



## Integrated Marketing Communication Strategy to Increase Brand Equity of BPJS Kesehatan

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**ABSTRACT:** BPJS Kesehatan, the implementing body of the JKN Programme, is confronted with the challenge of maintaining program sustainability due to a significant number of inactive participants in the PBP segment, a situation primarily attributed to the organization's low brand equity. The primary research objective of this study is to develop integrated marketing communication strategy to increase BPJS Kesehatan brand equity. The methodology used is qualitative and quantitative research. Despite possessing commendable competitive advantages and offering the most affordable healthcare options, BPJS Kesehatan's struggle stems from deficiencies in marketing communication. Internally, the organization recognizes its potential to build brand equity but acknowledges a gap in marketing communication effectiveness and message coherence. Externally, the PBP segment exhibits low brand equity, notably in terms of loyalty and awareness towards the JKN program. The identified target demographic for BPJS Kesehatan within the PBP segment includes individuals aged 18-35, residing in urban and densely populated areas, with an upper-class socioeconomic status. While these individuals generally express trust in BPJS Kesehatan, they lack awareness of the program details. To address these challenges, a recommended strategy involves implementing an Integrated Marketing Communication approach with a specific theme: "ease of health insurance, which is reliable." Key messages emphasizing affordability, accessibility, quality, value, convenience, technology, and social impact should be conveyed. Utilizing diverse marketing channels such as television, online video, social media campaigns, mobile app optimization, and events can enhance communication effectiveness. Additionally, BPJS Kesehatan should consider developing supplementary benefits to augment services and increase participant loyalty. It is also crucial to empower employees to serve as effective communicators, enhancing their assertive communication skills to bolster the organization's overall communication strategy.

**KEYWORDS:** BPJS Kesehatan, Brand Equity, Integrated Marketing Communication, Marketing MIX, Strategy.

### INTRODUCTION

World leaders, including Indonesia, adopted the SDGs to fight poverty, inequality, and environmental degradation. By 2030, SDGs seek to make the world safer and healthier without costing too much. Progressive universality paths for disadvantaged and excluded populations are essential to guarantee no one is left behind. The 2030 SDGs comprise 17 Goals and 169 Targets. The UN Report (2015) states that 193 UN members support UHC as an SDG.

Universal health coverage in the SDG allows for a comprehensive health strategy that supports health systems. For better health outcomes, universal health coverage needs multi-sector activity and sustainable, equitable health systems. Indonesia wants social health insurance for everyone. Global health policy improves health. Therefore, universal health care needs policies and actions. Everyone gets great healthcare under universal coverage. UHC improves poverty, social cohesion, health, and long-term economic growth. Mandatory and subsidized contributions may offer universal healthcare. Universal healthcare is a national obligation. National challenges need particular answers. Living standards and consumer expectations may boost social security coverage.

Indonesia changed significantly to obtain universal health care. The lofty aims of health care reform are accessibility, quality, and sustainability. Citizens are protected from unexpected health care costs by the reform. Recent years have seen Indonesia progress UHC. Indonesia started its universal health coverage initiatives by creating Badan Penyelenggara Jaminan Sosial Kesehatan (BPJS Kesehatan) under Law No. 24/2011 on Social Security Organizing Agency.

BPJS Kesehatan helps provide cheap healthcare to the population. BPJS Kesehatan, a universal healthcare program, provides excellent healthcare to all Indonesians regardless of socioeconomic background. However, BPJS Kesehatan confronts considerable geographical and demographic challenges in spreading social health insurance knowledge and branding to all sectors of society.



Indonesia is the world's biggest single-payer social health insurance administration. Indonesia covered 261 million people and opened enrollment for 10 million. The remaining 10 million informal sector and gig workers are choosy about health insurance and majority have private insurance. Interventions to enhance health outcomes must evaluate what variables contribute to universal health coverage.

Several issues prevent certain customers from using the health service. Their inactive membership is the key reason. These characteristics arise from the informal sector, where most people have private health insurance and are discriminating about health insurance. The data also shows that just 50% of independent members are active. In conclusion, BPJS members are poorly retained. Increase participant loyalty, which is part of brand equity, to boost retention. Brand equity affects customer acquisition, retention, and profitability predictably and meaningfully. Brand equity greatly influences retention (Stahl et al., 2011).

According to Bisnis.com, the National Social Security Council (DJSN) reported that BPJS Health members owed Rp25 trillion as of June 2023. Meanwhile, 51.19 million people were non-participants. According to membership data, mutation-undergoing persons are also inactive with debts. The Health Insurance Provider Agency (BPJS account pays operating expenditures, while the social security fund (DJS) pays claims and capitation to service providers to maintain members health. In 2021, BPJS Kesehatan's Social Security Fund (DJS) account had a surplus after years of deficit. The budget surplus is due to pandemic-induced reticence to seek treatment and government restrictions on health service visitation. According to the 2022 media coverage from Bisnis.com, the Director of Finance and Investment of BPJS Kesehatan said that the COVID-19 epidemic reduced the number of members seeking healthcare services since everyone was focused on handling it. Service restrictions restrict facility access to chronically sick patients.

In 2022, Covid-19 was declared an endemic illness, causing BPJS Kesehatan to face another deficit. The large indebtedness of non-active non-wage earning (BPJS) members intensify this scenario. The National Social Security Council (DJSN) member Muttaqien told CNNIndonesia.com that BPJS Kesehatan would confront a deficit again by mid-2025. According to Tempo.com, BPJS Watch observer Siregar (2023) proposed increasing contribution income to avoid fund deficits. He said BPJS Kesehatan's major revenue comes from active participants' contributions, thus growing membership, particularly active membership, may boost contribution income. Thus, BPJS Kesehatan must increase participant awareness and loyalty. Better or worse brands provide an agency brand equity. Positive brand equity helps agency managers gain autonomy from politicians (Carpenter 2001; MacDonald 2010; Maor, Gilad, and Bloom 2013) and increase organizational performance. Political trust and pleasure may also increase with good brand equity (Eshuis and Klijn 2012). Based on it, BPJS Kesehatan should develop the correct approach to create brand equity to raise revenue and attain Universal Health Coverage.

The previous research also shows that discontinuing payment was not primarily driven by disappointment with health services, but rather the quality of the services provided by using BPJS Kesehatan as a guarantor. So that the study recommends that BPJS Kesehatan improve communication and public awareness promotion in social media / popular media, implementing communication strategies with language that members can understand related to insurance principles, risk averse / risk prevention, compliance with paying contributions. Evidence of the need for improvement in marketing and communication may be seen from the findings of media monitoring carried out between March and December 2023 across many social media platforms. The media monitoring analysis indicates that there is a predominance of neutral and negative emotions towards BPJS Kesehatan, despite the presence of some favorable sentiment. This indicates that the public perception of BPJS Kesehatan's brand equity remains unfavorable.

## RESEARCH METHOD

Research designs are types of inquiry within qualitative, quantitative, and mixed methods approaches that provide specific direction for procedures in a research study. Others have called them strategies of inquiry (Denzin & Lincoln, 2011). This research using mixed methods. According to Creswell (2022), Mixed methods research is an approach to inquiry involving collecting both quantitative and qualitative data, integrating the two forms of data, and using distinct designs that may involve philosophical assumptions and theoretical frameworks. The core assumption of this form of inquiry is that the integration of qualitative and quantitative data yields additional insight beyond the information provided by either the quantitative or qualitative data alone.



The researchers in this study used qualitative and quantitative methodologies to obtain a more in-depth explanation of the themes that were raised. The qualitative method is used to collect replies and opinions from within BPJS Kesehatan, which are then combined with responses and viewpoints received from BPJS Kesehatan members at the same time using Quantitative Method.

#### **Data Collection Method(s)**

The questionnaire in this study was used as primary data which was created and adapted from previous research. The type of questionnaire used is closed questionnaire using five scale Likert. The data obtained were collected and tabulated according to the group of questions asked.

#### **Respondent Selection**

This study used a questionnaire as a tool to obtain data on the problem being studied, for this reason the researchers used respondents who were BPJS Health members, which in total until August 22, 2023 were 261,465,882 people. To determine the sample size of this study, researchers used Cochran Formula for a known population, namely:

$$\text{Sample Size} = 1 + \frac{z^2 \times p(1-p)}{e^2 N}$$

N = Population Size

e = Margin of error

z = z score

p = Standard deviation

**Table 1. Respondent Sampling**

Sampling Unit	Population	Margin error	Confidence level	Sample Size
Member of BPJS Kesehatan	261.465.882	10%	95%	97

## **FINDING AND DISCUSSIONS**

### **INTERNAL ANALYSIS**

#### **VRIO Analysis**

In order to get a comprehensive understanding of the strengths and Weakness of BPJS Kesehatan, the researcher endeavors to gather data and information to address inquiries derived from the VRIO Framework.

##### **1. Valuable.**

- Does BPJS Kesehatan have any strength that competition doesn't?

BPJS Kesehatan, formerly known as PT Askes Persero, is the only provider of social insurance. This provision is mandated by the statute to prevent substitution by any other corporation or organization. Furthermore, BPJS Kesehatan excels in its extensive coverage, as it is able to include the whole community without any exceptions or the need for initial screening of participants. This implies that the membership scope is broader.

BPJS Kesehatan does not impose a limit on the health insurance coverage it offers. The coverage is determined based on the medical recommendations supplied by the attending physician. This insurance differs significantly from other policies that impose a limit



on the amount of coverage offered. Consequently, since the foundation of BPJS Kesehatan, commercial health insurance has altered its approach, shifting from competition with BPJS Kesehatan to providing supplementary or additional coverage to the health insurance offered by BPJS Kesehatan.

• Is there anything in the process BPJS Kesehatan does better than the rivals?

BPJS Kesehatan has a very different process from all existing health insurance. Firstly, the contribution paid becomes a pooling fund, which means that the contribution cannot be returned because it is used as a payment for participants who need services at that time, this is what makes the calculation of BPJS Health dues affordable.

Furthermore, a different process is also found in the guarantee process. Where BPJS Kesehatan participants do not need to pay in advance for health services obtained and then reimburse them as is done by health insurance in general. BPJS Kesehatan has prepared a claim process that is directly carried out by the hospital where claim payments have also been timed as stated in the Regulation of the Health Social Security Organisation Number 7 of 2018 concerning Management of Health Facility Claim Administration in the Implementation of Health Insurance. This also makes the Health facility healthier in terms of financial management.

• Did BPJS Kesehatan win an award (or been nominated) in any category relevant to the business?

As stated by the President Director of BPJS Kesehatan, Mr Ali Gufron Mukti, in his commemoration speech for BPJS Kesehatan's 2023 anniversary, BPJS Kesehatan has congratulated the following awards from 2022 to 2023:

- a. The highest award from the International Social Security Association (ISSA) in the ISSA Good Practice Award 2021 for the Asia Pacific region.
- b. The Platinum Award - The Best Sales Marketing for Government Company 2022 by Economic Review.
- c. Gold Champion of Indonesia WOW Brand 2022 award for Health Insurance category.
- d. The 2022 Archives Supervision Award with satisfactory predicate in the category of High State Institutions, Ministry-Level Institutions and Non-Structural Institutions, organised by ANRI.
- e. The Best Social Insurance in The 3rd Indonesia Top 50 Insurance Awards 2022 organised by The Economics.
- f. Indonesia Best Brand Award 2022 Category Best Brand Platinum 2022, organised by SWA.
- g. Public Information Disclosure Award 2022 Category of State Institutions/Non-Ministerial Government Institutions with Informative Predicate organised by the Central Information Commission.
- h. Public Relations Indonesia Award (PRIA) 2023, namely Platinum Winner - Institution Sector - BPJS Kesehatan, Gold Winner TikTok BPJS Kesehatan, Gold Winner, JKN BPJS Health Mobile Application Category, Gold Winner Youtube BPJS Kesehatan, Silver Winner Instagram BPJS Kesehatan, Bronze Winner BPJS Kesehatan Info Media.
- i. Gold Champion of Indonesia WOW Brand Festive Day 2023 for Health Insurance category and Public Service Application category for JKN Mobile Application awarded by MarkPlus, Inc.
- j. The Best Company in Executing Digital Transformation in Public Service Agencies in the 8th SPEX2 DX Award 2023.

• Is BPJS Kesehatan brand recognized as innovative and customer oriented?

BPJS Kesehatan always makes improvements in terms of membership services. one of them is manifested in the Hackaton competition where according to the Director of Technology and Information, Edwin arisatiawan, as quoted by CNBC, hackathons are expected to encourage the involvement of various elements of society to jointly contribute to improving the quality of service for JKN-KIS participants through collaboration and innovation.

In addition, in its efforts to continue to innovate, BPJS Kesehatan received an award in the Public Service Innovation Competition (KIPP) organised by the Ministry of Administrative Reform and Bureaucratic Reform in 2021 as the Top 45 Commended Public Service Innovations for the Government Institutions Cluster.

So it can be concluded that BPJS Kesehatan has a value that can be used as a competitive advantage.

2. Rare.

• Can BPJS Kesehatan resources be easily acquired in the market by the competitors?

BPJS Kesehatan is fully supported by the government both in terms of operational funding and legal products so that the entire process is different and cannot be obtained by other commercial insurance. However, in providing health service guarantees, BPJS Kesehatan fully relies on health facilities, medical personnel who directly serve participants and the availability of medicines at health facilities, and this aspect can also be used by commercial insurance. However, the number of health facilities that cooperate with BPJS Kesehatan is spread throughout Indonesia with a total of 23,639 First Level Health Facilities and a total of 3,120 Main



Hospitals / Clinics and 5,494 Pharmacies / Optics as of December 2023, of course this distribution is difficult for commercial insurance to follow. (source: BPJS Kesehatan).

- How many rivals that own a resource similar to mine there are in the industry?

BPJS Kesehatan can be said to be a single player because BPJS Kesehatan is the only institution appointed by the state through the law to implement the national health insurance programme.

From the information provided, it can be concluded that acquiring the BPJS Health resource is difficult for others to gain. However, commercial insurance may still be used to access Provider Health services.

### 3. Inimitable

- Is BPJS Kesehatan resource easily duplicated by other companies?

BPJS Kesehatan, also known as Badan Penyelenggara Jaminan Sosial Kesehatan, is a health insurance program administered by the Indonesian government. Its purpose is to provide healthcare benefits to both Indonesian citizens and residents. BPJS Kesehatan, being a government-operated initiative, cannot be replicated by private firms.

The program is overseen and administered by the Indonesian government, and it functions within the parameters of the national health insurance system. BPJS Kesehatan cannot be replicated by other organizations or entities due to its status as a government project with the purpose of delivering inexpensive and easily accessible healthcare services to the Indonesian populace.

Nevertheless, it is important to acknowledge that private health insurance firms may provide supplementary health coverage that goes beyond what is offered by BPJS Kesehatan. These private insurance programs are distinct from the government program and specifically cater to those who need supplementary or specialized coverage.

- Is BPJS Kesehatan resource socially complex?

BPJS Kesehatan, as a government-run health insurance program in Indonesia, operates within a socially complex context. The program is designed to address the social issues related to healthcare accessibility and affordability in the country. Several factors contribute to the social complexity of BPJS Kesehatan:

**Universal Coverage Goal:** BPJS Kesehatan aims to achieve universal health coverage, ensuring that all Indonesian citizens and residents have access to essential healthcare services. This involves addressing disparities in healthcare access among different socioeconomic groups and regions.

**Socioeconomic Inequality:** Indonesia has diverse socioeconomic conditions, and ensuring that healthcare is accessible to all citizens, regardless of their economic status, is a socially complex challenge. BPJS Kesehatan is tasked with addressing these inequalities and promoting social justice in healthcare.

**Cultural Diversity:** Indonesia is known for its cultural diversity with various ethnicities, languages, and traditions. The program must navigate these cultural differences to ensure that healthcare services are culturally sensitive and meet the needs of the diverse population.

**Public Awareness and Education:** Social complexity also arises from the need to create awareness and educate the public about the benefits and requirements of the health insurance program. Ensuring that people understand their rights, responsibilities, and how to navigate the healthcare system contributes to the social complexity of the initiative.

**Government and Policy Dynamics:** The program operates within the broader context of government policies, which can be influenced by political, economic, and social factors. Changes in policies or government priorities can impact the implementation and effectiveness of BPJS Kesehatan.

**Collaboration with Healthcare Providers:** BPJS Kesehatan collaborates with various healthcare providers, including public and private institutions. Managing these relationships, ensuring quality care, and negotiating fair reimbursement rates contribute to the social complexity of the program.

In summary, BPJS Kesehatan resources is Inimitable by other insurance.

### 4. Organized

Changes in health insurance and services always occur, not in a matter of years but can occur in just a matter of months or even days. Therefore, in an effort to provide excellent service to customers, BPJS Kesehatan always makes adjustments in structure and human management. In doing so, BPJS Kesehatan uses a special framework to ensure that all existing resources can be maximised. So it can be concluded that BPJS Kesehatan is an organised organisation.



**Segmentation, Targeting and Positioning analysis**

BPJS Kesehatan provides health insurance services that are classified into the mass services category, which means mass service procedures have a low degree of diversity and a high degree of quantity. There will be little customisation of the service to cater to the specific demands of each client (Greasley, 2008). This is the application of the Regulation of the President of the Republic of Indonesia Number 82 Year 2018 About Health Insurance, Article 1, paragraph 2 which states that a participant is every person, including people who have worked for at least six (six) months in Indonesia, who have paid health insurance contributions.

However, to be able to provide excellent service, BPJS Kesehatan classifies its membership into several segments, the first of which is the wage earner segment (PPU), where the PPU segment is divided into two, namely:

1. PPU from State Organiser Employers consisting of State Officials, Leaders and members of DPRD, Civil Servants, Soldiers, Police Members, Village Heads and Village Devices, PPNPN / PPPK, PPU from Employers

2. In addition to State Organisers, there are also Business Entity PPU's consisting of Private Employees, BUMN and BUMD. The second segment is PBPU, PBPU Members are people who do not work for employers by receiving salaries or wages, but have a fixed income. PBPU members consist of farmers, fishermen, farm labourers, traders, entrepreneurs, free professions, non-permanent employees, household workers, pension recipients, contribution assistance recipients (PBI) members who become PBPU members.

The last segment is BPJS Health Contribution Assistance Recipient (PBI) Members. PBI BPJS Kesehatan members are members whose contributions are paid by the government.

However, the PPU segment and also the PBI segment can be said to be segments that are obtained for free. This is because the PPU segment has become the obligation of employers to register their workforce without exception so that the achievement of participation in this segment is high or can even be said to be fulfilled. Furthermore, the PBI segment, which is the poor who are registered by the government, is entirely the power of the government to choose who is entitled to become a PBI segment participant. Its different situation with the PBPU segment, although it has been stated in the law that it is mandatory to become a BPJS Kesehatan participant, the community still has full power over itself to register or ensure that it is active as a BPJS Kesehatan participant.

**Targeting**

The PBPU segment can be segmented based on Age, Income, Education and Occupation, with the following explanation:

- Age: The PBPU segment includes people of all ages, but it is particularly targeting young adults to adult between 18-65 years old, who can make decision for themselves to participate or pay the contribution annually.
- Income: The PBPU segment includes people from all income levels from lower to upper grade.
- Education: The PBPU segment includes people with all levels of education, from lower to upper grade.
- Occupation: The PBPU segment includes people from all occupations.

**Positioning**

According to the initial interview with the Deputy Director of Organizational Communications, Mr Irfan Humaidi, BPJS Kesehatan is positioned as an affordable health insurance provider with extensive services

**IV.1.2 Marketing Mix (7 P)****1. Product**

JKN program members get health insurance from BPJS Kesehatan. This plan covers against sickness, accident, and delivery risks. For your convenience, BPJS Kesehatan offers class I, class II, and class III health insurance coverage. JKN participants may select a lesson that fits their budget.

Starting with patients receiving medical professional services and prescriptions (regulated by the Ministry of Health's national formulary), services flow continuously in the specified class. BPJS Health Participants also get financial assistance for spectacles and medical equipment.

**2. Place**

BPJS Kesehatan prioritizes portability and convenience of access to administration and health services for BPJS Health Participants. BPJS Kesehatan arranges several service stations for participants' convenience and comfort.

The following services are available to BPJS Health Participants:



- Kantor Cabang/Kantor Kabupaten: BPJS Kesehatan operates 127 branch offices and 388 district offices around Indonesia, offering membership administration services to participants.
- Call Care Center 165, The 24/7 BPJS Care Center 165 channel from BPJS Kesehatan does not need face-to-face contact. Verifying member status and contribution invoicing are possible with this number. To modify JKN-KIS data and file direct complaints, Contact center 165 replaces 1500400, the former BPJS Health call center number. BPJS Health Care Center has been transformed to a three-digit number (165) to help users remember and use call center services.
- Chika, Information and concerns may be answered by JKN chat assistant CHIKA. You may reach CHIKA via Whatsapp or Telegram (@BPJSkes\_bot) or the BPJS Health call center at 0811-8750-400.
- Pandawa, is an administrative service that changes in digital form using Whatsapp messaging medium. Initially, Pandawa utilized a contact number for each area, but for the convenience of all participants, it was formed one for Indonesia. JKN-KIS members may get services from PANDAWA Integrated throughout Indonesia, regardless of their location. PANDAWA operates Monday through Friday from 08.00 to 15.00 local time.
- Mobile JKN smartphone The BPJS Kesehatan smartphone app JKN helps users find a variety of healthcare services. This software lets users check membership status, find the nearest hospital, and register online. This software helps BPJS Kesehatan improve National Health Insurance (JKN) users' accessibility and service.

### 3. Price

**Table 2. BPJS Kesehatan's Premiums**

Class	Premium
<b>First</b>	Rp 150.000,00/person
<b>Second</b>	Rp 100.000,00/person
<b>Third</b>	Rp 4.000,00/Person

For members in the PBPJ section, services are limited to three classes, as shown in the table below:

PBPJ participants who register but become inactive due to personal irresponsibility are assessed a penalty fee of 5% of the total hospitalization cost multiplied by the number of months in arrears (maximum 12 months). Only participants who meet these qualifications pay this fine:

- The maximum penalty is IDR 30,000,000.00.
- Applicable only to members hospitalized within 45 days after membership reinstatement.

### 4. People

The impact of personnel considerations on BPJS Kesehatan's marketing initiatives cannot be isolated. Through talent management, BPJS Kesehatan strives to increase staff skills. However, BPJS Kesehatan personnel prefer to concentrate on their area.

### 5. Promotion

Two deputies handle marketing and communication at BPJS Kesehatan. Initial deputyships include Public Communication and Public Relations and Information and Complaints Management. Unfortunately, these two categories do not integrate all communication activities or public information.

### 6. Process

The BPJS Kesehatan mechanism is carefully structured to provide Indonesians with affordable and high-quality health insurance. The process includes participant registration and claims administration.

After participant registration, individuals or families may apply for health insurance. BPJS Kesehatan issues identification and a participant number upon registration.

BPJS Kesehatan hospitals, clinics, and pharmacies provide healthcare to enrollees. This procedure includes preventative care, precise diagnosis, and successful treatment.



Participants get health education from BPJS Kesehatan. This may involve sharing health tips, explaining disease prevention, and using current health programs.

The claims process is vital to BPJS Kesehatan. Individuals may obtain medical cost reimbursement. BPJS Kesehatan reviews and handles claims to ensure participants get legal benefits.

Furthermore, BPJS Kesehatan regularly monitors and evaluates its program. This includes monitoring health services' availability and accessibility, improving quality, and adapting policy depending on performance.

With the goal of providing fair and inexpensive healthcare to all Indonesians, BPJS Kesehatan oversees enrollment, health service delivery, and claims administration. The process is updated and modified to ensure participant health services are efficient and effective.

## 7. Physical Evidence

Physical evidence under BPJS Kesehatan includes any tangible features that participants or relevant parties may see or witness during health insurance services. It has tangible aspects that boost BPJS Kesehatan's image.

Customer service centers and strategically placed branch offices are BPJS Kesehatan's main operations. Customer service centers are friendly and educated, helping people with questions, data changes, and other administrative tasks. BPJS Kesehatan branch offices allow participants to obtain immediate help in person.

The participant card and insurance book prove membership during enrolling. The card verifies registration and grants access to BPJS Kesehatan healthcare services via visual authentication.

To spread accurate and trustworthy information, BPJS Kesehatan uses brochures, pamphlets, and other promotional materials. In customer service centers, branch offices, and public venues, the following papers explain BPJS Kesehatan services' benefits and processes.

Additional physical infrastructure includes partnering with BPJS Kesehatan hospitals, clinics, and pharmacies. These facilities demonstrate the linked healthcare network accessible to members. BPJS' healthcare services may benefit from these sites' clean, safe, and friendly environments.

BPJS Kesehatan's physical evidence includes customer service centers, branch offices, participant cards, and cooperating health institutions. All of these measures aim to improve users' physical experiences, build trust, and reassure them that BPJS Kesehatan is a reliable health insurance provider.

## EXTERNAL ENVIRONMENT ANALYSIS

### Pestle Analysis

#### a. Political:

The upcoming 2024 elections in Indonesia may bring changes to BPJS Kesehatan due to new leaders. Political decisions, such as contribution amounts, can impact societal patterns and healthcare processes. BPJS Kesehatan is subject to government regulations and potential changes in laws.

#### b. Economic:

Positive economic growth supports the JKN program, but challenges persist, especially in reaching impoverished communities. Government funding, relying on the Integrated Social Welfare Data (DTKS), faces challenges of accuracy. Economic stability affects the distribution of aid, including BPJS Health insurance contributions.

#### c. Technological:

BPJS Kesehatan utilizes technology for a smooth health insurance process. The IT ecosystem is crucial, relying on system integration with participants and partner institutions. Technological advancements are integral to the success of BPJS Health's programs.

#### d. Legal:

BPJS Kesehatan, governed by legal regulations, must consider external legal factors affecting the JKN project. Criteria for participation, funding sources, and healthcare provisions are influenced by legislation, government policies, or court rulings. Supervision of the JKN program is subject to regulatory changes.

#### e. Environmental:





Environmental factors pose challenges to healthcare, with pollution and climate change impacting health issues. BPJS Kesehatan may face increased demand for services due to environmental variables and the need for enhanced disaster readiness. Adoption of sustainable practices becomes essential, presenting both challenges and opportunities for the organization.

## Porter's Five Forces Analysis

### 1. Threat of New Entrants:

- Low Entry Barriers: Government involvement and financial support pose significant barriers for potential competitors.
- Regulatory Barriers: Stringent compliance requirements in healthcare and insurance sectors create hurdles for new entrants.
- Economies of Scale: BPJS Kesehatan's extensive customer base and market coverage result in economies of scale that challenge new entrants.

### 2. Bargaining Power of Buyers (Policyholders):

- High Switching Costs: Substantial transition expenses due to comprehensive coverage and widespread adoption of BPJS Kesehatan.
- Limited Alternatives: As the national health insurance program, policyholders have few alternatives for similar coverage.
- Price Sensitivity: Affordability of BPJS Kesehatan's services reduces individual policyholders' bargaining power.

### 3. Bargaining Power of Suppliers (Healthcare Providers):

- High Dependence: Healthcare providers rely significantly on BPJS Kesehatan as a revenue source and patient base.
- Negotiations Power: BPJS Kesehatan holds substantial negotiating leverage in determining reimbursement rates.
- Government Regulations: Pricing authority of healthcare providers may be constrained by government regulations.

### 4. Threat of Substitute Products or Services:

- Limited Substitutes: Comprehensive coverage offered by BPJS Kesehatan in national health insurance is not easily replaceable.
- Distinctive Services: Government-funded nature makes BPJS Kesehatan's services inherently unique and challenging to imitate.

### 5. Intensity of Competitive Rivalry:

- Low Competition: As the national health insurance program, BPJS Kesehatan faces limited direct competition.
- Government Involvement: Government's focus on public interest may restrict aggressive competition.
- Differentiation: BPJS Kesehatan's mission to provide affordable and accessible healthcare sets it apart.

## Customer Analysis

The researchers sent a 5 scale likert style questionnaire to 100 BPJS Kesehatan participants to gain a complete picture of their perspectives as an external component and create the correct approach. The questionnaire was written in Indonesian to minimize confusion as not all respondents speak English fluently. With the result as shown below:

Table 3. Survey Results

Category	Question	Average
Social Media Usage (SMU)	Intagram	4,61
	Facebook	4,01
	Tiktok	4,04
	Twitter	3,72
	Youtube	4,35
Category	Question	Average
Brand Awareness	Good Image	3,9
	procedures	3,89
	Membership	4,4
Category	Question	Average
Brand Association	Unique Brand	3,75
	Proud to be a member	3,85
	Favorable Reputation	3,59
	Brand Trust	4,2
Category	Question	Average
Brand Loyalti	Loyal Member	3,81
	According to needs compare to other	4,14
	Advocating	4,31
Category	Question	Average
Brand Preference	Preferred Brand Service	3,45
	Although other insurers provide lower rates, I will keep this health insurance.	3,73
	More Benefit than Other	4,1
	Preferred overall Brand	4,12

Product	According to needs	4,14
	fast and easy	3,55
	equal services	3,73
Category	Question	Average
Place	easy to access	4,21
	satisfied	4,14
Category	Question	Average
Price	According to needs	4,24
	affordable	4,22
Category	Question	Average
Promotion	easy to understand	3,86
	attractive	3,85
	word of mouth	4,2
	Information from Television and Print	3,97
	Information From Social Media	4,22
	Informative	3,81
Category	Question	Average
People	Friendly	4,22
	Informative	4,27
	Helpful	4,25
Category	Question	Average
Process	Administrative Procedur	4,17
	Payment Procedure	4,44
	health Service Procedure	4,24

## Customer Cluster Analysis

Clustering is a broad set of techniques for finding subgroups of observations within a data set. When cluster observations I run, researcher want to observe in the same group to be similar and observations in different groups to be dissimilar. With a huge set of data, it is difficult for us to clustering each data into several clusters using manual ways, thats why Clustering Method is used to solve this.

- Software : RStudio
- Method : K-Modes Clustering
- Parameter :The parameter that used in the analysis is categorical data from demography such as Age, SES Grade, Gender, Domicile and Job Status

Result:

The process of obtaining K-modes cluster analysis involves many phases, which will be explained as follows

- For exercise clustering analysis we use n=100 complete respondents
- Run K- Modes Cluster to find optimum k :

Average Silhouette is used as parameter to identify optimum k cluster. The interpretation is a line plot that have high average silhouette width is the optimum number of cluster. The number of optimum clusters is k=2

- Running K-modes analysis, where k=2,

Cluster 1 n sample = 43

Cluster 2 n sample = 57

- Characteristic profile for each Cluster

Cluster 2 → Dominated with SES Upper in Area DKI Jakarta also age 31-35, Male,

Cluster 1 →Dominated with SES Middle in Area Jawa Barat also age 25-30, Female

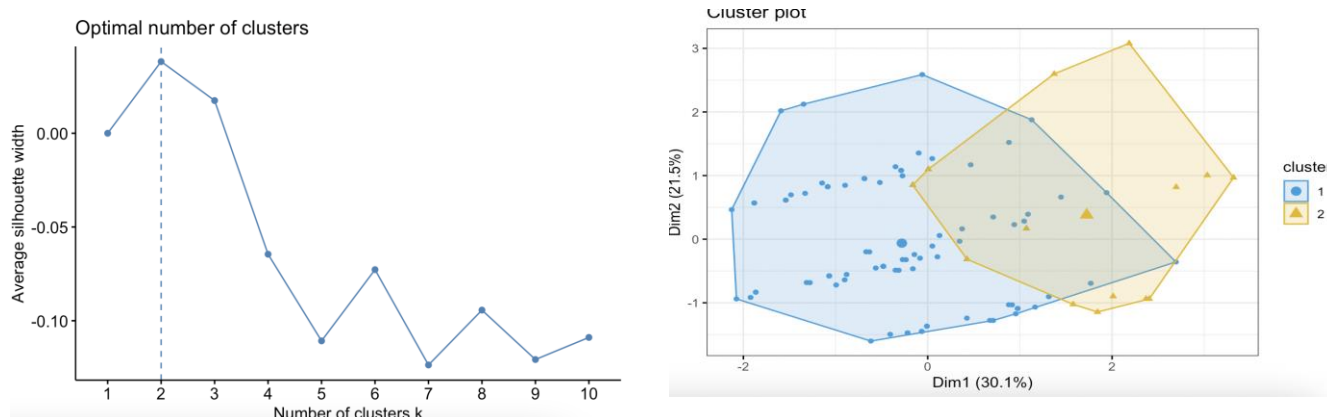


Figure 1 : Cluster Result

## SWOT Analysis

Table 4 SWOT Analysis

<b>Strengths</b>	<ol style="list-style-type: none"> <li>1. Affordable Price</li> <li>2. Strong Regulation</li> <li>3. National Coverage</li> <li>4. Omni Channel for Service Point</li> <li>5. fully Organized to tackle changes</li> </ol>
<b>Weakness</b>	<ol style="list-style-type: none"> <li>1. Cluttered Marketing Communication Strategy</li> <li>2. lack of usage of some BPJS Kesehatan digital Service point</li> <li>3. rigid choice of service class</li> </ol>
<b>Opportunities</b>	<ol style="list-style-type: none"> <li>1. Government Support</li> <li>2. High level of trust in BPJS Kesehatan</li> </ol>

	3. Public need for informative and interesting advertisements 4. high intensity of social media usage 5. Massive world of mouth about BPJS Kesehatan information
<b>Threats</b>	1. Uncertain Political situation 2. Economic Instability 3. Bad reputation due to Customer Experience

Table 5 SWOT Matrics

		Strength (S)	Weakness (W)
		S1. Affordable Price S2. Strong Regulation S3. National Coverage S4. Omni Channel for Service Point S5. fully Organized to tackle changes	W1. Cluttered Marketing Communication Strategy W2. lack of usage of some BPJS Kesehatan digital Service point W3. rigid choice of service class
Opportunity (O)	O1. Government Support O2. High level of trust in BPJS Kesehatan O3. Public need for informative and interesting advertisements O4. high intensity of social media usage O5. Massive world of mouth about BPJS Kesehatan information.	S1,S2, > O2,O4 1.Create new and advertising enhancing affordability and strong regulation. S3,S4, > O3,O4 1. Create engaging and informative advertisements that highlight the nationwide reach and services offered by BPJS Kesehatan. 2. Develop targeted campaigns for specific regions or demographics	W1 >O1,O2 1. Streamline marketing messages through centralized communication channels with government support. 2. Leverage trusted government figures and agencies to endorse simplified and informative communication about BPJS Kesehatan services and benefits. W2>O3,O4 1. Develop engaging and informative content that educates the public about the various digital service points 2. Run targeted social media campaigns highlighting the convenience and benefits of using digital service points with easy, fast and Equal messegas. 3. Enhanced User Education on Digital Services by Addressing the lack of usage of some BPJS Kesehatan digital service points W3>O3 Although the class cannot be changed, BPJS Kesehatan can provide improved assistance services ranging from complaint handling to customer rewards.
	1. Uncertain Political situation due to election 2. Economic Instability 3. Bad reputation due to Customer Experience	S1,S2,S4 > T2 Create campaign to build trust and transparency During Uncertainties by doing: 1. Focus on transparent communication: 2. Utilize multiple channels accessibility for diverse audiences. 3. Highlight success stories uncertainties, emphasizing its commitment to providing affordable healthcare. S3,S5 > T3 Improved Customer Experience by doing: 1. Optimize and promote existing digital service points	W3>T1 Organised an opinion forum with elected officials to strengthen BPJS Kesehtaan's position in the eyes of the public.



		2. Develop targeted campaigns 3. Utilize national reach for customer support	
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## CONCLUSIONS AND RECOMMENDATIONS

BPJS Kesehatan as the organiser of the JKN Programme requires stability in revenue to be able to continue to run the programme as mandated by the state. However, the high number of inactive participants in the PBPU segment makes BPJS Kesehatan struggle to be sustainable. The low incentive of PBPU segment participants is due to the low brand equity of BPJS Kesehatan.

Based on the internal analysis conducted, it is found that BPJS Kesehatan has the ability to develop brand equity as seen from the good competitive advantage of BPJS Kesehatan, besides that the products and prices owned by BPJS Kesehatan are the most affordable options for the community. However, BPJS Kesehatan is still lacking in the aspect of marketing communication. In addition, the communication messages that are managed are still fragmented so that the absorption of information is not optimal.

This is further illustrated in the external analysis conducted. In the external analysis, it is clear that the PBPU segment has low Brand Equity from almost all aspects. The most prominent aspect is the lack of loyalty and awareness of PBPU segment participants towards the JKN programme organised by BPJS Kesehatan.

Based on customer analysis and cluster analysis, it is found that the main target of BPJS Kesehatan in the PBPU segment is people with an age range of 18-35 years who have Social Economic Status in the Upper class. This target demographically is those who are in Urban and densely populated areas. In general, they have trust in BPJS Kesehatan but are not aware of the programmes held. The recommendation for BPJS Kesehatan to run an Integrated Marketing Communication with a specific theme, namely "ease of health insurance, which is reliable". By emphasising 4 key messages namely Affordability & Accessibility, Quality & Value, Convenience & Technology and lastly Social Impact & Trust. The marketing channels that BPJS Kesehatan must use are Television & Online Video, Social Media Campaigns, Mobile App Optimisation and Events and experiences.

In addition, BPJS Kesehatan also needs to develop additional benefits to support the services offered to increase participant loyalty. BPJS Kesehatan also needs to improve the ability of its employees to become communication mouthpieces with assertive abilities.

## REFERENCES

1. Aaker, D. A. & Keller, K. L. (1990). Consumer evaluations of brand extensions. *The Journal of Marketing*.
2. Aaker, D. A. (1991). *Managing Brand Equity*. New York: Free Press.
3. Aaker, D. A. (1996). Measuring brand equity across products and markets. *California Management Review*
4. Ambler, T. (1997). How much of brand equity is explained by trust? *Management Decision*, 35(4), 283–292. <https://doi.org/10.1108/00251749710169666>
5. Anggraeni, R., & Pernando, A. (2023, September 19). 51 Juta Peserta BPJS Kesehatan Tidak Aktif, Dirut Ghufron Tawarkan Program Rehab. *Bisnis.com*. <https://finansial.bisnis.com/read/20230918/215/1695793/51-juta-peserta-bpjs-kesehatan-tidak-aktif-dirut-ghufon-tawarkan-program-rehab>
6. Barney, J. B. (1995). Looking inside for competitive advantage. *The Academy of Management Executive*, 9(4), 49.
7. doi:<https://doi.org/10.5465/ame.1995.9512032192>
8. Barney, Jay B., and Delwyn N. Clark. *Resource-Based Theory : Creating and Sustaining Competitive Advantage*, Oxford University Press, 2007. ProQuest Ebook Central, <https://ebookcentral.proquest.com/lib/indonesia-u-ebooks/detail.action?docID=415721>.
9. Barwise, P. (1993) "Introduction to the Special Issue on Brand Equity?", *International Journal of Research in Marketing*, 10, 1, pp. 3-8.
10. Booms, B. H., & Bitner, M. J. (1981). *Services marketing: Integrating customer focus across the firm*. American Marketing Association.
11. Connolly, B. (2020). *Digital trust: Social media strategies to increase trust and engage customers*. Bloomsbury Publishing.





12. Damarjati, I. H., Kusumawati, A., & Mawardi, M. K. (2016). The influence of integrated marketing communication (IMC) on brand equity and purchase decision (survey on indosat-M3 customers among members of unit Aktivitas band Universitas Brawijaya class of 2014). *J. Adm. Bisnis (JAB)* Vol, 34(1).
13. Hitlin, P., & Shutava, N. (2022). Trust in government. Partnership for Public Service and Freedman Consulting.
14. Keller vs Aaker Brand Equity Models: Qualtrics Au. Qualtrics. (2022, May 17). <https://www.qualtrics.com/au/experience-management/brand/keller-vs-aaker/>
15. Kitchen, P. J., & Proctor, T. (2015). Marketing communications in a post-modern world. *Journal of business strategy*, 36(5), 34-42.
16. Kitchen, P.J., Tourky, M.E. (2022). Transitioning in the Marketplaces and Marketspaces of 2020 and Beyond. In: *Integrated Marketing Communications*. Palgrave Macmillan, Cham. [https://doi.org/10.1007/978-3-030-76416-6\\_2](https://doi.org/10.1007/978-3-030-76416-6_2)
17. Lassar, W., Mittal, B. & Sharma, A. (1995). Measuring customer-based brand equity. *Journal of Consumer Marketing*, 12(4), 11-19.
18. Luenendonk, M., & Luenendonk, M. (2019, September 25). VRIO Framework Guide on Creating Sustainable Competitive Advantages | Cleverism. Cleverism. <https://cleverism.com/vrio-framework-guide-on-creating-sustainable-competitive-advantages/>
19. Mongkol, K. (2014). Integrated marketing communication to increase brand equity: The case of a Thai beverage company. *International Journal of Trade, Economics and Finance*, 5(5), 445.
20. Muttaqien M, Setiyaningsih H, Aristianti V, Coleman HLS, Hidayat MS, et al. (2021) Why did informal sector workers stop paying for health insurance in Indonesia? Exploring enrollees' ability and willingness to pay. *PLOS ONE* 16(6): e0252708. <https://doi.org/10.1371/journal.pone.0252708>
21. Rachman, A. (1970, January 1). Ternyata, Banyak Tak Bayar Iuran BPJS Bukan Orang Miskin. *CNBC Indonesia*. <https://www.cnbcindonesia.com/news/20230718190750-4-455487/ternyata-banyak-tak-bayar-iuran-bpjs-bukan-orang-miskin>
22. Stahl, F., Heitmann, M., Lehmann, D. R., & Neslin, S. A. (2012). The impact of brand equity on customer acquisition, retention, and profit margin. *Journal of marketing*, 76(4), 44-63.
23. Yoo, B., Donthu, N., & Lee, S. (2000). An examination of selected marketing mix elements and brand equity. *Journal of the Academy of Marketing Science*, 28(2), 195-211. Retrieved from <https://www.proquest.com/scholarly-journals/examination-selected-marketing-mix-elements-brand/docview/224876896/se-2>

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