**OPTIMIZING PBPU SATISFACTION AND PBPU LOYALTY THROUGH COMPETITIVE ADVANTAGES SUPPORTED BY MARKETING STRATEGIES, PBPU INVOLVEMENT AND PBPU TRUST IN BPJS HEALTH IN WEST JAVA PROVINCE**

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***Abstract***

Health is a basic human need that will affect the quality of human life itself which in turn has an impact on the human development index of a country, therefore the Indonesian Government launched the National Health Insurance program by establishing an institution or agency that manages the National Health Insurance, namely BPJS Health. The government through BPJS Health has a target market of all Indonesian people to participate in the JKN program, so BPJS Health can provide satisfaction to participants and create participant loyalty through its competitive advantages compared to other similar insurances. Competitive advantage will be created through marketing strategies, PBPU involvement and PBPU's trust in this health insurance program.This study aims to provide more information about optimizing PBPU satisfaction and PBPU loyalty through competitive advantage supported by marketing strategies, PBPU involvement and PBPU trust.The research method used is descriptive with data collection using triangulation techniques.

***Keywords: PBPU, Satisfaction, Loyalty, Competitive Advantage, Marketing Strategy, Involvement, Trust.***

**INTRODUCTION**

Measurement of human development can be achieved by taking into account three important aspects such as a long and healthy life, knowledge, and a decent standard of living. The indicator used to see development progress in the long term is the HDI and there are two aspects to see the progress of human development, namely speed and status of achievement.The Human Development Index (HDI) obtained by the Province of West Java in 2018 was 71.30, the HDI in 2019 increased to 72.03 or grew by 1.02%, and the HDI in 2020 increased again to 72.09 or experienced a growth of 0.08%, so that West Java has a high HDI (70≤IPM<80). As is known, one of the components of HDI measurement is Life Expectancy (UHH), which describes the dimensions of longevity and a healthy life that continues to increase from year to year. West Java Province has Life Expectancy at birth (UHH) in 2018 of 72.66 years, increasing in 2019 to 72.85 years or experiencing growth of 0.26% and increasing again in 2020 by 73.04 years or experiencing growth by 0.26%.

In order to increase the HDI, the government launched the National Health Insurance program managed by BPJS Health which is expected to create superior value from the program so that BPJS Health can win the competition with other private insurance agencies, can provide satisfaction to participants and can make participants loyal. This participant satisfaction and loyalty can be achieved if it is supported by the implementation of the established marketing strategy and the involvement of participants and gain the trust of BPJS Health participants. BPJS Kesehatan has implemented a modern marketing strategy in accordance with what was stated by Kotler and Armstrong (2015) like:

1. **Segmentation**

Participant segmentation is listed in Chapter 1 Article 1 BPJS Health Regulation No. 6 of 2018 concerning Administration of Health Insurance Program Participation. Data for September 2021 BPJS Health membership in West Java Province was 37,995,595 people consisting of 734,751 Non-Workers (BP) (1.9%), Non-Wage Recipient Workers (PBPU) 6,605,418 people (17.4%), Wage Recipient Workers ( PPU) as many as 8,925.617 people (23.5%), Regional Contribution Assistance Recipients (PBI) as many as 4,849,252 people (12.8%) and Central PBI as many as 16,880,557 people (44.4%).the segmentation of the treatment class according to Article 18 in registering, can choose the benefits of the treatment class room: a) Class I; b) Class II; or c) Class III. The segmentation of contributions for each membership status varies according to the desired service class.

1. **Targeting**

Targeting BPJS Health is everyone, including foreigners who work for a minimum of 6 (months) in Indonesia, who have paid contributions (Law No. 40 of 2004) and are in line with Law No. 24 of 2011 and Presidential Regulation No. 64 2020 that readsEvery citizen of Indonesia is obliged to participate in the Health Insurance program and the Regional Government is required to support the implementation of the Health Insurance program through increasing the achievement of participation in its territory by issuing regulations that require participation in the Health Insurance program in obtaining public services, compliance with payment of contributions through the implementation of payment of Contributions in the right amount and on time, improving health services through the availability of health facilities, meeting minimum service standards, and improving the quality of health services and other support through contributions from cigarette taxes for the rights of each province/district/city. The number of BPJS Kesehatan participants in West Java Province is 37,995.595 people or 76.09% of the total population of West Java as many as 49,935,858 people in 2021.

1. **Positioning**
2. The National Health Insurance Program that must be followed by the whole community
3. Varied choice of participant fees and cheaper compared to competitors
4. Choice of various service classes
5. Health workers in 2020 in West Java are 18,125 doctors, 52,335 nurses, 23,235 midwives, 7,226 pharmacists, 2,020 nutritionists
6. Partnerships with FKTP and FKRTL in September 2021 totaled 3,313 (FKTP=2,958, FKRTL=355), down 0.63% from the previous year of 3,334 (FKTP=2,981, FKRTL=353), Pharmacies FKRTL as many as 474 or decreased by 1.66% compared to 2020 at 482, FKRTL Optics as much as 110 increase of 0.92% to 2020.
7. Extensive National Health Insurance Benefits
8. **Product/Service**

Products or services include:

1. First-rate health service
2. First Level Outpatient (RJTP)
3. First Level Inpatient (RITP)
4. Advanced referral health services
5. Advanced Outpatient (RJTL)
6. Advanced Hospitalization (RITL)
7. **Price**

**Table 1**

**Contribution Amount**

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant** | **Contribution Form** | **Contribution Amount** | **Information** |
| PBI | Nominal Value (Per Person) | Starting January 1, 2021 IDR 42,000 from the government | Class 3 perawatan treatment room |
| PPU (PNS/ TNI/ Polri/ State officials/government employees non-civil servants/retired civil servants) | 5% of Salary/ Wage | 4% of employers  1% of participants | Class 1 treatment room  Class 2 treatment room |
| PPU (BUMN/BUMD/Private) | 5% of Salary/ Wage | 4% of Employers  1% of Participants | Class 1 treatment room |
| Additional PPU (4th child and so on/father/mother/in-law | 1% of Salary/Wage | Participant | Class 1 treatment room  Class 2 treatment room |
| Other relatives of PPU (siblings/in-laws/household assistants, etc.);PBPU & BP | Nominal Value (Per Person) | Starting January 1, 2021:  1.Rp.42,000 (Rp.35,000 from Participants and Rp.7,000 from the Government)  2.Rp.100.000  3.Rp.150.000 | Class 3 perawatan treatment room  Class 2 treatment room  Class 1 treatment room |
| Veterans/Independence Pioneers/widows/widowers/orphans of Veterans/Independence Pioneers | 5% of 45% | 45% of the basic salary of civil servants goals. room III/a with a working period of 14 (fourteen) years per month, paid for by the Government. | Class 1 treatment room |

Source: Government Regulation No. 64 of 2020

**7. Place**

BPJS Health in West Java Province already exists in 18 regencies and 9 cities with the status of Branch Offices, KLOK (District Operational Service Offices) and LO (Liasion Offices) and establish cooperation or partnership with First Level Health Facilities (FKTP) and Advanced Referral Health Facilities (FKRTL).

**8. Process**

a. The registration process for PBPU participants can be done through BPJS Health Office, BPJS Health Website, Registration through Care Center 1500400, Third Party (Bank), Third Party (Credit Card), Registration via Mobile JKN, Registration through District Office, Registration via Payment Point Online Bank and other Partner Agents.

b. The process of health services for BPJS Health participants must go through stages.

c. The process of implementing a national social security system based on the principles of humanity, benefit, social justice for all Indonesian people and based on the principles of mutual cooperation, non-profit, openness, prudence

d. Payment system

Payment of claims based on INA-CBG (Indonesia Case Base Groups) rates and non-INA-CBG rates

**9. People**

The human resources owned by BPJS Health continue to be improved both in terms of ability and competence at all managerial levels from top management to lower management

**10. Physical Evidence**

BPJS Health always tries to improve facilities, both facilities and infrastructure so as to create comfort and cleanliness.

The condition of PBPU in September 2021 at BPJS Health from 6,605,418 people, it is known that 2.622.594 active PBPUs (39.7%) decreased compared to 2020 of 43.0% and inactive 3.982.824 people (60.3%) increased compared to 2020 of 57.0%.

Marketing strategy through customer-oriented marketing mix allows organizations to scan the internal & external environment, concentrate their resources on optimal opportunities and carry out their activities can have a significant and positive impact on increasing sales and achieving sustainable competitive advantage (Manafzadeh & Ramezani, 2016)( Tapera & Gororo, 2013) andwith competitive advantages that are innovative and creative marketing can fulfill customer satisfaction which will increase the business of the insurance industry (Babita, A & Namrata.K, 2014)

Kumar V & Pansari, A (2015) said that customer engagement and employee engagement positively affect company performance.

Competitive advantage through commitment is influenced by trust (Ismail MD Daud & Alam SS, 2017)

Higher customer value and lower associated costs are rooted in competitive advantage seen from the dimensions of skill advantage and resource advantage, which in turn, form two aspects of competitive advantage: customer satisfaction and loyalty (Huang, J, Hen, W., Zhou). C, 2013) (Bakti JPA, Rohman, F. Sunaryo, 2018) in line with the research of Ngari, Nelly K, Bichanga, J (2017) that two competitive strategies which include a market focus strategy and a differentiation strategy can increase customer satisfaction.

Ul Hassan, SQ & Rehma CA (2016) stated that there was a significant relationship between CRM, competitive advantage and satisfaction with customer loyalty in general.

There is a significant relationship between service quality and perceived value, brand image, trust, management, communication and customer satisfaction and between customer satisfaction and customer loyalty (Nguyen, Ha Thu, et.al 2018) (Abtin, A & Pouramiri, M, 2016) (Wong, R., Tong, C. Wong, A, 2014).

The empirical and theoretical conditions above can indicate that BPJS Kesehatan West Java Province has not yet reached 100% UHC (Universal Health Coverage) and has only reached 76.09% and inactive PBPU participants have increased from the previous year.

**Research purposes**

This research has to find out, examine and analyze:

1. Marketing strategy, participant involvement, participant trust, competitive advantage, participant loyalty and participant satisfaction of non-wage workers
2. Marketing strategy, PBPU involvement and PBPU trust support the simultaneous occurrence of competitive advantage in BPJS Health in West Java Province
3. Marketing strategy supports the occurrence of competitive advantage at BPJS Health in West Java Province
4. The involvement of PBPU supports the occurrence of competitive advantage in BPJS Health in West Java Province
5. PBPU's trust supports the occurrence of competitive advantage in BPJS Health in West Java Province
6. Competitive advantage supports PBPU satisfaction with BPJS Health in West Java Province
7. Competitive advantage supports PBPU loyalty to BPJS Health in West Java Province
8. PBPU satisfaction creates PBPU loyalty to BPJS Health in West Java Province

**LITERATURE REVIEW**

**Marketing strategy**

Strategy is an organizational adjustment action (plan) as a determination of the company's long-term goals and objectives as a reaction to certain environmental situations (new and distinctive), which is important. goals that have been set. (S. Supriyanto and Ernawaty, 2010; 35) (Chandler in Kuncoro, 2020: 1) (Bittel in Alma, 2018:201)

Assauri (2015:168) says marketing strategy is a a comprehensive, integrated and unified plan in the field of marketing, which provides guidance on the activities to be carried out to achieve the marketing objectives of a company. Kotler and Armstrong (2015) suggest that modern marketing strategy generally consists of three stages, namely market segmentation, targeting target market and market positioning. After knowing the market segment, target market and market position, a marketing mix strategy can be drawn up consisting of product, price, distribution/distribution and promotion, process, people and physical form.

**Participant Engagement**

*Customer engagement* according to Jaakkola and Alexander (2014: 248) is a behavior that allows consumers to make voluntary contributions (voluntary contributions) for a company's brand, where the contribution is not only limited to the transaction (purchase) process.

Van Tonder (2018) suggests that customer service consists of Identification, Enthusiasm, Attention***,*** *Absorption* and Interaction

***Customer Trust***

According to Leef H. Dierks in Kasmad (2018: 8) suggests consumer trust is "*Trust can be interpreted as a plausible strategy to reduce consumers' uncertainty in the context of decision making*"

McKnight, Kacmar, and Choudry in Adji & Samuel (2014) state that consumer trust consists of a) Trusting Belief (virtue, integrity, competence), b) Trusting Intention (willingness to depend and subjective possibility of dependence).

**Competitive Advantage**

Competitive advantage is the advantage or dominance of a particular party when the other party does not have what the dominant party has which is achieved by a particular organization when the organization can acquire or develop certain attributes that allow the company to show better performance than other organizations.Munandar (2016: 111).Overall cost advantage, Differentiation and Focus is a strategic approach that can outperform the forces of competition. (Porter, 2012: 31)

Li, Liu in Elmira (2016) provide the dimensions of competitive advantage consisting of quality, flexibility, response time and cost (efficiency).Kotler in Tapera & Gororo (2013) further suggests that companies can build competitive advantages from various sources such as superiority in quality, speed, safety, service, design and reliability.

**Satisfaction**

Customer satisfaction is the level of one's feelings after comparing the performance (or results) that he feels compared to his expectations as a post-purchase evaluation. (Kotler & Keller, Oliver in Tjiptono, 2019:378-379)(Thamrin (2019:38), whileKotler & Armstrong (2015:7) say that customer satisfaction is the customer's conscious evaluation of a product or service feature or of the product or service itself.

The occurrence of customer satisfaction will lead to an evaluation or overall attitude towards service quality over time (Bitner, 1990; Oliver 1981, Parasuraman er.al, 1988 in Fandy Tjiptono, 2016). Parasuraman, Zeithaml and Berry in Fandy Tjiptono (2016:136) through a series of studies on various service industries succeeded in identifying the main dimensions of service quality, namely reliability, responsiveness, assurance, empathy, physical evidence.

The attachment of competitive advantage from the cost leadership dimension was proposed by P, Oktaviana V.; Widiastuti, T; S. Suhaji (2021) that the price advantage offered is more affordable, competitive, and according to the benefits received, it has a positive and significant effect on customer satisfaction.

**Loyalty**

Oliver in his book Hurriyati (2020:128) says customer loyalty is deeply held commitment to rebuy or repatronize a preferred product or service consistently in the future, despite situational influences and marketing efforts having the potential to cause switching behavior. Meanwhile, according to Griffin in Hurriyati ( 2020:129) said that Loyalty is defined as non random purchase expressed over time by some decision making unit.

According to Griffin in Hurriyati (2020:130), loyal customers have the characteristics of making regular purchases, buying outside the product/service line, recommending other products, showing immunity from the attractiveness of similar products from competitors.

Minta, Youba (2018) revealed that there is a positive relationship between satisfaction and attitude loyalty for the insurance industry.

**conceptual framework**

Marketing strategy

PBPU Satisfaction

Superiority

Compete

Involvement

PBPU

Loyalty

PBPU

Trust

PBPU

**Figure 1 Conceptual Framework**

**Proposition :**

|  |  |  |
| --- | --- | --- |
| H1 | : | Simultaneously marketing strategy, participant involvement and participant trust support the occurrence of competitive advantage |
| H2 | : | Marketing strategy supports the occurrence of competitive advantage. |
| H3 | : | The involvement of PBPU supports the occurrence of competitive advantage. |
| H4 | : | PBPU trust supports competitive advantage |
| H5 | : | Competitive advantage can create PBPU satisfaction |
| H6 | : | Competitive advantage can create PBPU loyalty. |
| H7 | : | PBPU satisfaction can create PBPU loyalty. |

**RESEARCH METHODOLOGY**

This study uses an exploratory survey method with a qualitative approach with a descriptive research nature, this approach was taken because the researcher wanted to know the optimization of PBPU satisfaction and PBPU loyalty through competitive advantage supported by marketing strategies, PBPU involvement and PBPU trust.

**Research design**

The research procedure was carried out by conveying permission to informants such as the Head of BPJS Kesehatan, Deputy for West Java Region, 1 person for PBPU class 1 participants, 1 PBPU class 2 participants and 1 class 3 PBPU participants, inactive PBPU participants, expert judgment , BPJS Health observer. The researcher also provides various kinds of open and closed questions according to predetermined parameters and carries out a group discussion forum (FGD) with triangulation data collection techniques. The unit of analysis in this study was PBPU participants at BPJS Kesehatan in West Java Province.

PBPU satisfaction parameters with dimensions reliability, responsiveness, assurance, empathy, physical evidence. PBPU loyalty parameter with dimensionsregular purchases, buying outside the product/service line, recommending other products, showing immunity from the attraction of similar products from competitors. Parameters of competitive advantage with the dimensions of cost leadership, differentiation, focus, speed, flexibility, design. Marketing strategy parameters withdimensions of segmentation, targeting, positioning, product, price, promotion, place, people (HR), process and physical evidence. PBPU involvement parameters with dimensionsidentification, enthusiasm, attention**,** absorption and interaction and PBPU trust parameters with the dimensions of trusting belief and trusting intention.

The research design quality test criteria used construct validity, internal validity, external validity and reliability.

**Analysis Techniques**

Testing the questionnaire instrument using validity and reliability testing, while data testing usesclassical assumptions such as normality test, heteroscedasticity test, multicollinearity test and autocorrelation test. The analysis technique used is to answer all that is in the proposition.

**CONCLUSION**

This study is intended to determine, examine the optimization of PBPU satisfaction and PBPU loyalty through competitive advantage supported by marketing strategies, PBPU involvement and PBPU trust. This study fills the literature gap by providing a basis for identifying a common set of perceptions or beliefs that can influence a person's attitudes and intentions towards satisfaction and loyalty. The results of this study provide several theoretical and practical contributions to professionals such as regulators, policy makers, BPJS Health managers and BPJS Health employees as well as academics and researchers who pursue this field of study.

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