The insurance company (insurer) has a basic obligation to the insured, namely to pay death compensation. Therefore, the insurer must know the estimated life expectancy of the person he or she is insured for. By utilizing the theory of proligibility and statistics, life expectancy can be calculated. The results of the calculations carried out by the actuary, are arranged in the form of a table called the mortality table.
b. Acceptance of benefits. If you are registered as a participant in the JKN program from

BPJS Kesehatan, you will get convenience in terms of administration, services, inpatient accommodation, medical rehabilitation to blood services according to the level of care needed. This makes BPJS Kesehatan one of the institutions that can be the right alternative to protect health.

c. Insurance costs. Usually, the health insurance policy contains several things, such as the risk of illness covered, the amount of sum insured, the health insurance benefits provided, the rights and obligations of the insurance company, protection exemptions, and claim letters. To get protection from the insurance company, the policyholder is required to pay a certain amount of health insurance premiums that have been agreed. The more expensive the cost of health insurance premiums, the more complete and wider the range of insurance benefits received.

2.3 Infrastruktur fasilitas

Equipment in physical form that has been provided by the service provider to help and create comfort for participants is referred to as internal facilities (Harfika & Abdullah, 2017). Facilities are the benchmark of all services provided, and have a very high influence on customer satisfaction. Because with the level of existing facilities, it is also very easy for customers to do activities and is comfortable to use the existing facilities (Dewandi et al., 2017). According to Tjiptono (2014)) there are six dimensions of the facility, namely:

a. Spatial planning. Aspects such as symmetry, proportion, texture, color, and others are considered, combined, and developed to provoke an intellectual and emotional response from the beholder.

b. Room planning. This element includes interior and architectural design, such as the placement of furniture and its fixtures in the room, the design of circulation flows and others.

c. Equipment. Equipment has various functions, including as a means of protecting small valuables, as a display item, as a welcome sign for customers, and as something that shows the status of the owner or user.

d. Light and color arrangement. Some of the things that need to be considered in designing a lighting system are the color, type, and nature of the activities carried out in the room, and the desired atmosphere.

e. The messages are conveyed graphically. Important and interrelated aspects in this element are visual appearance, placement, selection of physical form, selection of colors, and selection of the shape of the face of the emblem or sign for a specific purpose.

2.4 Quality of Service

Service quality is a means to achieve satisfaction and loyalty (Parasuraman et al., 1988). Service quality is all forms of activities carried out by companies to meet consumer expectations. Service in this case is defined as a service or service delivered by the owner of the service in the form of convenience, speed, relationship, ability and hospitality aimed at attitude and nature in providing service for consumer satisfaction (Dewandi et al; 2017). According to Parasuraman, Zeithaml and Berry (1988), the main aspects that determine the quality of service are:

a. Reliability is the ability to realize the promised service reliably and accurately;

b. Responsiveness is the willingness to help consumers by providing fast and appropriate responses;

c. Assurance. These include knowledge, skill, courtesy and friendliness, and the ability to gain trust and desire;
d. Empathy (empathy). This includes caring for and paying attention to the needs of consumers on an individual or personal level;
e. Tangible (direct evidence, including physical facilities, equipment, equipment, awards, personal appearances and documents.

The quality of service is considered good and satisfactory if the service received meets expectations (perceived service). If the service received exceeds consumer expectations, then the quality of service is perceived as very good and high quality, on the other hand, if the service received is lower than expected, it is perceived as poor service. Services can be understood as any action or activity that can be provided by one party to another, which is intangible and does not give rise to property rights (Kotler. 2002).

2.5 Employee Performance

Employee performance can be shown through the quality of services provided to consumers so that companies can evaluate the quality of employee services. The health service system needs to be supported by the quality of health services, adequate facilities and ethics or manners (Hermawanti, 2017). According to Dharma (2003) the performance dimension can be measured through, which is as follows:
a. Quantity is the amount that must be completed or achieved. Quantitative measurement involves calculating the output of a process or the implementation of an activity. This is related to the amount of output produced.
b. Quality is the quality that must be produced (good or not) qualitative measurement of output reflects the measurement of the level of satisfaction, namely how well the solution is. This is related to the form of output.
c. Punctuality is whether or not it is in accordance with the planned time. Punctuality measurement is a special type of quantitative measurement that determines the timeliness of the completion of an activity. Employee performance in nursing is the result of the work of nurses in the form of actions or practices that are easy to observe or assess. Nursing performance reflects the ability of nurses to implement the nursing care process (Ilyas, 2002).

2.6 Patient Satisfaction

Patient satisfaction is defined as the customer's response to the discrepancy between the previous level of interest and the actual performance he or she perceives after use. Patient satisfaction is at the heart of patient-oriented marketing (Kuntoro & Istiono, 2017). Patient satisfaction is a level of patient feeling that arises as a result of the performance of health services obtained after the patient compares with what he feels. Patients will feel satisfied if the performance of the health services obtained is the same or exceeds expectations (Pohan, 2006)). According to Chriswardani, (2004) there are three dimensions that affect patient satisfaction:
a. Officer service, the thoroughness of doctors in examining patients, the regularity of nurse services in examining patients, the seriousness of nurses in serving the needs and requests of patients, as well as the attitude and behavior of officers in serving food
b. Comfort of hospitalization, cleanliness and tidiness of hospital corridors and wards, cleanliness and tidiness of treatment rooms, lighting of buildings and corridors at night, safety of patients and hospital visitors, completeness of facilities or furnishings of treatment rooms, cleanliness of patient bathrooms, variations of patient menus, and

cleanliness of patient tableware.
c. Ease and smoothness of administration, availability and completeness of medicines in hospital pharmacies, length of hospital pharmacy services, length of time to get certainty from the results of medical support examinations, smoothness and ease of administrative services in and before going home.

Customer satisfaction is a condition that must be met by a company in order to be able to successfully create and retain customers if the customer is satisfied, then he will show the great possibility of returning to use the same service. The hospital needs to provide services according to the patient's expectations, with the appropriate service, the patient's expectations for the service of a service can be met or even exceed their expectations, so as to cause satisfaction in the patient. Services have been patient-oriented because the measure of quality perception is not in the view of health service providers but lies in the patient.

Based on the introduction and literature review, the research model can be drawn as follows:
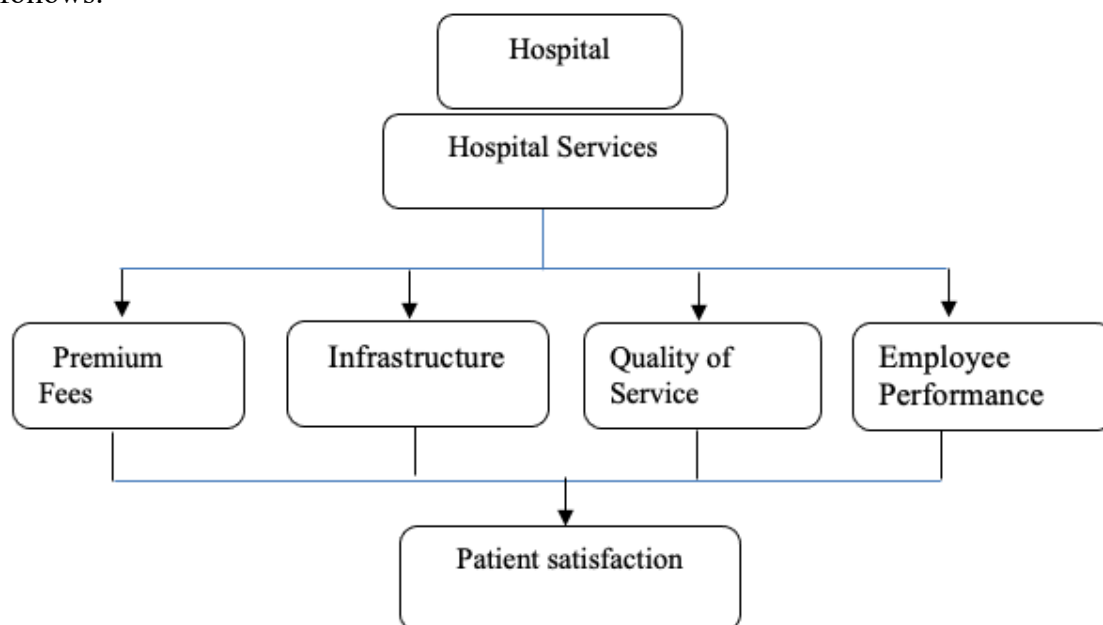

Figure 1. Research Model

3. Methods

This study uses quantitative explanatory. According to Sugiyono (sugi yono. Explanatory research is research that reveals the position and relationship of the variables being studied by testing the hypotheses that have been put forward. The data source used is primary data obtained directly by the researcher from the object of the research, namely at the dr. Chasbullah Abdulmadjid Hospital, Jl. Pramuka No.55 Marga Jaya, South Bekasi District, Bekasi City, West Java 17141 with respondents who are BPJS Kesehatan users.

The population in this study is all patients who use BPJS Kesehatan, the sample in this study consists of patients from internal medicine, general medicine, maternal and child, dental and oral medicine who use the BPJS Kesehatan program at dr. Chasbullah Abdulmadjid Hospital. In this study, the researcher used a non-probability sampling technique. Non-probability sampling research is a technique used for sampling that does not provide the same opportunity or opportunity for each member of the population or

each element to be selected into a sample (Sugiono, 2024). The number of dimensions examined in this study is 15, so the minimum sample required is 5 x 15 = 75 samples.

The sampling technique used is Accidental Sampling, which is a data collection technique with the determination of samples based on chance. Data collection in this study using a questionnaire technique using a questionnaire instrument in the form of a Google Form. The measuring tool used in this study uses a 5-point Likert scale. In this study, hypothesis testing was carried out using a Structural Equation Model (SEM) based on Partial Least Square (PLS). The SEM method allows researchers to include unobservable variables that are measured indirectly through indicator variables (Ghozali, 2017). The test arrangement of the data analysis method used in this study is as follows: (1) Descriptive statistical testing includes the appearance of data in tables, graphs, pie charts, pictograms, calculation modes, median, mean, and standard deviation; (2) Evaluation of the model using an outer test measured using validity and reliability testing. For reliability, you can use Cronbach's alpha and composite reliability. Meanwhile, validity is measured using convergent validity or loading factor; (2) Inner model test, namely R Square, F square (effect size) and Q square (prediction relevance) testing; (3) Multiple linear regression analysis and (4) Hypothesis test (bootstrapping), namely by Path coefficient test.

4. Results and Discussion
4.1 Descriptive Statistical Test Result

The descriptive statistical test provides an overview of the data seen from the average, maximum, minimum and standard deviation values which can be seen in graphic in below:
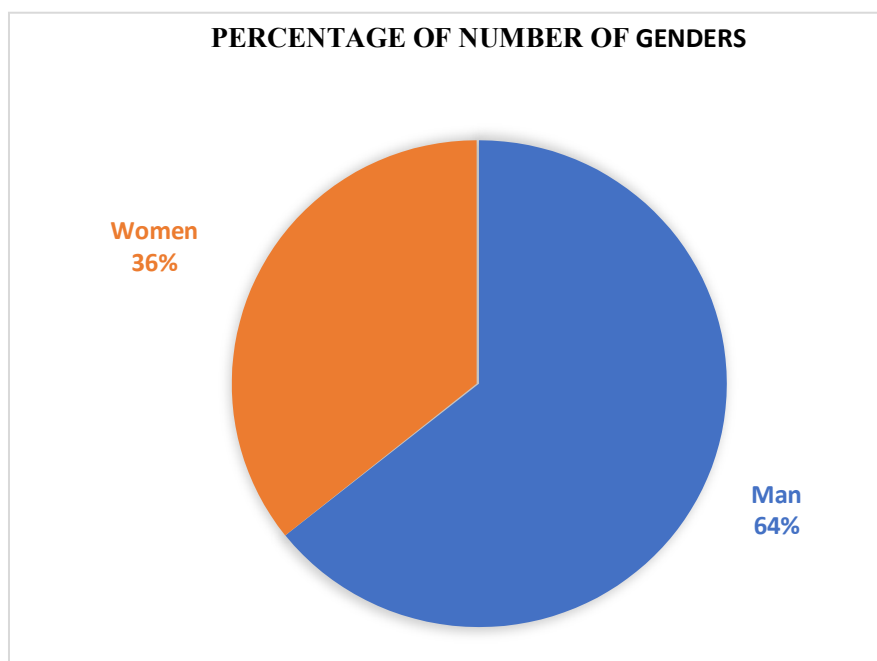

Graph 1. Percentage of Number of Sexes

The diagram above shows that there are 81 more female respondents than 45 male respondents.
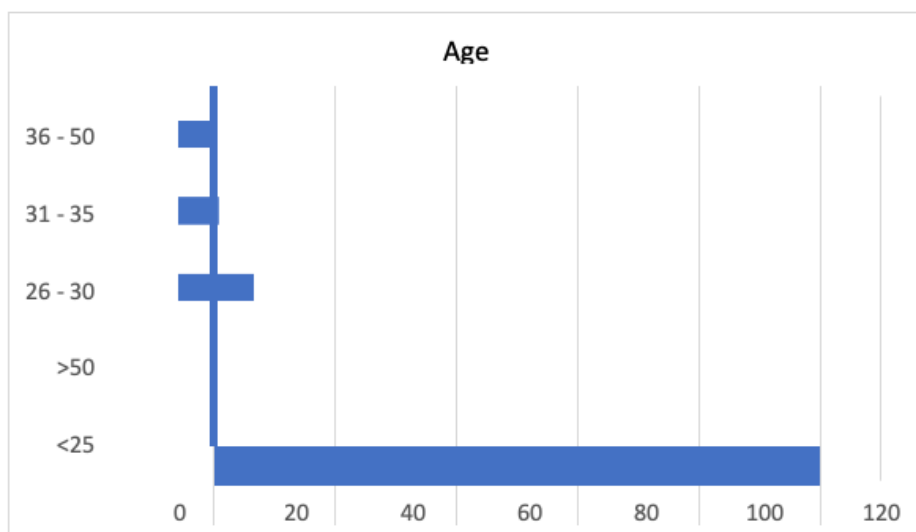
Graph 2. Age

The graph above shows that the number of respondents who filled out the questionnaire the most was at the age of > 25 years old amounting to 99 people, the age of 26 – 30 years amounting to 13 people, the age of 31 – 35 years amounting to 7 people, the age of 36 – 50 years amounting to 6 people and the age of >55 years amounting to 1 person. The largest number of respondents who filled out the questionnaire was at the age of > 25 years old, which amounted to 99 people
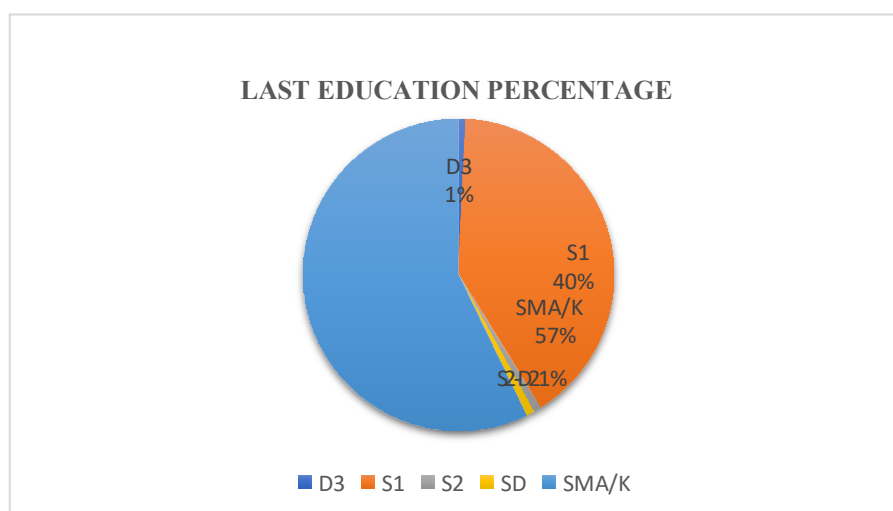
Graph 3. Last Education Percentage

The diagram above shows that the number of respondents who filled out the questionnaire the most was at the high school/vocational education level amounting to 72 respondents with a percentage of 57%, the S1 education level amounting to 51 respondents with a percentage of 40%, the D3 education level amounting to 1 respondent with a percentage of 1%, the S2 education level amounting to 1 respondent with a percentage of 1%, and the level of elementary education amounted to 1 respondent with a percentage of 1%.
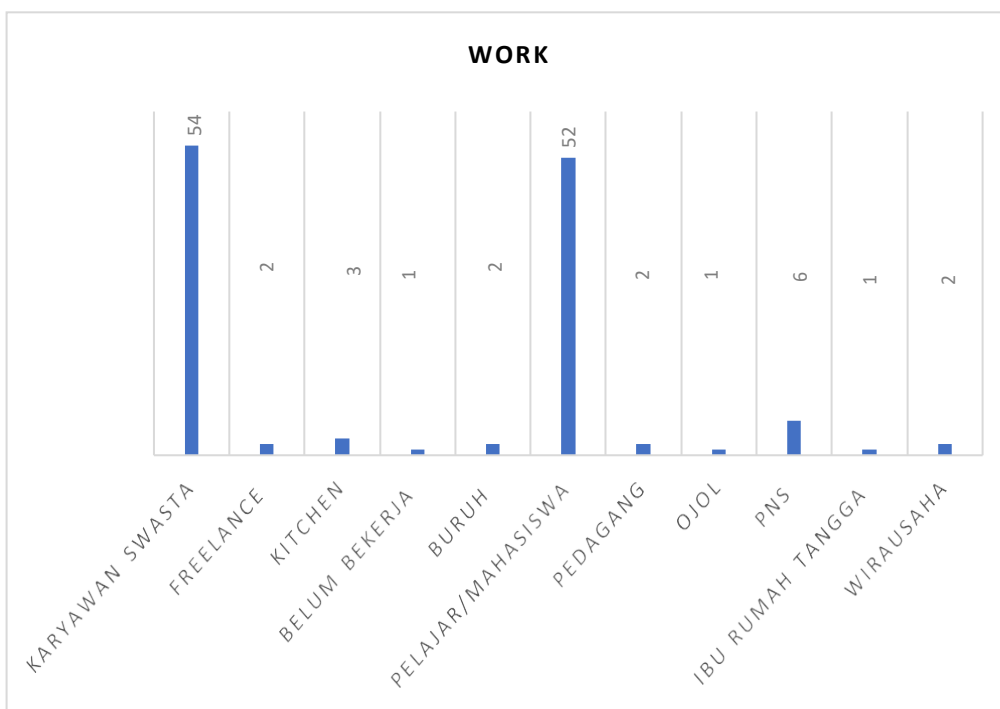
Graph 4. Job Type

The graph above shows that private employees are the most respondents with 54 people, while the least respondents are 3 people.

The descriptive statistical test provides an overview of the data seen from the average, maximum, minimum and standard deviation values which can be seen in table on below:

Table 1. Patient Satisfaction (KPs)

Kode	N	Mean	Min	Max	Std. Dev
KPs1	126	4.056	1.000	5.000	0.829
KPs2	126	4.032	1.000	5.000	0.854
KPs3	126	4.175	1.000	5.000	0.735
KPs4	126	4.151	1.000	5.000	0.746
KPs5	126	4.056	1.000	5.000	0.876
KPs6	126	3.968	1.000	5.000	0.925
KPs7	126	3.929	1.000	5.000	0.953
KPs8	126	3.913	1.000	5.000	0.968
KPs9	126	3.675	1.000	5.000	1.240

Source: SmartPLS output processed

Based on data that has been processed with SmartPLS v4.0.9.5 software, the number of samples used in this study is 126 samples. For the patient satisfaction variable in this study measured using three dimensions of measurement, the test results obtained showed that the largest mean value was 4,175 which is a KPs3 item that states that the work is done professionally. These results show that BPJS Kesehatan users at the hospital agree that the services provided by officers and medical personnel at the hospital are carried out professionally and produce satisfaction from BPJS Kesehatan users.

Table 2. Premium Fee (PRE), Infrastructure (INF), Quality of Service (KP), and Employee Performance (KPg)

Kode	N	Mean	Min	Max	Std. Dev
Pre1	126	4.246	1.000	5.000	0.879
Pre2	126	3.690	1.000	5.000	1.019
Pre3	126	4.095	1.000	5.000	0.895
Pre4	126	3.770	1.000	5.000	1.017
Pre5	126	3.976	1.000	5.000	0.831
Pre6	126	4.238	1.000	5.000	0.979
Inf1	126	3.968	1.000	5.000	0.863
Inf2	126	4.214	1.000	5.000	0.813
Inf3	126	4.135	2.000	5.000	0.705
Inf4	126	4.000	1.000	5.000	0.845
Inf5	126	4.048	1.000	5.000	0.805
Inf6	126	4.016	1.000	5.000	0.787
Inf7	126	4.103	1.000	5.000	0.815
Inf8	126	4.040	1.000	5.000	0.830
Inf9	126	3.944	1.000	5.000	0.937
Kp1	126	3.937	1.000	5.000	0.880
Kp2	126	4.095	1.000	5.000	0.781
Kp3	126	3.849	1.000	5.000	1.077
Kp4	126	3.992	1.000	5.000	0.868
Kp5	126	3.794	1.000	5.000	1.041
Kp6	126	3.817	1.000	5.000	1.065
Kp7	126	3.746	1.000	5.000	0.983
KPg1	126	3.817	1.000	5.000	0.995
KPg2	126	3.921	1.000	5.000	0.914
KPg3	126	4.032	1.000	5.000	0.854
KPg4	126	4.159	1.000	5.000	0.781
KPg5	126	3.865	1.000	5.000	1.011
KPg6	126	3.849	1.000	5.000	0.900
KPg7	126	3.857	1.000	5.000	0.879
KPg8	126	4.190	1.000	5.000	0.753

Source: SmartPLS output processed

The results of descriptive statistics for the PRE variable or premium cost in this study were measured using three dimensions of measurement, the results of the descriptive statistics obtained showed that the largest mean value was 4,246 which is a PRE1 item which states that everyone has the right to participate in the BPJS Kesehatan program which means that the entire community has the right to participate in the BPJS Kesehatan program provided by the government.

The results of descriptive statistics for the INF variable or infrastructure which in this study were measured using three dimensions of measurement, the descriptive statistical results obtained showed that the largest mean value was 4,214 considering the flow of air circulation which showed that patients agreed that the construction of room interiors in hospitals was important for patient comfort.

The results of descriptive statistics for the KP variable or service quality which in this study were measured using three dimensions of measurement, the results of the

descriptive statistics obtained showed that the largest mean value was 4,095 which is an item KP24 which states that health facilities have clear service standards showing that patients agree that health services have health facility service standards in accordance with health regulations.

The results of descriptive statistics for KPg variables or employee performance which in this study were measured using three dimensions of measurement, the results of the descriptive statistics obtained showed that the largest mean value was 4,190 which is an item KPg8 which states that doctors and paramedics always check the patient's condition showing that the patient agrees that the performance of medical personnel in the punctuality of serving patients Producing patient satisfaction in experiencing firsthand the performance of medical personnel.

4.2 Model Evaluation

This model test is carried out with SEM-PLS (Structural Equation Model-Partial Least Square) and the design of this test is carried out with SmartPLS v4.0.9.5 software, the test is carried out in two ways, namely the Outer model and the Inner model by producing output test results as shown in figures 2 and 3.

4.2.1 Outer Model Test

The results of the outer model test can be seen in the table below:

Table 3. Validity and Reliability Test

Variabel	Cronbach's Alpha	Composite Reliability	Average Variance Extracted (AVE)
PRE	0.661	0.799	0.584
INF	0.854	0.911	0.775
KP	0.938	0.960	0.890
KPg	0.950	0.968	0.909
KPs	0.942	0.963	0.896
Ket: the table represents the test using SmartPLS with exogenous variables are PRE = Premium Cost, INF = Infrastructure, KP = Service Quality, KPg = Employee Performance and endogenous variables are KPs = Patient Satisfaction			

Source: SmartPLS output processed

4.2.2 Validity Test

This test assessment is carried out by looking at the value of the Average Variance Extracted (AVE) for each construct with the relationship between the construct and other constructs. An item is said to be valid according to the rule of thumb if the AVE value is above 0.5. As shown in table 3, all variables have an AVE value above 0.5 which means that each indicator used has correctly described its own construct and proves that the convergent validity of all items used is valid.

4.2.3 Reliability Test

This test was carried out by looking at the value of Cronbach's Alpha, or Composite Reliability. Items are said to be valid according to the rule of thumb if the value of Cronbach's Alpha, or Composite Reliability is above 0.7 in table 3, variables that have a Cronbach's Alpha or Composite Reliability value above 0.7 are the INF (infrastructure), KP (service quality), KPg (employee performance), and KPs (patient satisfaction) variables which means that each item that used is reliable, while in the PRE variable (premium cost) Cronbach's Alpha has a value of 0.661 which means that the item used is not reliable.

4.3 Inner Model Test
   Results of the Inner Model test, significance test (bootstrapping) and linear multiple regression equation model:
4.3.1 R Square
   The values shown in table 4 show that the effect of exogenous together or simultaneously on endogenous is 0.857 with an adjusted R square value of 0.853. It can be explained that all exogenous variables (premium costs, infrastructure, service quality, and employee performance) simultaneously affect patient satisfaction by 85.3%, due to the influence of adjusted R Square more than 67%, so the influence of all exogenous constructs on patient satisfaction is strong (Hair et al., 2014).

4.3.2 F square
   The F Square value shown by table 4 shows that the influence of PRE on KPs is 0.003, the influence of INF on KPs is 0.000, the influence of KP on KPs is 0.055, and the effect of KPg on KPs is 0.445. Looking at the influence resulting from the PRE, INF, and KP variables whose values are below 0.02 which are considered small while the KPg variable has a value above 0.035 which has a large value. Therefore, the influence of exogenous constructs of PRE, INF, and KP on patient satisfaction is small and the exogenous construct of KPg on patient satisfaction is large (Hair et al., 2014).

4.3.3 Q square
   Based on table 4, it can be seen that the relevance level (Q2) value for all variables is 0.845. The Q Square result is more than 0.35, which is said to be large, which shows that the exogenous construct has great predictive relevance for the endogenous construct (Hair et al., 2014).

4.4 Multiple Linear Regression Analysis
   Based on Figure 1 and table 4, it is known that the coefficients of each of the exogenous variables of premium costs (0.027), service quality (0.247), employee performance (0.689) have positive values, and infrastructure (-0.015) have negative values.

Table 4. Bootstrapping Output Results and Equation Model

$$KPs = 0.027 \, PRE + 0.0.247KP + 0.689KPg - 0.015INF$$

Assumption Prediction Hypothesis	Variable	Beta	T Statistic	F2	P Values	Conclusion
H1 (+)	PRE > KPS	0.027	0.740	0.003	0.459	Rejected
H2 (+)	INF > KPS	-0.015	0.155	0.000	0.877	Rejected
H3 (+)	KP > KPS	0.247	2.059	0.055	0.040**	Accepted
H4 (+)	KPG > KPS	0.689	5.671	0.445	0.000***	Accepted
R-Square adjusted	0.853					
Q2	0.845					
Ket: the table represents the testing of statistical hypotheses using SmartPLS with exogenous variables being PRE = Premium Cost, INF = Infrastructure, KP = Service Quality, and KPg = Employee Performance and endogenous variables are KPs = Patient Satisfaction With the description of the level of sig* (below 0.1), sig** (below 0.05), sig *** (below 0.01)						

Source: SmartPLS data processed

This shows that if the premium cost decreases by one unit, then patient satisfaction will decrease by 0.027. If Infrastructure experiences a decrease of one unit, then patient satisfaction will decrease by -0.015. If the quality of service increases by one unit, then patient satisfaction will increase by 0.247 and if employee performance increases by one unit, then patient satisfaction will also increase by 0.689. Here are the output results of the outer model in figure 2:
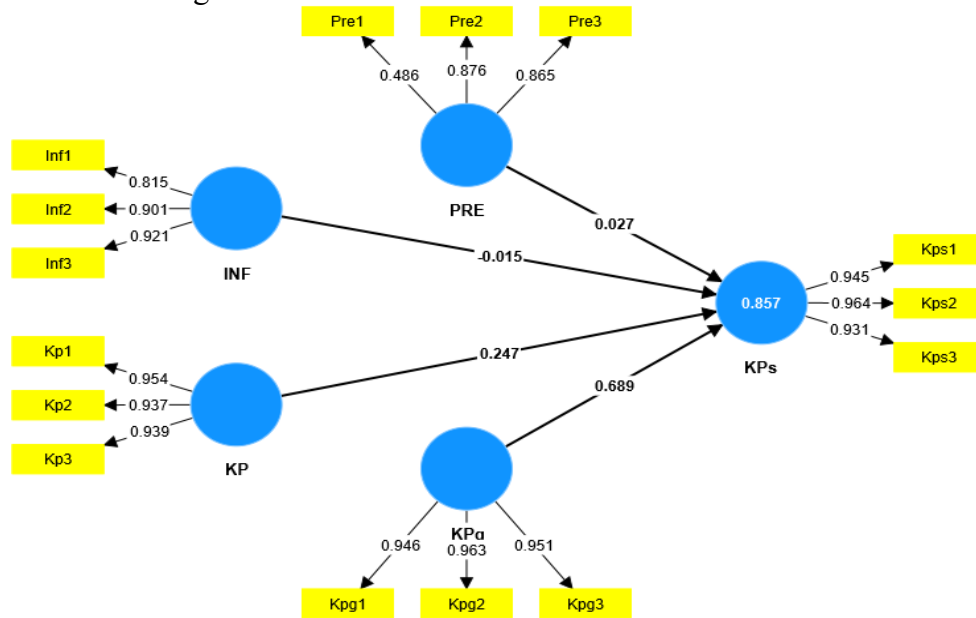

Figure 2. Output Outer Model

Figure 2 above explains that a coefficient with a positive value means that there is a unidirectional influence relationship between exogenous variables and endogenous variables, while a coefficient with a negative value means that there is an opposite-direction relationship between exogenous variables and endogenous variables.

4.5 Hypothesis Test (bootstrapping)

The bootstrapping hypothesis test in this study used a significance value (two-tailed) t-value of 1.65 (10%), 1.96 (5%) and 2.57 (1%). The full results of hypothesis testing and significance on SmartPLS v4.0.9.5 are shown in table 4 and figure 3:
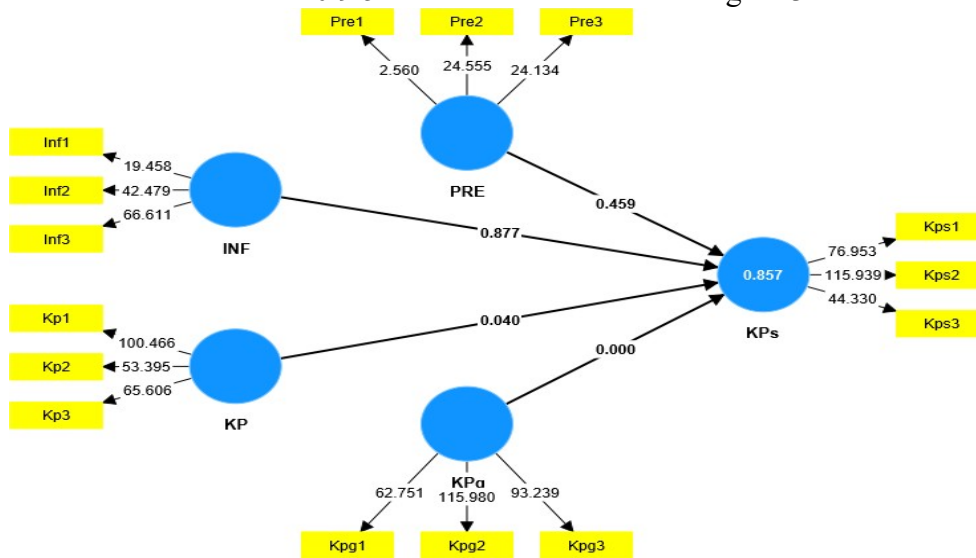

Figure 3. Bootstrapping Output

Based on table 4 and figure 3, it is known that the t-statistic of PRE for KPs is 0.740 (below 1.96) and the p-value of PRE for KPs is 0.459 (above 0.05), thus H1 is rejected and declared to have no significant effect between premium costs and patient satisfaction. 2) It is known that the t-statistic of INF for KPs is 0.155 (below 1.96) and the p-value The INF for KPs was 0.877 (above 0.05), thus H2 was rejected and declared not to have a significant effect between infrastructure and patient satisfaction. 3) It is known that the t-statistic of KP to KPs is 2.059 (above 1.96) and the p-value of KP to KPs is 0.040 (below 0.05), thus H3 is accepted and declared significant between service quality and patient satisfaction. 4) It is known that the t-statistic of KPg to KPs is 5.671 (above 1.96) and the p-value of KPg to KPs is 0.000 (below 0.05 and 0.01) is declared perfect, thus H4 is accepted and it is stated that there is a positive and significant influence between employee performance on patient satisfaction.

4.6 Discussion
4.6.1 Effect of premium costs on patient satisfaction
The results of the study through statistical testing showed that the premium cost did not have a significant effect on patient satisfaction, which said that the premium cost did not have a direct positive effect on patient satisfaction. The fee rate set by the government in the framework of the JKN-KIS program, the cost calculation is seen from the amount of contributions per month. The community then measures their ability to pay (WTP) and ability to pay (ATP) for these contributions.

Based on the analysis of the type of work, the respondents' data shows that various types of jobs are known to be registered as participants and become patients at health facilities in the BPJS Kesehatan membership class, meaning that the entire community is free to choose the membership class. The type of job or status is not the main requirement in registration and class selection, meaning that every increase or decrease in price does not affect the increase and decrease in consumer satisfaction.

The World Health Organization (WHO) provides support to countries to develop health payment systems with the aim of providing Universal Health Coverage. Universal Health Coverage ensures that everyone can receive health services without any financial hardship (WHO, 2012). Indonesia is one of the countries that is in a transition period and is in the process of being able to realize the realization of the Universal Health Coverage program or known as the National Health Insurance (JKN). BPJS Kesehatan fees or BPJS Kesehatan premiums are a number of funds that need to be paid to BPJS Kesehatan so that participants can enjoy the benefits and services of BPJS Kesehatan. According to Presidential Regulation Number 64 of 2022, concerning the Second Amendment to Presidential Regulation Number 82 of 2018 concerning Health Insurance, BPJS Kesehatan contributions are determined based on the type of participation of each participant in the JKN program.

In this study, the cost of premiums does not have a significant positive effect on patient satisfaction, but to get protection and be registered in BPJS Kesehatan membership, participants are required to pay a number of health insurance premiums that have been selected and agreed upon in each BPJS Kesehatan membership class has differences in premium payments. The cost of BPJS class III participants is IDR 42,000 per person per month with the benefit of services in class III treatment rooms. The government continues to provide contribution assistance of IDR 7,000, so that as of January 1, 2021, the cost of BPJS class 3 is IDR 35,000. The cost of BPJS class 2 participants is IDR 100,000 per

person per month with the benefit of services in the Class II treatment room. The cost of BPJS Kesehatan class I is IDR 150,000 per person per month with service benefits in the Class I treatment room (CNN Indonesia, 2022).

In several cases that have occurred related to the difference in services between BPJS Kesehatan class users and general patients at the Regional General Hospital with excuses made by the hospital such as full inpatient rooms, unclear doctor's visit schedules, slow insurance claims and other obstacles so that patients who should get treatment have to wait longer or choose options Moving to general class at a greater cost to get immediate treatment.

4.6.2 The influence of infrastructure on patient satisfaction

The results of the study through statistical testing show that infrastructure does not have a significant effect on patient satisfaction, this can be interpreted if the equipment and infrastructure increase, patient satisfaction will not necessarily increase. In the age graph, it is known that the data of respondents who are registered as BPJS Kesehatan health service patients are filled in by adolescents – parents The hospital infrastructure must be designed according to standards that include functional and feasibility aspects so that patients can feel comfortable while waiting, during examinations, and until they get medication according to the doctor's prescription. However, infrastructure is not the main factor in patient satisfaction.

Regional General Hospitals as the technical implementation unit of the District or City Health Office are responsible for organizing health development in their work areas.in order to carry out their functions properly, the Hospital must still be able to maintain the quality of service supported by adequate facilities and infrastructure and supported by the creation of a clean, beautiful, neat and pleasant environment so that it can meet expectations or needs patients who can ultimately provide satisfaction to patients. So that some of the benefits and also advantages of BPJS and JKN participants need to be known by the Indonesian people.

Hospitals that receive BPJS Kesehatan services must accommodate the number of BPJS Kesehatan users, which is not small. Several cases that occurred related to the management and provision of facilities and infrastructure with quality and quantity that are still relatively poor, the queue at the BPJS Kesehatan counter is piling up so that patients have to wait for a long time just to take the poly queue number, and not only at the counter queue, patients have to wait for the next queue to be able to meet and receive treatment from the intended poly doctor. This raises assumptions from patients who feel that there is a possible difference between general patients and BPJS Kesehatan patients.

4.6.3 The effect of service quality on patient satisfaction

The results of the study through statistical testing showed that service quality had a positive and significant effect on patient satisfaction, which said that service quality had a positive effect directly on patient satisfaction. Patient satisfaction is a reflection of the quality of health services they receive. The quality of health services refers to the level of perfection of health services in causing a sense of satisfaction in each patient. The more perfect the satisfaction, the better the quality of health services. Good service quality is not only measured by the luxury of facilities, technological completeness and physical appearance but also from the attitude and behavior of employees must reflect professionalism and have high commitment. The government that provides the BPJS Kesehatan insurance program under the auspices of the health department is part of the

public services provided to the community. The quality of public services shows a service activity carried out by a service provider (provider) which in this case is the government, to market or distribute products by prioritizing the satisfaction and expectations of the community as customers (demanders) which in this case is the one who is ordered, in accordance with service standards and public service principles.

In Indonesia, health service institutions must be able to demonstrate and demonstrate all their abilities in providing the most effective and efficient services due to the condition of limited costs and resources in their management. The achievement of satisfaction of health service recipients is if the service recipient has obtained services that are in accordance with what is needed and expected so that consumer satisfaction is the most important thing.

In some cases that discuss the quality of service to patients who use BPJS Kesehatan, it raises assumptions from patients who feel that health workers do their work only as a formality and are not serious in handling and providing excellent service to patients, such as, doctors who visit to check the patient's condition only check and do not provide information about how the patient's condition is, so that usually less than 7 days of patient treatment have been allowed to go home and only recommended for outpatient treatment.

4.6.4 The Effect of Employee Performance on Patient Satisfaction

The results of the study through statistical testing showed that employee performance had a significant positive effect on patient satisfaction, which said that employee performance had a direct positive effect on patient satisfaction. The impact of BPJS Kesehatan patient satisfaction with health services will affect the number of visits in health facility service units.

Public services are the result of the interaction of various aspects, namely the service system, the human resources of the service provider, the strategy and the customer. Employee performance can be shown through the quality of services provided to consumers so that companies can evaluate the quality of employee services. The health service system needs to be supported by the quality of health services, adequate facilities and ethics or manners. Officer performance is defined as the results or percentage of work that has been carried out by health workers in accordance with the duties and responsibilities given in providing outpatient services, with poor and good measurement results. Quality and performance are two things that cannot be separated in an assessment of service delivery, especially in patient health where officers are obliged to provide quality services so that their performance is good and in accordance with what is needed.

To do their best efforts, health workers who are in charge of making health efforts must improve their work processes and procedures, and strive to carry out their duties without mistakes, in this case the performance of health workers in providing the best service both to general patients and patients with BPJS.

In some cases, BPJS Kesehatan users feel that the performance of hospital employees (health workers, administration, security guards , and cleaners) in serving patients, especially those who use BPJS Kesehatan services, does not show their maximum performance, such as the slow response of health workers when patients call from inside the room using the call button, checking the IV tube, administering medication on the clock and how they treat patients is still felt to be lacking And sometimes even the difference is seen when serving general class patients. Furthermore, this study is aimed at patients who have been discharged from the hospital and feel the benefits of the services received for the patient's recovery.

5. Conclusion

This study aims to examine the influence of exogenous variables of premium costs, infrastructure, service quality, and employee performance on patient satisfaction of BPJS Kesehatan users. The data used was obtained from 126 questionnaires that have been distributed to patients who use BPJS Kesehatan program services at third-level health facilities (RSUD). The conclusions of this study are as follows: (1) The results of research and empirical data processing of premium costs do not have a positive and significant effect on patient satisfaction, so that the research hypothesis one (H1) is rejected;   (2) The results of research and data processing empirically infrastructure do not have a positive and significant effect on patient satisfaction, so the second research hypothesis (H2) is rejected; (3) The results of research and data processing empirically show that the quality of service has a positive and significant effect on patient satisfaction, so that the third (H3) research hypothesis is accepted; (4) The results of research and data processing empirically employee performance have a positive and significant effect on patient satisfaction, so that the research hypothesis four (H4) is accepted.

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