



ANALYSIS OF PUBLIC HEALTH INSURANCE PROGRAM, PERFORMANCE-BASED CAPITATION AND SERVICE QUALITY ON PATIENT SATISFACTION OF LEVEL I SERVICE FACILITIES IN NGANJUK REGENCY

Biller Panjaitan¹, Ayu Laili Rahmiyati², Yunlia Vidiarti³

^{1,2,3}Sangga Buana University

Email : biller175175@gmail.com, ayunasihin@gmail.com, yunlia123@gmail.com

Info Artikel

Received January, 2024

Revised February, 2024

Published March 30, 2024

Kata Kunci:

health facilities, BPJS,
capitation, patients

Abstract

The Nganjuk District General Hospital is one of the health facilities that BPJS refers to. Several obstacles are still found related to health services to patients related to the implementation of the health insurance program, then there are several changes related to performance-based capitation which have an impact on patient satisfaction who need good service with adequate facilities. The aim of this research is to determine the effect of health insurance programs, performance-based capitation and service quality on patient satisfaction at level I health facilities in Nganjuk district. The method used by researchers in carrying out this research is multiple linear regression analysis. This analysis was chosen because the researcher used more than 1 (one) independent variable used by the researcher. The data collection technique used by researchers to obtain primary data was by using a questionnaire for 67 respondents. The results of the research show that there is a partially negative and significant influence of the health insurance program on patient satisfaction at level I health facilities in Nganjuk district. There is a positive and significant effect of performance-based capitation on patient satisfaction

at level 1 health facilities in Nganjuk district. There is a positive and significant influence of service quality on patient satisfaction at level 1 health facilities in Nganjuk district, then simultaneously there is a significant influence of the health insurance program, performance-based capitation and service quality on level 1 health facilities in Nganjuk district

INTRODUCTION

Health is a basic human need to be able to live properly and productively, therefore it is necessary to organize health services that are cost and quality controlled. As stated in Law Number 36 of 2009 concerning health, it is emphasized that everyone has the same rights in obtaining access or resources in the health sector and obtaining safe, quality, and affordable health services. In addition, Article 28 H paragraph (1) states that "Everyone wants to live in physical and spiritual prosperity, have a place to live, and get a good and healthy living environment and has the right to obtain health services" and Article 34 paragraph (3) "The state is responsible for providing good health service facilities and public service facilities."

Community health centers (Puskesmas) as one of the public health service facilities that provide comprehensive and integrated services to the community in their working area in the form of main activities. Comprehensive Puskesmas services include curative (treatment), preventive (prevention efforts), promotive (health improvement), and rehabilitative (health recovery) services. These services are intended for all residents, without distinguishing between gender and age group, from conception in the womb to death. (Nurheda, Rusman and Usman, 2018).

Based on Article 5 paragraph (1) and Article 52 of Law Number 40 of 2004 concerning the National Social Security System, a Social Security Administering Body (BPJS) must be formed with a Law which is the fourth transformation of State-Owned Enterprises to accelerate the implementation of a national social security system for all Indonesian people. Therefore, BPJS was formed based on Law of the Republic of Indonesia Number 24 of 2011 concerning the Social Security Administering Body which began operating in 2014. Basic needs for a decent life for each participant or member of his family. The implementation of the national social security system is based on the principles of: 1) mutual cooperation; 2) non-profit; 3) openness; 4) prudence and 5) accountability.



Health services can be organized individually or together in an organization to maintain and improve health, prevent and cure diseases and restore the health of individuals, families, groups or communities. One form of health service organized by the government is BPJS (Ampu and Fitriarningsih, 2020). In an effort to improve the quality of BPJS services, good implementation of the Performance-Based Capitation Payment (KBK) policy at FKTP (First Level Health Facilities) is needed. The Performance-Based Capitation Payment (KBK) Policy is an adjustment of the amount of capitation rates based on the results of the assessment of the achievement of agreed individual health service indicators in the form of the performance results of First Level Health Facilities (FKTP) in order to improve the quality of service. The KBK Payment Policy has three indicators, namely Contact Rate (AK) with a target of $\geq 150\%$, Outpatient Referral Ratio for Non-Specialist Cases (RRNS) with a target of $\leq 2\%$ and Controlled Prolanis Participant Ratio (RPPT) with a target of $\geq 5\%$. The achievement of the targets of these three indicators will be the basis for the percentage of payments that will be received by FKTP (Cahyati et al., 2023).

KBK payment at FKTP is a quality control system in health services that aims to improve the effectiveness and efficiency of health service delivery (BPJS Kesehatan Regulation Number 7, 2019:5). In the era of National Health Insurance (JKN), the quality of health services provided by FKTP is the spearhead in providing health services, as well as the gatekeeper of health services. The less than optimal quality of FKTP can trigger a high number of referrals from FKTP to hospitals, which can cause a buildup of patients in hospitals (Cahyati et al.). The quality of public services is a dynamic process that is closely related to products, human services, and the environment where the quality assessment is determined at the time the public service is provided. The quality of service provided can be a measure in realizing the satisfaction of service users received by the public. Public satisfaction is the main basis for public service providers to pay attention to, because the satisfaction received by the community will determine the value of the government's success in the process of providing public services.

According to Setiawan et al. (2022), service quality is one of the important factors in the utilization of health services. Assessment of good service quality is not limited to physical healing of the disease, but also to the attitude, knowledge, and skills of officers in providing services, communication, information, courtesy, punctuality, responsiveness and the availability of adequate facilities and physical environment.

According to Widiastuti (2017), stated that "the quality of health services is an indication of the level of perfection of the health services provided, which on the one hand can create satisfaction for each patient or service user, and on the other hand the procedures for its implementation are in accordance with the code of ethics and standards that have been set in accordance with the average level of satisfaction of the population". According to Hendarsyah, Suparman and Mamlukah (2020) stated that the dimensions of service quality include five factors, namely physical aspects, reliability, personal interaction, problem solving, policy. Service quality is an important factor in

the utilization of health services. Assessment of good service quality is not limited to physical healing of the disease, but also to the attitude, knowledge, and skills of officers in providing services, communication, information, politeness, punctuality, responsiveness and the availability of adequate facilities and physical environment. Quality health services have become a community need which is a determinant of the success of building a nation. Currently, the increasing number of private and government health facilities are in a very competitive climate. At the same time, the public is also increasingly critical of health services by prioritizing satisfaction with the quality of services provided. Satisfaction as a patient's response to the suitability of patient expectations before receiving services with after receiving services. Patient satisfaction occurs when expectations can be met, then the patient will feel satisfied (Aliyyah et al., 2023).

Patient satisfaction is a response or level of patient feelings obtained after the patient receives health services at the Health Center by comparing the performance or results felt with the patient's expectations. If the results felt are below expectations, the patient will be disappointed, dissatisfied or even dissatisfied, but on the contrary, if they are in accordance with expectations, the patient will be satisfied and if the performance exceeds expectations, the patient will be very satisfied (Ampu and Fitrianiingsih, 2020). Gultom, Arif, and Fahmi (2020) stated that patient satisfaction is the patient's perception that their expectations have been met or exceeded. Patient satisfaction means a comparison between what consumers expect and what consumers feel when using the product. If consumers feel that the product's performance is the same as or exceeds their expectations, it means they are satisfied. Conversely, if the product's performance is less than their expectations, it means they are dissatisfied. Satisfaction is the level of a person's feelings after comparing the performance or results they feel with their expectations.

Familiar and Maftukhah (2015), stated that highly satisfied consumers will usually remain loyal for a long period of time, and buy again when health institutions introduce new products and update old products, in addition they will talk good things about health institutions and their products to others, they do not pay much attention to competing brands and do not care too much about price, they also offer product and service ideas to health institutions, and their service costs are cheaper than new consumers because transactions become a routine thing.

Based on the results of observations related to the implementation of the BPJS program at FKTP (First Level Health Facilities) in 20 Health Centers in Nganjuk Regency, several patient complaints were found, including; the occurrence of patient rejection on the grounds that the platform for BPJS patients had run out, People who are participants in the BPJS program who should get good service, but in its implementation there are still people who do not get the health services they should, There are still complaints about different services between BPJS patients and regular patients. BPJS participant patients complained about the long queues at the BPJS counter. The queue time at the BPJS counter reached five to four hours which is certainly too long to queue at the counter and the absence of National Medical Service Standards (SPM)

LITERATURE REVIEW

Health Management

According to Sulaeman (2011), the new paradigm of health management includes, among others; (1) management must be more flexible, namely able to adapt to circumstances. Organizations must create flexible and easily changed rules. In other words, there is a balance between an attitude driven by regulations where every step is controlled by various regulations and an attitude driven by a mission where every step is driven by the vision and mission of the organization that has been set; (2) maintaining balance between the conflicting goals and interests of the parties involved. In a hospital health management governance, quality hospital medical services are required. Hospital medical services include outpatient and emergency installations, as well as medical support services such as laboratories, radiology, medical rehabilitation, pharmacy and general support services such as logistics and maintenance. During its development, there has been a shift in the direction of hospital development which has an impact on how hospitals are managed (Calundu, 2018).

BPJS Program

The Social Security Administering Body (BPJS) is a public legal entity that is responsible to the president and functions to organize a health insurance program for all Indonesian citizens including foreigners who have worked for at least 6 months in Indonesia. (Law No. 24 of 2011 concerning BPJS). National Health Insurance (JKN) is part of the National Social Security System (SJSN) which is organized using a mandatory social health insurance mechanism with the aim of meeting the basic health needs of the community that are appropriately provided to everyone who pays contributions or whose contributions are paid by the government. (Law No. 40 of 2004 concerning SJSN).

According to Widiastuti (2017), the Social Security Administering Body, hereinafter abbreviated as BPJS, is a legal entity formed to organize a social security program (Law No. 24 of 2011). BPJS consists of BPJS Health and BPJS Employment. BPJS Health is a legal entity formed to organize a health insurance program. Health Insurance is a guarantee in the form of health protection so that participants receive health care benefits and protection in meeting basic health needs provided to everyone who has paid contributions or whose contributions are paid by the government. Several types of services that are used as a form of program include:

a) Primary Health Care Services

Primary Health Care is a non-specialist (primary) individual health care service that includes outpatient and inpatient services provided by Primary Health Care Facilities (FKTP), namely Community Health Centers or equivalent; Independent Doctor's Practice; Independent Dentist's Practice; Primary clinic or equivalent, including Primary Health Care Facilities



(FKTP) owned by the TNI/Polri; Class D Primary Hospital or equivalent; and supporting health facilities such as pharmacies and laboratories.

b) First Level Outpatient Care

First Level Outpatient Care Is a non-specialist individual health service carried out at FKTP for the purposes of observation, diagnosis, treatment, and/or other health services. Types of RJTP services include:

- 1) Administration of services, including administrative costs for participant registration for treatment, provision and issuance of referral letters to FKRTL for diseases that cannot be treated at FKTP;
- 2) Individual promotive and preventive services, including individual health education activities, routine immunization, family planning, health history screening and certain health screening or screening services, and Chronic Disease Management Program services which include: Medical examination, treatment, and consultation; Examination of pregnant women, postpartum women, breastfeeding mothers, infants and toddlers; Non-specialist medical procedures, both operative and non-operative; Drug, medical device, and disposable medical supplies services; Primary level laboratory diagnostic support examinations; Referral Program Services; and Home visits

c) First Level Hospitalization

The benefits covered in this First Level Inpatient service include: Registration and administration; Inpatient accommodation; Medical examination, treatment and consultation; Non-specialist medical procedures, both operative and non-operative; Midwifery, maternal, infant and toddler services including non-high-risk vaginal delivery; Delivery with complications and/or vaginal complications for PONE (Basic Essential Obstetric Neonatal Services) Health Centers; Neonatal care with complications; Drug and disposable medical supplies services; and Primary level laboratory diagnostic support examinations.

d) Advanced Referral Health Services

Advanced Referral Health Services are individual health service efforts that are specialist or sub-specialist in nature which include advanced outpatient care, advanced inpatient care, and inpatient care in special care rooms, provided by: Main clinics or equivalent. General Hospitals, both government and private, Specialized Hospitals, Supporting Health Facilities: Pharmacies, Optics and Laboratories.

e) Advanced Outpatient Care

The benefits covered in the Advanced Outpatient Program are: Service administration; Basic medical examination, treatment, and consultation conducted in the emergency unit; Specialist examination, treatment, and consultation; Specialist medical procedures, both surgical and non-surgical according to medical indications; Drug services, medical devices and disposable medical materials; Advanced diagnostic support services (laboratory, radiology and other

diagnostic support) according to medical indications; Medical rehabilitation; and Blood services.

f) **Advanced Level Inpatient Care**

The benefits covered in the Advanced Inpatient Care Program are: Non-intensive inpatient care and Intensive inpatient care (ICU, ICCU, NICU, PICU).

Performance Based Capitation

Performance-Based Capitation Payment Policy (KBK) is an adjustment of the amount of capitation rates based on the results of the assessment of the achievement of agreed individual health service indicators in the form of performance results of Primary Health Facilities (FKTP) in order to improve the quality of service. The KBK Payment Policy has three indicators, namely the Contact Rate (AK) with a target of $\geq 150\%$, the Outpatient Referral Ratio for Non-Specialist Cases (RRNS) with a target of $\leq 2\%$ and the Controlled Prolanis Participant Ratio (RPPT) with a target of $\geq 5\%$. The achievement of the targets of these three indicators will be the basis for the percentage of payments that will be received by FKTP (Cahyati et al., 2023).

For Private Primary Clinics and Independent Doctor Practices, a capitation assessment based on service commitment will be conducted without capitation adjustments being applied until December 31, 2017 (BPJS Kesehatan, 2017). The achievement of indicators assessed in the implementation of capitation payments based on fulfillment of service commitments are:

1) **Contact Number**

The contact rate is an indicator used to see the level of accessibility and utilization of primary services at FKTP by participants and FKTP efforts towards participant health for every 1,000 participants registered at FKTP who have entered into an MoU with BPJS Kesehatan. The formula for calculating the contact rate is the number of registered participants who have made contact with FKTP compared to the total number of registered participants at FKTP multiplied by 1,000. The target for fulfilling the number of contacts by FKTP is at least 150% every month (BPJS Kesehatan, 2017).

2) **Outpatient Referral Ratio of Non-Specialist Cases**

The Outpatient Referral Ratio for Non-Specialist Cases is an indicator to determine the referral system that is in accordance with medical indications and competencies coordinated between FKTP and FKRTL. The formula for calculating the outpatient referral ratio indicator for non-specialist cases is the number of non-specialist case referrals divided by the number of FKTP referrals multiplied by 100. Non-specialist case referrals are diagnoses included in the 144 diseases that must be treated completely at FKTP, or may not be referred to FKRTL. The types of diagnoses included in the 144 items are an agreement between BPJS Kesehatan, FKTP, City/District Health Offices, and Professional Organizations by considering the service capabilities of FKTP which is an inseparable attachment to the cooperation agreement. The

target for fulfilling the outpatient referral ratio for non-specialist cases by FKTP is <5% each month (BPJS Kesehatan, 2017).

3) Ratio of Prolanis Participants Routinely Visiting FKTP

The ratio of Prolanis participants who routinely visit FKTP is an indicator in seeing the continuity of chronic disease services agreed upon by BPJS and FKTP. The formula for calculating it is the number of prolanis participants who routinely visit divided by the number of prolanis participants registered at FKTP multiplied by 100. Patients with a diagnosis of diabetes mellitus and hypertension are the types of chronic diseases that are counted. The target for fulfilling the indicator is a minimum of 50% every month (BPJS Kesehatan, 2017).

Quality of Service

The implementation of good health services from BPJS Kesehatan is closely related to the quality of services provided. If the quality of service is good, the recipient of the service, namely the patient, will be satisfied and encourage interest in utilizing the health service location. The quality of the service can be determined by human resources, namely the number and reliability of health workers, the completeness of supporting facilities, the type of guaranteed service and the availability and completeness of drugs at the service location (Panjaitan, 2020).

Nuviana, et al (2020), said that service quality is the level of expected excellence and control over that level of excellence to meet customer desires. Emphasized by Panjaitan (2020) who stated that service quality is how far the difference is between reality and customer expectations for the subscriptions they receive or obtain.

According to Hendarsyah, Suparman and Mamlukah (2020) stated that the dimensions of service quality include five factors, namely physical aspects, reliability, personal interaction, problem solving, and policy. Service quality is an important factor in the utilization of health services. Assessment of good service quality is not limited to physical healing of the disease, but also to the attitude, knowledge, and skills of officers in providing services, communication, information, courtesy, punctuality, responsiveness and the availability of adequate facilities and physical environment. Quality health services have become a community need which is a determinant of the success of building a nation.

Patient Satisfaction

Harumi (2016) stated that patient satisfaction with health institutions can arise because there is an experience of transacting with health institutions so that it gives a positive reaction from patients. Patient satisfaction will create a happy attitude towards transactions and have a big impact on business continuity or long-term relationships. Patient satisfaction will affect the attitude of the next patient after using or feeling the products or services offered, therefore patients who are satisfied will repeat using the services offered. For this reason, service

providers should provide good quality for patients so that the number of patients can be maintained and developed.

There are several ways to measure patient satisfaction according to Sudarto (2011) namely:

- 1) *Complaint and Suggestion system* (Complaint and suggestion system), many health institutions open suggestion boxes and accept complaints experienced by patients. There are also health institutions that provide envelopes that have been written on the health institution's address to be used to convey suggestions, complaints and criticisms.
- 2) *Customer Satisfaction Survey* (Patient satisfaction survey), in the case of a health institution conducting a survey to detect patient comments, this survey can be conducted by post, telephone or personal interview or the patient is asked to fill out a questionnaire.
- 3) *Ghost shopping* (shadow buyer), in this case the health institution sends a certain person as a health institution to another health institution or even to the health institution itself. This mystery buyer reports the excellence and ease of the service that serves him. Also reported everything that is useful as a decision-making material by management.
- 4) *Lost Customer Analysis* (Consumer analysis that ran away), lost patients, are tried to be contacted again. They are asked to reveal why they stopped, moved to another health institution, whether there was a problem that occurred that could not be resolved or was resolved too late. From such contact, information will be obtained and will improve the performance of the health institution itself so that no one runs away again by increasing their satisfaction.

RESULTS AND DISCUSSION

Descriptive analysis of respondent responses

Respondents' statements regarding the Health Insurance Program, The results of respondents' answers to the twelve questions about the Health Insurance Program showed an average score of 4.4602 with an average standard deviation of 0.6910, meaning that respondents' assessments related to the Health Insurance Program variable averaged a very agree rating from the answers given by respondents as a whole, this means that the statements in the questionnaire can be understood well by respondents so that they do not cause multiperceptions. Of the 12 (twelve) statement items given, the RITP (First Level Inpatient) item has the highest score with an average of 4.4925, meaning that respondents are very satisfied with the Health Insurance Program organized by Health Facility I of Nganjuk Regency, while the lowest score is PKRTL (Advanced Referral Health Services) with an average score of 4.3134, meaning that it is related to the Advanced Referral Health service system that can be well received by patients because it is equipped with very good service support and officers are able to serve professionally. Then related to other assessment items such as PKTP (First Level Health Services), RJTP (First Level Outpatient), RJTL (Advanced Level Outpatient) and RITL



(Advanced Level Inpatient) overall showed a score above four, this means that overall this public health insurance program was well received by the community and welcomed positively. This is evidenced by the value of benefits that have been felt by the community who participated in the BPJS program.

Respondents' statements about Performance-Based Capitation, The results of respondents' answers to 6 (six) question items on the Performance-Based Capitation variable showed an average score of 4.4154 with a standard deviation of 0.7149, meaning that respondents' assessments related to the Performance-Based Capitation variable gave an average very good assessment. Of the 6 (six) statement items given, the RRRJKNS item (Outpatient Referral Ratio for Non-Specialist Cases) had the highest average score of 4.4925, meaning that patients fully understand the referral system that is set according to procedures and in accordance with medical indications, further strengthening that FKTP officers have very good competence to handle matters related to Non-Specialist Cases.

Furthermore, based on the results of the respondent assessment as presented in table 4.3 above, it shows that the lowest average score is the Contact Number Item, which is 4.3283, meaning that patients consider the accessibility of services provided by FKTP to be quite good, strengthened by the existence of an MOU between patients and BPJS Kesehatan.

Respondents' statements about Service Quality, The results of respondents' answers to 12 (Twelve) statement items on the Service Quality variable showed an average score of 4.1256 with an average standard deviation showing an average score of 0.7080, meaning that respondents' assessments related to the Service Quality variable gave a very good assessment from respondents. Of the 12 (Twelve) Statement items given, the Reliability item has the highest average score of 4.335, which means that the Quality of Service at Level I Health Facilities in Nganjuk Regency related to the implementation of the BPJS Program is felt by patients to be very good, this is because the Officers have reliable and professional competence in serving patients according to the specifications required as Health Experts.

Furthermore, the lowest average score according to the respondents' assessment was the Tangible Item, which was 3.9851, meaning that respondents assessed that officers in carrying out their duties had appeared and behaved quite well, this was proven by one of the attributes used by officers who had worn special clothing for health workers.

Statistical Test Results

Based on the results of the instrument test (Data Quality Test) it shows that the instrument is quite valid and reliable, so it can be continued with the Statistical Test. This Statistical Test is used for data analysis of research results conducted by researchers using Multiple Linear Regression Test Analysis.

Multiple linear regression test analysis related to the variables of Health Insurance Program (X1), Performance Based Capitation (X2) and Service Quality (X3) towards Patient Satisfaction (Y) which is presented in the following table:

Dependent Variable: Patient Satisfaction (Y)

No	Variables	Coef, B	Beta	t	Sig
1	(Constant)	20,803		6,302	0,000
2	Health Insurance Program (X1)	-0.355	-0.636	-2,916	0.005
3	Performance Based Capitation (X2)	0.327	0.350	2,020	0.048
4	Service Quality (X3)	0.535	0.832	5,508	0,000

Information :

Rtable	= 0,2369
R	= 0.620
R Square	= 0,384
Adjusted R Square	= 0,355
Ttable	= 1.667
Fcount	=13,102
FTable	=2.74

The Influence of the Health Insurance Program Variable (X1) on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency (Y)

The regression coefficient of the Health Insurance Program variable ($\beta_1 = -0.636$) means that in ceteris paribus conditions, if the average score of the Health Insurance Program increases by one unit, then the average score of Patient Satisfaction will decrease by 0.636 units. The large value of the negative regression coefficient means that the Health Insurance Program has a negative influence on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency. From the results of the regression analysis, the t-statistic value of -2.916 was obtained with a significance level of 5% and degrees of freedom (df) = 67 - 1 - 3 = 63, the t value in the table was obtained = 1.667. Because the t-count value = -2.916 is smaller than the t-table value = 1.669, the t-count value is in the Ho rejection area, so the conclusion is that the hypothesis rejects Ho, which means that separately the Health Insurance Program variable has a negative and significant effect on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency.

This is consistent and supports the results of research conducted by Fijjanah Alliyah (2023) and also supported by Wahyu Nuvita (2018). The results of the study were strengthened by Widiastuti's argument (2017) which stated that the Health Insurance Program was able to significantly influence patient satisfaction. Although the results of the study conducted by the researcher produced a negative Beta value, it was still in the Ho acceptance area so that it can be said that the Health Insurance Program variable has a significant effect on patient satisfaction. In detail, to clarify the influence of the health insurance program variable, it is presented in the normal diagram below:

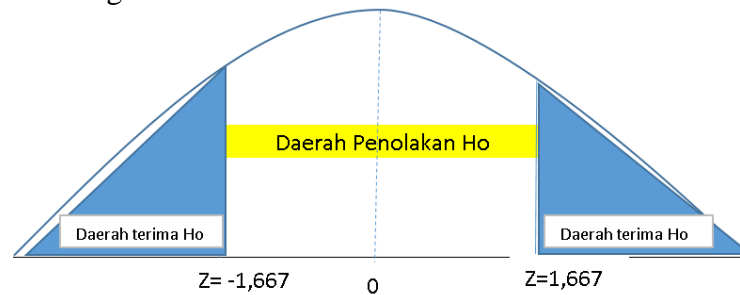


Figure 4.4 Normal Distribution Diagram of Acceptance Area Ho

Based on figure 4.4 regarding the normal diagram, it can be explained that the position of the Z value = -2.916 (t-count) shows that it is in the Ho acceptance area but has a negative influence.

The Influence of Performance-Based Capitation Variable (X2) on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency (Y).

The regression coefficient of the Performance-Based Capitation variable ($\beta_2 = 0.350$) means that under ceteris paribus conditions, if the average score of Performance-Based Capitation increases by one unit, then the average score of Patient Satisfaction will increase by 0.350 units. The large value of the positive regression coefficient means that Performance-Based Capitation has a positive influence on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency.

From the results of the regression analysis, the t-statistic value obtained was 2.020 with a significance level of 5% and degrees of freedom ($df = 67 - 1 - 3 = 63$), the t value in the table was 1.669.

Because the t-count value = 2.020 is greater than the t-table value = 1.669, the t-count value is in the Ho rejection area, so the conclusion is that the hypothesis rejects Ho, which means that separately the Performance-Based Capitation variable has a positive and significant influence on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency.

From the results of the analysis, both regression analysis and statistical testing prove the hypothesis that the Performance-Based Capitation variable has a positive and significant influence on Patient Satisfaction.

This is consistent and supports the results of research conducted by Cahyati (2023) and also supported by Rizki Fadila (2022). The research results were confirmed by Khujaefah (2020) who stated that performance-based capitation has a positive and significant effect on patient satisfaction.

The Influence of Service Quality Variable (X3) on Patient Satisfaction of Level I Health Facilities in Nganjuk Regency (Y).

The regression coefficient of the Service Quality variable ($\beta_3 = 0.832$) means that in ceteris paribus conditions, if the average score of Service Quality increases by one unit, then the average score of Patient Satisfaction will increase by 0.832 units. The large value of the positive regression coefficient means that Service Quality has a positive influence on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency.

From the results of the regression analysis, the t-statistic value obtained was 5.508 with a significance level of 5% and degrees of freedom ($df = 67 - 1 - 3 = 63$), the t value in the table was 1.669.

Because the t-count value = 5.508 is greater than the t-table value = 1.669, the t-count value is in the H_0 rejection area, so the conclusion is that the hypothesis rejects H_0 , which means that separately the Service Quality variable has a positive and significant effect on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency. From the results of the analysis, both regression analysis and statistical testing prove the hypothesis that the Service Quality variable has a positive and significant effect on Patient Satisfaction.

This is consistent and supports the results of research conducted by Nurheda, Usman and Rusman (2018) and also supported by Ampu, Fitrianiingsih (2020). The results of the study were strengthened by Hendarsyah et al. (2022) and Fijjannah Alliyah, et al. (2023) who stated that the quality of health services has a positive and significant effect on patient satisfaction.

The simultaneous influence of the Health Insurance Program, Performance-Based Capitation and Service Quality (X3) on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency (Y).

This test aims to prove whether the hypothesis states that together the Health Insurance Program, Performance-Based Capitation and Quality of Service have a positive and significant effect on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency. The description of the hypothesis is then proven by conducting statistical testing with the F test.

The results of data processing with the calculation of the SPSS Version 16 computer software program produced an F-count of 13.102. By using the significance level (Alpha: 5%), and the critical area $df = 3$ and $N = 67$ produced an F-table of 2.74.

The test results show that $F\text{-count } 13.102 > F\text{-table } 2.74$, which means that simultaneously the variables of Health Insurance Program, Performance-Based Capitation and Service Quality have a significant influence on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency.

Discussion

Analysis of Health Insurance Program on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency

The Health Insurance Program that has been implemented until now in Nganjuk Regency has shown quite significant results. This is proven by the increasing public awareness of healthy living as evidenced by the increasing number of BPJS Health participants. Patients who participate in the BPJS Health program have felt the positive impact of the program.

Level I health facilities in Nganjuk district have 20 health centers, consisting of: Health Center Baron, Duck, Gondang, Lengkong, Ngetos, Ngluyu, Ngronggot Patianrowo, Rejoso, Sawahan, Sukomoro, Tanjunganom, Wilangan, Bagor, Jatikalen, Kertosono, Nganjuk, Pace, Loceret and Prambon. The average number of patient visits in one year at the Nganjuk district health center for the number of outpatient visits reached 1,433,476 visits while the number of inpatient visits at the Health Center was 4,130 visits. For visits for mental disorders, there were 9,396 visits. While the average number of visits per day reached 200 patients spread across 20 Health Centers in Nganjuk Regency.

In an effort to improve patient satisfaction of the Nganjuk District Health Insurance Program, the Health Center has been supported by a network of Health Center services and a network of health facilities. The Health Center service network consists of 82 assistant health centers, 28 mobile health centers and 284 village midwives. While the network of health service facilities consists of 36 clinics, 5 hospitals, 5 laboratories and 1 other health service facility (Blood Transfusion Unit). Based on statistical data related to the number of BPJS Kesehatan Nganjuk Regency participants in 2023, it has reached 1,088,744 people or around 95.92 percent of the population and has been able to achieve Universal Health Coverage (UHC). This means that 95.92 percent of the people of Nganjuk Regency have received health service insurance organized by BPJS Kesehatan. Seeing the data facts as explained above, it can be said that the Health Insurance Program organized by BPJS Kesehatan Nganjuk Regency has been quite successful in bringing a good impact on the health insurance of the Nganjuk community in particular.

The results of the research analysis conducted by researchers related to the implementation of the health insurance program on patient satisfaction showed a negative and significant influence,

which means that the health insurance program has a significant effect on patient satisfaction at Level I Health Facilities in Nganjuk Regency. Although the results of the study showed a negative influence, it was still included in the Ho acceptance area shown in Figure 4.11.

The results of the study conducted by researchers related to the variables of the public health insurance program on patient satisfaction are quite relevant to the results of the study conducted by Yuyun Yuniar (2016), Layli (2022) and Pratama (2023) which overall stated that all variables regarding services related to the health insurance program have a significant effect on patient satisfaction. Then emphasized by the results of research conducted by Fijjanah Alliyah (2023) and also supported by Wahyu Nuvita (2018) and Widiastuti (2017) which stated that the Health Insurance Program was able to have a significant influence on patient satisfaction.

Performance-Based Capitation Analysis on Patient Satisfaction of Level I Health Facilities in Nganjuk Regency.

The results of the Performance-Based Capitation analysis based on research show a good assessment from patients. The large number of performance-based capitation for Level I Health Facilities in Nganjuk Regency shows an average of 90-100%. These results are based on the results of the Performance-Based Capitation (KBK) of Nganjuk Regency in 2023 which are presented in table 4.15 as follows:

Table 4.15 Results of the KBK for Nganjuk Regency in 2023

No	FKTP Name	Percentage											
		January	February	March	April	May	June	July	August	September	October	November	December
1	Kertosono	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
2	Sawahan	95%	95%	95%	90%	95%	90%	100%	100%	100%	100%	100%	100%
3	The slumber	95%	90%	90%	95%	95%	95%	95%	95%	100%	100%	100%	100%
4	Sukomoro	90%	85%	85%	85%	90%	95%	95%	95%	95%	100%	100%	100%
5	Duck	95%	90%	95%	90%	95%	95%	95%	95%	100%	95%	100%	100%
6	Ngetos	95%	90%	95%	95%	95%	95%	95%	95%	100%	100%	95%	95%
7	The Great	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
8	The gong	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
9	Loceret	90%	90%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
10	Bagor	90%	90%	90%	90%	90%	90%	90%	95%	95%	95%	95%	95%
11	croaking	90%	95%	95%	95%	95%	95%	90%	90%	95%	95%	95%	95%

12	Patianrowo	90%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
13	Baron	95%	85%	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%
14	Prambon	90%	90%	90%	90%	90%	95%	95%	95%	95%	95%	95%	95%
15	Arch	90%	95%	90%	90%	90%	90%	90%	95%	95%	90%	95%	95%
16	The Will	95%	95%	95%	95%	95%	95%	95%	95%	95%	95%	90%	90%
17	Rejoso	90%	85%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
18	Jatikalen	90%	95%	90%	90%	90%	90%	95%	95%	95%	95%	90%	90%
19	Tanjunganom	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%
20	Pace	90%	90%	90%	90%	90%	95%	85%	90%	95%	90%	90%	90%

Based on table 4.15 above, it has been proven that the average achievement of performance-based capitation in all FKTP (First Level Health Facilities) in Nganjuk Regency reached 90% - 100%. The highest percentage of achievement is FKTP Kertosono, which has an average achievement of 100%. While the lowest achievement of Performance-Based Capitation Percentage is FKTP Tanjunganom and Pace, which have an average of 90%. Then for the other 17 FKTPs, the percentage reached above 90%. This proves that Performance-Based Capitation is well received by Patients who indirectly feel satisfied with the amount of capitation payments set as stated in the Minister of Health Regulation Number 3 of 2023 concerning the standard tariff for health services in the implementation of the Health Insurance Program.

The performance assessment provisions at FKTP are based on the provisions of BPJS Health Regulation No. 7 of 2019 concerning KBK, where there are 3 assessment indicators, namely; Contact Rate (AK), Non-Specialist Referral Ratio (RRNS) and Controlled Pronalis Participant Ratio (RPPT). For the contact rate indicator (AK) it is determined to be greater than or equal to 150% ($AK > 150\%$), the Non-Specialist Referral Ratio (RRNS) is determined to be less than 2% ($RRNS < 2\%$) while for the Controlled Pronalis Participant Ratio (RPPT) it is determined to be greater than 5% ($RPPT > 5\%$). The KBK value of FKTP (Health Center) of Nganjuk Regency in 2023 is produced as presented in table 4.16 below:

Table 4.16 KBK Value of Nganjuk Regency Health Center in 2023

No	FKTP Name	Types of FKTP	KBK Value			Percentage		
			AK	RRNS	RPPT	AK	RRNS	RPPT
1	The Great	Health Center	1.60	0.02	0.10	160%	2%	10%
2	The Will	Health Center	1.47	0.02	0.10	147%	2%	10%
3	Bagor	Health Center	1.60	0.01	0.10	160%	1%	10%



4	Sukomoro	Health Center	1.00	0.02	0.20	100%	2%	20%
5	Rejoso	Health Center	0.47	0.02	0.10	47%	2%	10%
6	The gong	Health Center	1.53	0.02	0.10	153%	2%	10%
7	The slumber	Health Center	1.60	0.02	0.18	160%	2%	18%
8	Arch	Health Center	1.60	0.01	0.10	160%	1%	10%
9	Jatikalen	Health Center	1.50	0.01	0.10	150%	1%	10%
10	Patianrowo	Health Center	1.60	0.02	0.10	160%	2%	10%
11	Kertosono	Health Center	1.50	0.02	0.35	150%	2%	35%
12	Tanjunganom	Health Center	0.40	0.02	0.10	40%	2%	10%
13	Baron	Health Center	1.50	0.02	0.10	150%	2%	10%
14	croaking	Health Center	1.23	0.02	0.10	123%	2%	10%
15	Prambon	Health Center	1.00	0.02	0.10	100%	2%	10%
16	Pace	Health Center	1.17	0.01	0.10	117%	1%	10%
17	Loceret	Health Center	1.33	0.02	0.13	133%	2%	13%
18	Duck	Health Center	1.57	0.02	0.18	157%	2%	18%
19	Sawahan	Health Center	1.43	0.02	0.30	143%	2%	30%
20	Ngetos	Health Center	1.60	0.02	0.15	160%	2%	15%

Source: Nganjuk District Health Office, 2023

Based on table 4.16, it can be explained that from the overall achievement of KBK at FKTP (Health Centers) of Nganjuk Regency in the RRNS and RPPT indicators, all FKTP (Health Centers) have met the set targets. However, in the contact number indicator (AK), 7 (seven) health centers have not met the set target, namely > 150%, namely Wilangan, Sukomoro, Rejoso, Tanjunganom, Ngronggot, Prambon, Loceret and Sawahan. This is because patients make repeat visits in a short time, especially when there are complaints that have not been fully resolved. In

addition, there are still differences in understanding regarding what is considered a single visit, especially in cases of continuous visits by health workers.

Based on the facts in the field, it shows that performance-based capitation is able to significantly influence patient satisfaction, this is based on research facts that patients understand the referral system that is determined according to procedures and in accordance with medical indications, it is further strengthened that FKTP officers have very good competence to handle matters related to Non-Specialist Cases.

Research related to Performance-Based Capitation has a significant influence on patient satisfaction as shown in a study conducted by Khujaefah, et al. (2020) which showed that there is a relationship between the level of achievement of KBK indicators and patient satisfaction at FKTP in Semarang City, especially on the contact rate indicator. The results of this study are also strengthened by a study conducted by Rizki Fadila (2022) which in essence is that there is an influence of performance-based indicators on patient satisfaction, especially on the contact rate indicator. Furthermore, based on the results of the respondent assessment based on research conducted by the researcher, it shows that the average score for the Contact Rate Item is 4.3283, meaning that patients consider the accessibility of services provided by FKTP to be quite good, strengthened by the existence of an MOU between patients and BPJS Kesehatan.

Analysis of Service Quality on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency

The results of the analysis related to the quality of services implemented in Level I Health Facilities in Nganjuk Regency have generally been implemented well in accordance with the established Standard Operating Procedures. In addition, there are adequate health facilities available in hospitals in Nganjuk Regency. In providing services, hospitals in Nganjuk Regency have paid attention to the quality and safety of patients who have the characteristics of being safe, timely, efficient, effective, patient-oriented, fair and integrated. The number of hospitals in Nganjuk Regency currently has 5 (five) hospitals consisting of 1 Class B Hospital, 3 Class C Hospitals and 1 Class D Hospital.

Furthermore, when viewed from the type of hospital services in Nganjuk Regency, it consists of basic medical services, specialist services, and supporting services. One of the basic medical services is outpatient and inpatient services. In 2023, outpatient visits at 5 hospitals in Nganjuk Regency in 2023 reached 251,309, while the number of inpatient visits was 47,305 and the number of visits for mental disorders was 7,622 people. The number of emergency services (gadar) level 1 for hospitals in Nganjuk Regency in 2023 was 100%, both general hospitals and specialty hospitals.

In an effort to achieve adequate service quality for patient satisfaction, in addition to preparing adequate infrastructure, it also prepares professional HR/Health Personnel referring to

Law no. 36 of 2014 concerning health workers. What is meant by health workers is anyone who devotes themselves to the health sector and has knowledge and/or skills through education in the health sector which for certain types requires authority to carry out health efforts. In detail, the health workers owned by Nganjuk Regency in 2023 are as follows:

Table 4.17 Health Workers in Nganjuk Regency in 2023

No	Types of Health Workers	Man	Woman	Ratio per 100,000 resident
1.	Medical specialist	78	51	12.1
2.	General practitioners	122	161	26.6
3.	Dentist	10	47	5.4
4.	Specialist Dentist	1	4	0.5
5.	Nursing Staff	514	754	119.4
6.	Midwife		794	74.7
7.	Community Health Workers	3	30	3.1
8.	Environmental Health Worker	14	28	4
9.	Nutrition Power	6	56	5.8
10.	Medical Laboratory Technologist	18	91	10.3
11.	Other Biomedical Engineering Personnel	23	19	4
12.	Physical Therapy	3	6	0.8
13.	Medical Engineering	24	63	8.2
14.	Pharmaceutical Technical Personnel	6	81	8.2
15.	Pharmacist	13	42	5.2

Source: Secondary Data, Processed 2024

Based on the data above, it provides an illustration that in an effort to improve the quality of service in an effort to achieve patient satisfaction, FKTP has been equipped with adequate facilities and infrastructure and professional health workers in sufficient numbers. The results of the study conducted by the researcher showed that from the results of the respondent's assessment, it was stated that in general the assessment of the Service Quality variable showed an average score of 4.1256 with an average standard deviation showing an average score of 0.7080, meaning that the respondent's assessment related to the Service Quality variable gave a very good assessment from the respondents. With the Reliability indicator having the highest average score of 4.335, which means that the Quality of Service at Level I Health Facilities in Nganjuk Regency related

to the implementation of the BPJS Program is felt by patients to be very good, this is because the officers have reliable and professional competence in serving patients according to the specifications required as Health Experts.

Furthermore, the results of the study conducted by researchers related to patient satisfaction showed that the results of respondents' answers to 9 (nine) statement items on the Patient Satisfaction variable showed an average score of 4.1111 with an average standard deviation showing an average score of 0.7001, meaning that respondents' assessments related to the Patient Satisfaction variable gave a very good assessment. Of the 9 (nine) statement items given, the Lost Customer Analysis item has the highest average score of 4.1567, which means that Patient Satisfaction at Level I Health Facilities in Nganjuk Regency related to the implementation of the BPJS Program is felt by patients to be good. This is because officers make every effort to confirm patients who are in the inactive category to be active again to use the facilities in the BPJS program. In addition, based on observations in the field, BPJS always evaluates the causes of the emergence of Lost Customer Analysis.

Furthermore, the lowest average score according to the respondents' assessment was the Complaint and Suggestion System Item, which was 4.0821, meaning that respondents assessed that officers tried their best to accommodate suggestions and input from patients for the progress of the BPJS program and the provision of the best service for patients.

Based on the results of research related to patient satisfaction, it can be concluded that patients are satisfied with the services provided by the FKTP (Health Center) of Nganjuk Regency. Research related to service quality has a significant effect on patient satisfaction, as shown by the results of research conducted by Nurheda, Usman and Rusman (2018) which generally states that there is a significant relationship between service quality and patient satisfaction at the Maiwa Health Center, Enrekang Regency. This is further strengthened by the results of research conducted by Ampu, Fitrianiingsih (2020), Hendarsyah et al. (2022), Fijjannah Alliyah, et al. (2023), Wahyu Nuviana (2018) and Ajis Setiawan (2019).

Simultaneous Analysis of Health Insurance Program, Performance-Based Capitation and Service Quality on Patient Satisfaction of Level I Health Facilities in Nganjuk Regency

The results of simultaneous testing of the variables of the Health Insurance Program, Performance-Based Capitation and Service Quality prove whether the hypothesis that simultaneously the Health Insurance Program, Performance-Based Capitation and Service Quality have a positive and significant effect on patient satisfaction at Level I Health Facilities in Nganjuk Regency. The description of the hypothesis is then proven by conducting statistical testing with the F test,



The results of data processing with the calculation of the SPSS Version 16 computer software program produced an F-count of 13.102. By using the significance level (Alpha 5%), and the critical area $df = 3$ and $N = 67$ produced an F-table of 2.74.

The test results show that the F-count $13.102 > F\text{-table } 2.74$, which means that the variables of the Health Insurance Program, Performance-Based Capitation and Service Quality have a significant influence on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency.

The value of the multiple determination coefficient indicated by the value of $R^2 = 0.384$ indicates that the magnitude of Patient Satisfaction at Level I Health Facilities in Nganjuk Regency is around 38.4% determined by changes in the independent variables of the Health Insurance Program, Performance-Based Capitation and Service Quality.

Conclusion

Based on the research results carried out by the researcher, the following conclusions can be drawn:

- a. ProgramHealth insurance has a negative and significant effect on patient satisfaction at Level I Health Facilities in Nganjuk Regency.
- b. Performance-Based Capitation has a Positive and Significant Influence on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency.
- c. Service Quality has a negative and significant effect on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency.
- d. ProgramHealth insurance and performance-based capitation have a simultaneous effect on patient satisfaction at level I health facilities in Nganjuk Regency.
- e. ProgramHealth insurance and service quality have a simultaneous effect on patient satisfaction at level I health facilities in Nganjuk Regency.
- f. Performance-Based Capitation and Service Quality have a simultaneous effect on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency.
- g. ProgramHealth Insurance, Performance-Based Capitation and Service Quality have a simultaneous effect on Patient Satisfaction at Level I Health Facilities in Nganjuk Regency.



Bibliography

- Ampu, MN (2020). The Influence of Health Service Quality on the Level of Patient Satisfaction of BPJS Users in Suanae Village (Eban Health Center) in 2020. *Journal of Economics, Social & Humanities*, 2(05), 167-174.
- Putri, AD, Dewi Pascarani, NN, Wismayanti, D., & Wiwin, K. (2016). The Influence of Health Service Quality on BPJS Patient Satisfaction at Udayana Level II Hospital, Denpasar. *Citizen Charter*, 1(1), 28629.
- Hendarsyah, AN, Suparman, R., Susianto, S., & Mamlukah, M. (2022). Analysis of the Relationship between Service Quality Factors and Patient Satisfaction of Social Security Administering Body (BPJS) Health Participants at Ciawigebang Health Center, Kuningan Regency in 2020. *Journal of Public Health Innovation*, 2(02), 133-142.
- Setiawan, MD, Fauziah, F., Edriani, M., & Gurning, FP (2022). Analysis of the Quality of Health Services in the National Health Insurance Program (A: Systematic Review). *Tambusai Education Journal*, 6(2), 12869-12873.
- Nurheda, N., & Rusman, ADP (2018). The Relationship between the Quality of Health Services and Patient Satisfaction of Social Security Administration Agency (BPJS) Users at Maiwak Health Center, Enrekang Regency. *Scientific Journal of Human and Health*, 1(3), 202-216.
- Aliyyah, AF, Difhanny, CN, Ananda, DN, Rahma, D., Jayanti, PD, & Agustina, D. (2023). Analysis of the Influence of Health Service Quality on Patient Satisfaction of National Health Insurance Participants in Indonesia. *MODELING: Journal of PGMI Study Program*, 10(3), 104-117.
- Panjaitan, AA (2020). Analysis of the Utilization of Social Security Administration Agency (BPJS) Health Services in Indonesia: A Literature Review. *Journal of Administrative and Business Perspectives*, 1(1), 44-50.
- Oja, H., Tambajong, H., & Pole, N. (2019). Patient Satisfaction with Health Service Providers of Social Security Agency Partners. *Societas: Journal of Administrative and Social Sciences*, 8(2), 50-64.
- Mumu, PA, Lolo, WA, & Jayanto, I. (2020). Analysis of Patient Satisfaction of National Health Insurance Participants at Kimia Farma Pharmacy 396 Tuminting, Manado City. *PHARMACON*, 9(2), 302-309.
- Harumi, SD (2016). The influence of customer trust and satisfaction on customer loyalty at Seiko Laundry Company Medan. *Analitika: Jurnal Magister Psikologi UMA*, 8(2), 115-128.
- Cahyono, B., Haryono, AT, & Malik, D. (2016). Analysis of the Strength of Marketing Strategy Through Online Marketing, Offline Marketing and Excellent Service on Consumer Loyalty of PT. Adinata Graha Raya Kaliwungu with Consumer

- Satisfaction as an Intervening Variable. *Journal of Contemporary Economics and Business*, 2(1).
- Nuviana, W., Noor, M., & Jauchar, B. (2018). The Influence of Health Service Quality on Patient Satisfaction Using BPJS at UPTD. Lempake Health Center. *Ejournal of Government Science*, 6(4), 1621-2634.
- Gultom, DK, Arif, M., & Fahmi, M. (2020). Determination of Customer Satisfaction Towards Customer Loyalty Through Trust. *Maneggio: Scientific Journal of Master of Management*, 3(2), 171-180.
- Familiar, K., & Maftukhah, I. (2015). The Influence of Product Quality and Service Quality on Customer Loyalty through Customer Satisfaction. *Management Analysis Journal*, 4(4).
- Sudarto, (2011). Analysis of the Influence of Marketing Mix on Inpatient Satisfaction in VIP Class Hospitals (Case Study of Patients in Jember City). *BALANCE: Economic, Business, Management and Accounting Journal*, Vol. 8 No. 01 year 2011 Faculty of Economics, Yos Soedarso University, Surabaya.
- Widiastuti, I. (2017). Health Social Security Administration Agency (BPJS) Services in West Java. *Public Inspiration: Journal of Public Administration*, 2(2), 91-101.
- Setiawan, A., Qomariah, N., & Hermawan, H. (2019). The Influence of Service Quality on Consumer Satisfaction. *Indonesian Journal of Management Science and Business*, 9(2), 114-126.
- Arikunto, Suharsimi. 2013. *Research Management*. Rineka Cipta. Jakarta. ISBN: 978-979-518-153-8
- Azwar Syaifudin, 2007. *Research Methods*. Pustaka Pelajar Publisher
- Cahyono, B., Haryono, AT, & Malik, D. (2016). *Analysis of the Strength of Marketing Strategy Through Online Marketing, Offline Marketing and Excellent Service on Consumer Loyalty of PT. Adinata Graha Raya Kaliwungu with Consumer Satisfaction as an Intervening Variable*. *Journal of Contemporary Economics and Business*, 2(1).
- Eijkenaar, F., Emmert, M., Scheppach, M., & Schöffski, O. (2013). Effects of pay for performance in health care: a systematic review of systematic reviews. *Health policy*, 110(2-3), 115-130.
- Familiar, K., & Maftukhah, I. (2015). The Influence of Product Quality and Service Quality on Customer Loyalty through Customer Satisfaction. *Management Analysis Journal*, 4(4).
- Gultom, DK, Arif, M., & Fahmi, M. (2020). Determination of Customer Satisfaction Towards Customer Loyalty Through Trust. *Maneggio: Scientific Journal of Master of Management*, 3(2), 171-180.

- Harumi, SD (2016). The influence of customer trust and satisfaction on customer loyalty at Seiko Laundry Company Medan. *Analitika: Jurnal Magister Psikologi UMA*, 8(2), 115-128.
- Herawati, Pradhanawati, & Dewi (2013). The Influence of Retail Marketing Mix on Customer Loyalty through Customer Satisfaction on Alfamart Consumers in Tembalang District, Semarang. *Journal of Business Administration* Vol. 1 No. 1 Pages 1-9 Year 2013 Diponegoro University, Semarang.
- Janie, Dyah Nirmala Arum. 2012. *Descriptive Statistics & Multiple Linear Regression with SPSS*. Semarang University Press: Semarang. ISBN: 978-602-9019-98-8
- Juniardi, Haerani, & Munir (2018). The Influence of Marketing Mix Strategy on Customer Satisfaction and Loyalty of Novotel Makassar Grand Shayla City Centre Hotel. *Hasanuddin Journal of Applied Business and Entrepreneurship*, Vol. 1 No. 4 pp. 52-64 Year 2018 Faculty of Economics, Hasanuddin University.
- Sandra, C., Cahyati, ST, & Herawati, YT Implementation of Performance-Based Capitation Payment (KBK) Policy at Nganjuk District Health Centers. *Indonesian Health Policy Journal: JKKI*, 12(3).
- Fadila, R. (2022). Determinants of Achievement of Performance-Based Capitation Indicators in Primary Health Facilities: A Systematic Review. *Journal of Community Health*, 8(3), 408-417.
- Larasati, Veronica, and Ronald Suryaputra. "Analysis of Factors Affecting Customer Loyalty of Coffee Toffee Jatim Expo in Surabaya." (2013).
- Mulyawisdawati, (2015). Analysis of the Influence of Marketing Mix on Customer Satisfaction and Loyalty at Karita Muslim Square Yogyakarta. *Afkaruna: Indonesian Interdisciplinary Journal of Islamic Studies* Vol. 8 No. 1 Pages 46-59 Year 2015 STAI Al-Muhsin Krapyak Yogyakarta.
- Mardalis. 2014. *Research Methods: A Proposal Approach*. Jakarta: Bumi Script
- Novianti, Endri and Darlius. 2018. Customer Satisfaction Mediates the Effect of Service Quality and Promotion on Customer Loyalty. *Scientific Journal of Management*, Volume VIII. No 01. Pages: 90-108 ISSN: 2088-1231
- Rahmat. 2013. *Research Statistics*. Pustaka Setia. Bandung. ISBN: 978-979-076-337-1
- Sarwono Jonathan, 2006. *Quantitative and Qualitative Research Methods*. Graha Ilmu Publisher
- Sambas Ali Muhidin, Maman Abdurrahman, 2007. *Regression Correlation Analysis and Paths in Research*, Publisher CV Pustaka Setya
- Sugiyono. 2014. *Statistics for Research*. Alfabeta. Bandung. ISBN: 978-979-8433-10-8
- Calundu, R. (2018). *Health Management (Vol. 1)*. Sah Media.
- Sulaeman, ES (2011). *Health management*. Yogyakarta: Gadjaja Mada University Press



Member of IKAPI.

Khujaefah, K., Ratnawati, R., & Yuliyanti, S. (2020). Relationship between Competency-Based Capitation Indicator (KBK) Achievement Level and Patient Satisfaction. *Health System Research Bulletin*, 23(3), 205-213. ,,,