

ANALYSIS OF SERVICE QUALITY LEVELS FOR SOCIAL SECURITY ADMINISTRATOR (BPJS) PARTICIPANTS AND NON-BPJS (CASE STUDY OF OFA PADANG MAHONDANG VILLAGE)



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Abstract

Public service is an important service and is a top priority for administrators to meet the basic needs of society. Basically, the health sector is one of the first-level facilities for Social Security Administrator (BPJS) participants managed at the Public Health Center (Puskesmas). Therefore, the benefits of Puskesmas services are felt and help the community, including BPJS patients, so that the services provided to patients must be of quality according to the specified service standards. This research was conducted with the aim of comparing the quality of service for BPJS and non-BPJS participants as well as the supporting and inhibiting factors of service. Researchers use qualitative research by understanding the research subject. Source of data obtained from secondary and primary data. Furthermore, data collection techniques by conducting observations, interviews, and documentation at the health center, and determination of respondents using snowball sampling, then analyzed using the Miles and Huberman model. To test the level of confidence in the data uses triangulation techniques. The results of the study stated that the quality of services provided to BPJS and Non-BPJS patients at the Ofa Padang Mahondang Health Center was good and in accordance with the needs of the community seen from direct evidence, reliability, responsiveness, assurance, and empathy. While the supporting factors for service are the attitude of employees who are friendly, courteous, flow simplicity and affordable costs, there are still things that need to be improved, namely the lack of supporting facilities and infrastructure, such as loudspeakers, the wifi network is slow and the number of patients who are busy with the number of officers is incompatibility.

Keywords: Quality, Service, Health, BPJS

INTRODUCTION

Public services are very important services for the community and are a top priority for administrators to meet the basic needs of the community as mandated in Article 1 paragraph (3) of Law Number 25 of 2009 concerning public services. It is also supported in the Decree of the Minister of Administrative Reform Number 63 of 2003 concerning guidelines for public services, which define standards in public services. The existence of a state will be equipped with duties and functions as the government is obliged to provide public services needed by all people, both services in the form of regulations or services related to the basic rights of the community in order to meet the needs of the community including health services as priority basic rights. main government.

Health is a state of complete physical and mental well-being and not merely the absence of disease or infirmity. In order to prosper the community both physically and mentally, the government has prepared health service facilities in every region. The problems that occur in this research are direct evidence/tangibles, reliability, responsiveness, assurance, and empathy. What will be felt between BPJS and non-BPJS participants?

Health services are the main priority of the organizers because it is one of the basic rights of the community and its provision must be carried out by the government. As stated in Article 28 H paragraph (1) of the 1945 Constitution which reads that every person has the right to live in physical and spiritual prosperity, to have a home, and to have a good and healthy environment and has the right to receive health services, and Article 34 paragraph (3) The 1945 Constitution which reads that the State is responsible for the provision of proper health service facilities and public facilities. With the existence of this Law, the Social Security Administering Body, or what is called (BPJS) was formed, one of which is (BPJS). Health services that can be obtained consist of all health facilities, namely first-level health facilities, advanced-level health facilities, and other health facilities that work with BPJS, one of the first-level health facilities is the Puskesmas in accordance with Health Social Security Organizing Body Regulations Number 1 2014 concerning Implementation of Health Insurance. The Puskesmas as the Regional Technical Implementation Unit (UPTD) has operational tasks in developing the health of its area. The routine task of the Puskesmas is health promotion to the community, including services for

BPJS participants. Puskesmas services are very helpful to the community, including BPJS patients. This was reinforced in Nopiani's research (2019) in which his research stated that when viewed from the health service system in Indonesia, the role and position of the Community Health Center is as the spearhead of the health service system in Indonesia. This study examines the quality of service because it wants to know how the implementation of services in the puskesmas.

BPJS implements the Refer Back Program (PRB) to serve participants with chronic diseases. This program is a health service provided to people with chronic diseases with stable conditions and who still require treatment or long-term nursing care. Treatment is usually carried out at first-level health facilities on the recommendation/referral from the treating specialist. *Promkes* is not just counseling but also includes changing behavior, helping to encourage a conducive environment for healthy living, and also has political and economic aspects in it. This was said by Irmawati Pasaribu, SE, M. Si, Head of Sub, Administration, Directorate of Health Promotion and Community Empowerment, on the occasion of giving a presentation in front of participants at the 2016 Riau Archipelago Province Community Health Program Coordination Meeting which took place from Thursday to Saturday (28-30/1), at the Allium Hotel, Batam, which was attended by participants from the city district office and Community Health Centers in the Riau Islands province Riau. Service has a prime position in the Qur'an when viewed from the number of verses that offend is about mutual help contained in (QS. Al-Ma'idah; 2)

يَا أَيُّهَا الَّذِينَ آمَنُوا لَا تَحِلُّوا شَعَابِرَ اللَّهِ وَلَا الشَّهْرَ الْحَرَامَ وَلَا الْهَدْيَ وَلَا الْقَلَائِدَ وَلَا أُمِينَ
الْبَيْتِ الْحَرَامِ يَبْتَغُونَ فَضْلًا مِّن رَّبِّهِمْ وَرِضْوَانًا وَإِذَا حَلَلْتُمْ فَاصْطَادُوا وَلَا يَجْرِمَنَّكُمْ شَنَا
نُ قَوْمٍ أَن صَدُّوكُمْ عَنِ الْمَسْجِدِ الْحَرَامِ أَن تَعْتَدُوا وَتَعَاوَنُوا عَلَى الْبِرِّ وَالتَّقْوَىٰ وَلَا تَعَاوَنُوا عَلَى
الْإِثْمِ وَالْعُدْوَانِ وَاتَّقُوا اللَّهَ إِنَّ اللَّهَ شَدِيدُ الْعِقَابِ

“O you who believe! Do not violate the symbols of the sanctity of Allah, and do not (break the honor) of the forbidden months, do not (disturb) *hadyu* (sacrificial animals) and *qala'id* (marked sacrificial animals), and do not (also) disturb people who visit Baitulharam; they seek the grace and pleasure of their Lord. But when you have finished ihram, then you may hunt. Do not let (your) hatred of a people because they hinder you from the Masjidil Haram, pushing you to do excess (to them). And help you in (doing) virtua and piety, and

do not help each other in sin and enmity. Fear Allah, indeed, Allah is very severe in punishment.”

Qur'an Surah Al Mulk: 15

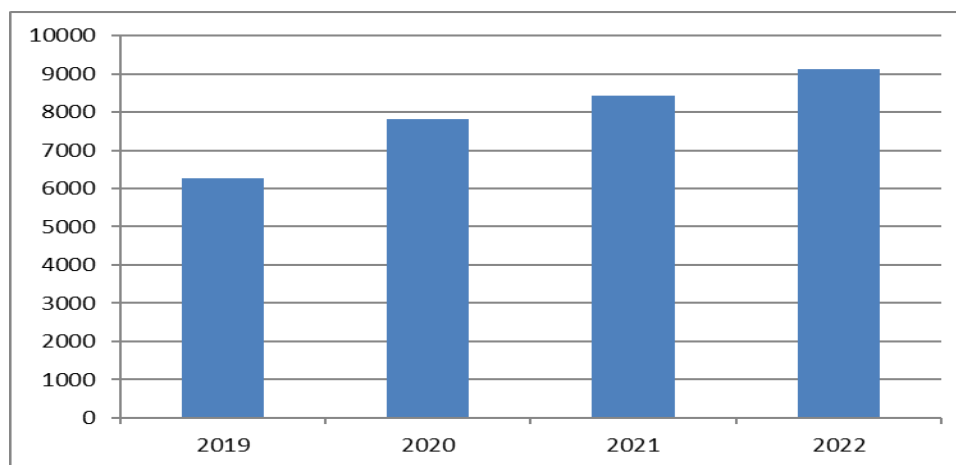
هُوَ الَّذِي جَعَلَ لَكُمُ الْأَرْضَ ذَلُولًا فَامْشُوا فِي مَنَاكِبِهَا وَكُلُوا مِنْ رِزْقِهِ وَإِلَيْهِ النُّشُورُ

“It is He who made the earth for you easy to explore, so explore in all directions and eat some of His sustenance. And only to Him you (return after) being resurrected.”

Putting trust in Allah means utilizing all potential to think of a good and right way of doing work. The work process begins by relying on Allah and relying on Him for help. So, putting your trust in Allah and relying on Him is combined with objectives, planning, programs, and work implementation (Zainarti, 2020, p. 251). According to Ibrahim (2017: 3) a feasibility study aims to assess the feasibility of a business/project idea and the results of the feasibility assessment are a consideration of whether the business/project is accepted or rejected.

The Ofa Padang Mahondang Health Center as a Community Health Center located in the Ofa Padang Mahondang Village area, Pulau Rakyat District, Asahan Regency, provides health services to the community including BPJS and Non BPJS patients, the benefits of which can be seen from the increasing number of visitors to BPJS patients increase. The number of visitors in 2019 was 6,278 patients, while in 2020 it increased to 7,812 people. In 2021, the number of visitors will be 8,431 people and in 2022 there will be 9,125 people.

Figure 1
Graph of Number of BPJS Visitors



Source: BPJS (2023)

From the graph above it can be seen that the growth in the number of visitors has increased significantly every year. The Ofa Padang Mahondang Health Center is obliged to provide the best possible service to the community, including BPJS health patients, so that quality services are realized according to the expectations and needs of the community. So the researchers conducted a study with the aim of knowing the quality of service for BPJS patients and non-BPJS as well as supporting and inhibiting factors for services at Ofa Padang Mahondang Health Center.

REVIEW OF LITERATURE

Service Quality

Service quality must start with customer needs and end with customer satisfaction and positive perceptions of service quality. As a party that buys and consumes products/services, the customer is the party that evaluates the level of service quality of a company. The customer's assessment of the service performance they receive is subjective because it depends on the perception of each individual. According to Tjiptono, (2019, p. 157) said that service quality can be interpreted as a measure of how well the level of service provided is able to match customer expectations. Ratna Sari and Aksa (2018, p. 107) state service quality is how far the difference is between reality and customer expectations for the service received/obtained. From the definition above, it can be concluded that the quality of service is a comparison between the expected service and the service received in real terms.

Basic Concept of Service

According to Kotler (2019: 36) the definition of service is any action or activity that can be offered by one party to another, which is basically intangible and does not result in any ownership. Service is an activity or sequence of activities that occurs in direct interaction between a person and another person or machine physically, and provides customer satisfaction. Service is an appearance performance, intangible and quickly lost, more can be felt than owned, and customers can participate more actively in the process of consuming the service. According to the Big Indonesian Dictionary (KBBI), service is an attempt to help prepare or manage what other people need.

Social Security Administration Agency (BPJS)

Social Security Administrative Body is a public legal entity according to the BPJS Law. The Social Security Administrative Body is a legal entity formed by the Indonesian government specifically to administer national health insurance. Law Number 24 of 2017 concerning Social Security Administering Bodies, hereinafter referred to as the BPJS Law, states that the Social Security Administering Body has the function of administering the health insurance program. Health insurance according to the SJSN Law is organized nationally based on the principles of social insurance and the principle of equity, with the aim of ensuring that participants receive health care benefits and protection in meeting their basic health needs.

Article 2 of the BPJS Law, states that BPJS organizes a national social security system based on the principles: (1) humanity, (2) benefits, and (3) social justice for all Indonesian people. In the explanation of Article 2 of the BPJS Law, it explains: a) The purpose of the humanitarian principle is the principle related to respect for human dignity; b) The purpose of the benefit principle is an operational principle that describes efficient and effective management.

Article 3 of the BPJS Law, states that BPJS aims to realize the provision of guarantees for the fulfillment of the basic needs of a decent life for each Participant and/or their family members. In the Elucidation of Article 3 of Law Number 24 of 2017 concerning Social Security Administering Bodies, what is meant by the basic needs of life are the essential needs of every person in order to live a decent life, for the realization of social welfare for all Indonesian people.

The final competence expected is that participants can assess whether based on management and human resource aspects, the planned business is feasible or not to run. The management aspects are as follows:

Planning

Everyone realizes that planning is the most important and therefore time-consuming part of the management process. To become human resources, planning means determining employee programs (human resources) in order to help achieve the goals or objectives of the organization. In other words, managing the people who will handle the tasks assigned to each person in order to achieve organizational goals.

Organizing

If a series of activities have been prepared in order to achieve organizational goals, then the implementation or implementation of these activities must be organized. Organization is a tool to achieve goals effectively, therefore the function of the organization must be seen as the division of tasks and responsibilities of people or employees who will carry out their respective activities.

Directing

To carry out planned activities so that these activities can run effectively, direction is needed (directing) from the manager. In a large organization, this direction cannot be carried out by the manager himself but can be delegated to other people who are authorized to do so.

Controlling

The control function is to regulate activities so that organizational activities can run according to plan. Besides that, control is also intended to find a way out or a solution if there are obstacles to the implementation of activities.

Procurement of Personnel (Recruitment)

The human resource management recruitment function aims to obtain the right type and number of workers and human resources, in accordance with the capabilities required by the work units concerned. The determination of the human resources to be selected must be those that are really needed, not because there are available personnel. Therefore the recruitment system which includes selection must first be developed carefully.

Development

The manpower or resources obtained by an organization need to be developed to a certain degree in accordance with the development of that organization. The development of resources that want to develop should be followed by the development of human resources.

Compensation

Compensation is a very important management function. Through this function, the organization provides adequate and appropriate remuneration to employees. This

is reasonable because employees as human resources of the organization have provided great services to the achievement of organizational goals.

Integration

Integration is a management activity aimed at reconciling the interests of employees in the organization. It has been realized that in carrying out organizational activities, conflicts of interest often occur between employees or between employees and managers.

Maintenance

The capabilities of human resources that have been owned by an organization need to be maintained (maintenance). Because this ability is an important asset for carrying out tasks and achieving organizational goals. This maintenance function includes guarantees for the health and safety of employees.

Separation

An employee may not always work in a particular organization. At one point or another, they will have to terminate their employment relationship by way of retirement. For this reason, the workforce or employees must return to society.

RESEARCH METHOD

The research used is quantitative by comparing the quality of service for BPJS and non-BPJS participants. This research was conducted at Ofa Padang Mahondang Health Center. Obtain data from primary data and secondary data. Furthermore, data collection techniques are carried out by observation, interviews, and documentation. The technique for determining respondents used snowball sampling with a small initial number and then getting bigger. Then analyzed using the Miles and Huberman model (in Sugiyono 2014: 246-247). The final activity was carried out to test the level of confidence in the data using technical triangulation.

RESULTS AND DISCUSSION

Ofa Padang Mahondang Health Center is a Community Health Center located in the area of Ofa Padang Mahondang Village, Pulau Rakyat District, Asahan Regency. Providing health services to the public, including BPJS and non-BPJS patients, is very beneficial, this can be seen from the increasing number of visitors to BPJS Health patients. The number of

visitors in 2019 was 6,278 patients, while in 2020 it increased to 7,812 people. In 2021 the number of visitors will be 8,431 people and in 2022 there will be 9,125 people.

The number of visitors from 2019 to 2022 is a problem because the number of patients visiting the puskesmas has increased too much, which is a problem:

Facilities

According to (Kotler, 2014), facilities can also be interpreted as a form of purchasing benefits from the company to consumer users which are given on the basis of payment of a sum of money.

Facilities must be a concern because the existing facilities are still lacking. The standard facilities at the Puskesmas are as follows: a) Registration Units; b) MCH/KB Service Unit; c) Dental & Oral Health Service Unit; d) BP/Clinic Service Unit; e) Lab Service Unit; e) Pharmaceutical Services Unit; f) Emergency room; g) Delivery Room.

The table below shows the minimum space program at the Puskesmas and Supporting Health Centers, as follows:

Non-Hospital Health Center

Table 1
Non-Hospital Health Center

No.	Room Name	Information
Office room		
1.	Administration Room Office	
2.	Health center head room	
3.	Meeting Room	Can be used for other activities in support of health services (multifunctional room).
Service Room		
4.	Registration and Medical Records Room	
5.	The waiting room	
No.	Room Name	Information
6.	General examination room	
7.	Action room	Action space is also used for Emergency service.
8.	MCH, Family Planning and Immunization Rooms	
9.	Dental and Oral health room	

10.	Breastfeeding room	
11.	Promotion Roomhealth	Can be used for consultation and counselling.
12.	Pharmacy room	- In accordance with pharmaceutical service standards at the Puskesmas. - The prescription reception room can be combined with the drug delivery room and is designed so that pharmacists can meet face to face with patients.
13.	Delivery room	
14.	Post ward labor	Only 1 bed
15.	Laboratory	In accordance with the standards of Laboratory Services at the Health Center.
16.	Sterilization room	
17.	Food Administration Room	Can have a function only as a place to serve food.
No.	Room Name	Information
18.	Patient bathroom/WC (male and female separated)	Conditioned for use by persons with disabilities.
19.	KM/WC for delivery	Conditioned to be used by persons with disabilities.
20.	KM / WC officers	Conditioned for use by persons with disabilities.
21.	General Warehouse	
Supporters		
22.	Home of the Health Worker's Service	Is the official house of health workers and numbering at least 2 (two) units.
23.	Parking for 2 and 4 wheeled vehicles as well as a garage for ambulances and mobile health centers	

Source: Ofa Padang Mahondang Health Center

Inpatient Health Center

Table 2
Inpatient Health Center

No.	Room Name	Information
Office room		
1.	Administration Room Office	
2.	Chief's Room Public Health Center	

3.	Meeting Room	Can be used for other activities in support of health services (space multifunction).
No.	Room Name	Information
Service Room		
4.	Registration Room and Medical Records	
5.	Waiting Room	
6.	Examination Room General	
7.	Emergency Room	
8.	Health Room Children and Immunizations	
9.	Mother's Health Room and KB	
10.	Dental Health Room and Mouth	
11.	Breastfeeding Room	
12.	Promotion Roomhealth	Can be used for consultation and counseling.
13.	Pharmacy Room	<ul style="list-style-type: none"> - In accordance with the Pharmaceutical Service Standards at the Puskesmas - Recipe reception room can be combined with drug delivery rooms and designed so that pharmacists can meet face to face with patients
14.	Delivery Room	The location of the joining room in the inpatient area
15.	Postpartum Ward	Only 1 bed, where the room is joined inpatient area
	Room Name	Information
16.	Action room	
17.	Inpatient Room	Distinguished between men, women and children.
18.	Bathroom / WC Patient (Male and Woman separated)	Conditioned for use by persons with disabilities
19.	Laboratory	In accordance with Laboratory Service standards at the health center
20.	Laundry Room	
21.	Sterilization Room	
22.	Food Service Room	Own function as place for food processing and serving.

23.	KM/WC for hospitalization	Conditioned for use by persons with disabilities
24.	KM / WC Officer	Conditioned for use by persons with disabilities
25.	Officer's guard room	
26.	General Warehouse	
Supporters		
27.	Health office	The official house is the official house for health workers and consists of at least 2 (two) units.
28.	Parking for 2 and 4 wheeled vehicles as well as a garage for ambulances and mobile health centers	

Source: Ofa Padang Mahondang Health Center

Auxiliary Health Center

Table 3
Auxiliary Health Center

No.	Room Name	Information
Service Room		
1.	Registration Room and Administration	
2.	Waiting Room	
3.	Examination Room General	
4.	MCH and KB Rooms	Can be used to do health promotion
5.	KM / WC Staff & Patients	Conditioned to be used by persons with disabilities
Supporters		
6.	Health Office	The official house is the official house for health workers and is at least 1 (one) units.
7.	Parking	

Source: Ofa Padang Mahondang Health Center

Bed

The number of beds needs to be increased due to the increasing number of visiting patients. Must be equipped with resources to support inpatient services, in accordance with the provisions, has a maximum number of beds of 10 (ten) beds,

and provides inpatient services 24 hours a day and 7 days a week for inpatient services.

Medical Devices

There is still a lack of sophisticated medical equipment. Standard medical tools are stethoscopes, thermometers, sphygmomanometers, scales and height gauges, otoscopes, medical flashlights (penlights), and tongue blades.

Medical Personnel

Puskesmas have 9 types of health workers, namely Puskesmas that have at least 9 types of health workers, namely doctors, dentists, nurses, midwives, environmental health, ATLM (Medical Laboratory Technology Expert), pharmacists, public health and nutrition workers. Medical personnel need to be added, because currently there are still not enough.

Patient's Meal Menu

The patient's diet needs to be improved both in terms of taste and food variety. The patient's current diet is eggs, fish, vegetables, tempeh, and tofu.

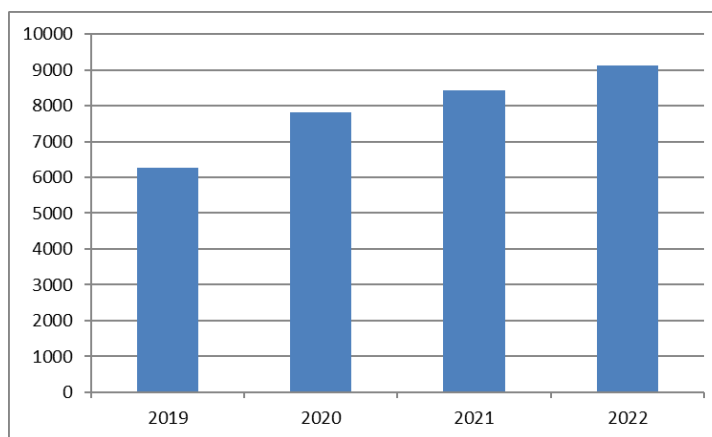
Nurse

The number of nurses needs to be increased so that they can quickly serve visiting patients. Nurses at the Puskesmas are all staff who have graduated from nursing education who are given the task, responsibility, authority, and full rights by officials to provide health care services to the community at the Puskesmas, namely as nursing implementers at the Puskesmas (Puskesmas Desa Ofa Padang Mahondang).

The Puskesmas building from 2019-2022 has developed quite rapidly. The government always pays attention to empowering its facilities. In addition, the government's attention to drugs is quite serious. The government sent the medicines needed by the Puskesmas.

Basically, BPJS sets different rates according to the level. For Class 1 Rp. 150,000 per person per month, class 2 Rp. 100,000 per person per month, class 3 Rp. 35,000 per person per month and class 4 Rp 17,000 per person per month.

Figure 2
Graph of Number of BPJS Visitors



Source: BPJS (2023)

From the graph above it can be seen that the growth in the number of visitors has increased significantly every year. This increase was due to service improvements from the previous year

In accordance with the focus of the problem to measure the quality of service for BPJS and Non BPJS participants at the Ofa Padang Mahondang Health Center using 5 main dimensions which are the community's assessment of service quality which will be explained as follows:

Direct/ Tangible Evidence

In general, the facilities and infrastructure for BPJS patients and non-BPJS patients are good. Even so, for BPJS patients, facilities such as medicines are often not available. In addition, BPJS patients feel that the number of health workers serving is lacking. For this reason, the Ofa Padang Mahondang Health Center needs to be corrected in providing services to, such as the results of interviews submitted by BPJS counter officers and supported by the results of interviews with BPJS patients and Non-BPJS health patients that the facilities and infrastructure provided simplify the service process and are very helpful. Therefore, to facilitate service, computers are provided, employees no longer record patients manually, and a wifi network is provided to access registered BPJS patients, besides that, there is also a clean waiting room.

Reliability

The reliability of employees in providing fast service is highly expected by the community, such as the registration counter of the Ofa Padang Mahondang Health Center providing fast service to officers based on predetermined procedures. Based on the results of interviews with BPJS and Non-BPJS patients, it was found that employees had provided fast service with patients completing the requirements and following the existing service flow, so the service process would be fast and the service would be adjusted to the queue number, the requirements provided were easy and straightforward. Based on the results of observations of the fast registration counter service, the requirements are very easy and straightforward. Even so, the service for BPJS patients is a bit longer when compared to non-BPJS patients. BPJS patients bring BPJS user cards, take queue numbers, are summoned to register at public counters, fill in medical records, then check data at BPJS counters and wait for health service calls in accordance with the order of medical records that have been determined, as well as general patients carrying Puskesmas treatment cards, taking queue numbers, fill in the medical record and wait for the call for health services, the patient comes directly served and the queue number is adjusted and the service procedure is posted on the wall of the service counter.

Responsiveness

The response or alertness of the registration counter staff at the Ofa Padang Mahondang Health Center to recognize, understand the needs of BPJS and Non-BPJS patients is very helpful to the community by providing a place to accommodate aspirations such as suggestion boxes and even the telephone number of the head of the Puskesmas. Even so, there are still a few complaints as expressed by the BPJS patient “When I seek treatment, the staff is actually quite helpful, but not so fast”. There are criticisms and suggestions from patients, the service at the Ofa Padang Mahondang Health Center is getting better. As revealed by non-BPJS patients, employees provide good service, are responsive, and always direct patients who come for treatment, and patient criticism and suggestions are needed as a reference for better service. In accordance with the results of the observation that a suggestion box has been provided at the registration counter, the health polyclinic, and include the

telephone number of the head of the Puskesmas in the provided message. The attention of officers by providing suggestion boxes for BPJS and Non-BPJS patients is very helpful in improving the quality of service so that they can provide good service in accordance with what the community expects.

Collateral/Assurance

Guarantees were given to BPJS and non-BPJS patients to get comfortable services such as friendly employee attitudes, courtesy, and a sense of security free from danger while in the Puskesmas environment have been well given and accepted by the community. As for the guarantees given to patients, they are good, employees provide services in a friendly, polite manner in accordance with the slogan of the Ofa Padang Mahondang Health Center, namely *Wisata Mandi Susu* which means polite speech, commendable morals, and the mandate in serving the community with sincere courtesy and a smile has been implemented. Even so, there are still complaints from some of the BPJS community patients who are not satisfied with the attitude of employees. In providing services to patients, the attitude of officers is polite, and friendly, and maintained security conditions will facilitate service and provide comfort for patients.

Empathy

Based on the results of the presentation of the data above from the results of interviews obtained from registration counter officers, BPJS and Non-BPJS patients, it can be seen that the willingness and concern of employees for BPJS and Non-BPJS patients with officers always conveying information related to Puskesmas activities by means of communication, delivery to patients in a friendly, courteous manner. In addition to that, the delivery of activities at the main health center was also distributed through the sub-health center and village midwife. However, there are still BPJS patients who are dissatisfied with the empathy from the puskesmas staff. Conveying information openly by means of communication that is polite, and courteous to patients related to the service process is very important so that BPJS and Non-BPJS patients know the activities to be carried out.

For service, non-BPJS participants receive better service than BPJS participants. Meanwhile, in terms of quality, non-BPJS participants receive better quality than non-

BPJS participants. For BPJS participants, queues are more frequent when compared to non-BPJS participants. And also non-BPJS participants are asked to pay after receiving services that have been provided and used in hospitals, while BPJS participants have made payments or contributions before getting services.

Providing good and quality services for BPJS patients and non-BPJS patients cannot be separated from driving and inhibiting factors. Both factors from the Puskesmas environment and from within the employees and even from the surrounding community. providing quality services to patients, both BPJS and Non-BPJS patients at the Ofa Padang Mahondang Health Center which supports are as follows: a) The attitude of employees in providing services to patients is friendly, speaking politely in accordance with the slogan that has been upheld so that people feel comfortable with the services provided; b) The services provided are very easy with simple requirements and service flow. The Puskesmas has provided good service and also the service flow, requirements, schedule, and service time have been made in tabular form and posted on the wall so that patients can easily understand it; c) For general patients, affordable health costs at the Puskesmas have been determined based on Local Regulation (PERDA) Malang Regency Number 4 of 2014 concerning the second amendment to PERDA Number 10 of 2010 concerning Public Service Retribution, while BPJS patients get free services in accordance with services guaranteed by BPJS.

While the inhibiting factors for services at Ofa Padang Mahondang Health Center are based on observations and presentations as follows: a) The lack of supporting facilities and infrastructure at registration counters that can help provide more effective services, namely providing loudspeakers to help employees and make it easier for patients to listen, and slow internet networks hinder services, especially at BPJS counters to check BPJS patient data registered in the Puskesmas work area; b) The discrepancy between the number of patients is sometimes crowded, while the number of employees still needs to be added, while the number of employees at the registration counter is 3 people, 1 person at the BPJS counter and 2 people at the public counter, employees not only register patient names but also deliver patient lists to health services, so still need to add young employees.

CONCLUSION

The quality of service for BPJS and non-BPJS participants at the Ofa Padang Mahondang Health Center is seen from the five main dimensions which are the community's assessment according to Pasuraman (in Sadhana 2019: 143), indicating that the services provided are good and help the community by providing service facilities and infrastructure. Adequate although not yet fully available, employees provide fast service based on queue numbers and uncomplicated service flow, provide a place to accommodate aspirations such as suggestion boxes and employees serve in a polite and friendly manner so that patients feel comfortable and no less importantly the vehicle's safety condition as well as the willingness of officers to convey and provide information by means of communication to patients that are friendly and easy to understand.

In providing services for BPJS and non-BPJS patients at the Ofa Padang Mahondang Health Center, there are several supporting and inhibiting factors for service. Services are supported by the attitude of employees who are friendly and polite to patients. The simplicity of the flow of services and the costs borne by patients for registration to obtain affordable health services. Meanwhile, the inhibiting factors for the service are the lack of supporting facilities and infrastructure at the registration counter, the absence of loudspeakers, the wifi network which is sometimes slow and the number of patients who are sometimes busy while the number of officers is quite limited.

The implication between health BPJS participants and non-health BPJS at the Ofa Padang Mahondang Health Center is that there are differences in services between health BPJS participants and non-health BPJS. Therefore, it is necessary to pay attention to the readiness of medical staff or health workers for non-BPJS health participants so that there is equality between health BPJS participants and non-BPJS health.

REFERENCES

- Agustina, D. (2020). Hubungan Implementasi Kebijakan Badan Penyelenggara Jaminan Sosial Dengan Kepuasan Pasien Yang Berkunjung Ke Puskesmas Bahkapul Kota Pematang Siantar. *Journal Of the Global Health*. 2(1), 6-7.
- Juliana Nasution. (2022). Pengaruh Disiplin Kerja Dan Motivasi Terhadap Kinerja Pegawai Pada UPT. Balai Pengujian Dan Sertifikasi Mutu Barang Medan. *Jurnal Inovasi Penelitian*, 2(12).
- Kotler, P. (2019). *Marketing Manajement*. New York: McGraw Hill.

- Muhammad Arif. (2022). Pengaruh Kualitas Pelayanan dan Harga terhadap Keputusan Pembelian pada PT. Fastfood Indonesia Store KFC SM Raja Medan.
- Peraturan Daerah Kabupaten Malang No. 4 Tahun 2014 tentang perubahan kedua atas Peraturan Daerah Kabupaten Malang Nomor. 10 Tahun 2010 tentang Retribusi Jasa Umum.
- Pramita, F.G. (2022). Dampak Kualitas Pelayanan Terhadap Kepuasan Pasien Rawat Inap Peserta BPJS Kesehatan Rumah Sakit Murni Teguh Di Kota Medan. *Jurnal Ilmu Multi Disiplin Indonesia*. 1(9), 4-7.
- Rahmi Syahiza. (2022) Pelayanan Peserta JKN-KIS Selama Pandemi Pada BPJS Kesehatan. *Jurnal Penelitian Administrasi Publik*, 2(2).
- Rofiah, N. (2019) Hubungan Kualitas Pelayanan Kesehatan Dengan Kepuasan Pasien Di Puskesmas Rantang Kecamatan Medan Petisah Tahun 2019. Skripsi thesis, Universitas Islam Negeri Sumatera Utara. *Jurnal Kesehatan*, 1(1), 7–26.
- Rumengan, D. (2018). Faktor-Faktor yang Berhubungan dengan Pemanfaatan Pelayanan Kesehatan Pada Peserta BPJS Kesehatan di Puskesmas Paniki Bawah Kecamatan Mapanget kota Manado. *Jurnal Kesehatan*, 5(7), 1-3.
- Sadhana, K. (2021). Etika Birokrasi Dalam Pelayanan Publik. Malang: Percetakan CV. Citra.
- Soemitra, Andri. (2020). The Contribution Income, Investment Results, And Claim Expenses On Sharia Life Insurance Income. *Jurnal Ekonomi dan Bisnis Islam (JEBIS) | Journal of Islamic Economics and Business*, 6(2).
- Sugiyono. (2019). *Metode Penelitian Kuantitatif, Kualitatif dan R & D*. Bandung: Alfabeta.
- Susilawati. (2022). Analisis Tingkat Kepuasan Masyarakat Pada Pelayanan Puskesmas Pembantu Sidorame Timur Kecamatan Medan Perjuangan. *Jurnal Healt Sai*. 3(7), 4-5.
- Utami, T. N. (2021). Persepsi Masyarakat Terhadap Kualitas Pelayanan Kesehatan pada Masa Pandemi COVID-19 di Kota Binjai. *Jurnal Penelitian Kesehatan*, 1(1), 1– 8.
- Zainarti. (2020). *Manajemen Sumber Daya Manusia: Reformulasi Sumber Daya Manusia Berkarakter Islami*. Medan: UINSU.