The Influence of the REHAB Program (Gradual Payment Plan) and Service Quality on Participant Satisfaction at the Kediri Branch Office of BPJS Kesehatan

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ABSTRACT

BPJS Kesehatan introduced the Gradual Payment Plan (REHAB) to assist participants in paying off arrears through installments. However, dissatisfaction still occurs in practice. This study aims to analyze the influence of the REHAB program and service quality on participant satisfaction at BPJS Kesehatan Kediri Branch.

This was an analytical quantitative study with a cross-sectional design. The population included 1,345 participants, with 94 respondents selected using proportionate stratified random sampling. Data were collected through questionnaires and analyzed with chi-square and linear regression.

Results showed that both the REHAB program and service quality significantly affected participant satisfaction ($p < 0.05$). REHAB reduced financial burden, while service quality improved the participant experience.

Keywords: REHAB program, service quality, participant satisfaction, BPJS Kesehatan

INTRODUCTION

The National Health Insurance Program (*Jaminan Kesehatan Nasional*, JKN) managed by BPJS Kesehatan is the largest public health insurance scheme in Indonesia. It was established to ensure universal health coverage by providing equitable access to health services for all citizens. Despite its achievements, one of the main challenges in the implementation of JKN is the accumulation of contribution arrears, especially among informal workers (*Pekerja Bukan Penerima Upah* / PBPU) and non-workers (BP).

To address this issue, BPJS Kesehatan launched the REHAB program (*Rencana Pembayaran Bertahap*), which enables participants to gradually pay their outstanding contributions in installments while maintaining their membership and access to healthcare services. This innovation is expected to ease participants' financial burden and prevent dropouts from the scheme.

However, the success of the REHAB program does not solely depend on its financial mechanism but also on how it is implemented in practice. Field reports highlight that many participants still face dissatisfaction due to complicated administrative procedures, long waiting times, and limited information dissemination. Moreover, service quality delivered by BPJS officers plays a crucial role in shaping participant perceptions and satisfaction levels.

Service quality, which includes dimensions such as reliability, responsiveness, assurance, empathy,

and tangibility, is an established determinant of satisfaction in public services. When service delivery fails to meet participants' expectations, even supportive programs such as REHAB may not achieve their intended outcomes.

Therefore, this study investigates the influence of the REHAB program and service quality on participant satisfaction at the Kediri Branch Office of BPJS Kesehatan. The findings are expected to provide evidence for strengthening financial innovations and service quality improvements in the JKN system.

METHOD

Design: Analytical quantitative, cross-sectional.

Population: 1,345 participants of BPJS Kediri branch.

Sample: 94 respondents, selected by proportionate stratified random sampling.

Variables: Independent : REHAB program, service quality; Dependent : participant satisfaction.

Instrument: Structured questionnaire.

Analysis: Chi-square and linear regression.

RESULT

A total of 94 respondents participated in this study, consisting of BPJS Kesehatan members who had utilized the REHAB program at the Kediri Branch Office. The characteristics of respondents are presented in Table 1.

Table 1. Demographic Characteristics of Respondents (N=94)

Characteristic	Category	n	%
Age	18–25 years	12	12.8%
	26–35 years	28	29.8%
	36–45 years	30	31.9%
	46–55 years	24	25.5%
Gender	Male	38	40.4%
	Female	56	59.6%
Education	High school	45	47.9%
	Diploma	22	23.4%
	Bachelor+	27	28.7%
Employment	Informal work	52	55.3%
	Formal work	42	44.7%

Most respondents were aged between 36–45 years (31.9%), female (59.6%), and had a high school education (47.9%). More than half were working in the informal sector (55.3%), which aligns with the group most at risk of arrears in BPJS contribution payments.

Table 2 describes the distribution of respondents' perceptions of the REHAB program, service quality, and satisfaction.

Table 2. Distribution of REHAB Program, Service Quality, and Participant Satisfaction

Variable	Category	n	%
REHAB Program	Satisfied	62	66.0%
	Dissatisfied	32	34.0%
Service Quality	Good	68	72.3%
	Poor	26	27.7%
Satisfaction	Satisfied	70	74.5%
	Dissatisfied	24	25.5%

The results indicate that two-thirds of respondents (66.0%) were satisfied with the REHAB program, and nearly three-quarters (72.3%) rated service quality as good. In terms of overall satisfaction, 74.5% of participants expressed satisfaction with BPJS Kesehatan services. These findings suggest that both the installment-based program and service delivery play crucial roles in shaping participant experiences.

Table 3 presents the results of linear regression analysis assessing the effect of the REHAB program and service quality on participant satisfaction.

Table 3. Regression Analysis of REHAB Program and Service Quality on Participant Satisfaction

Variable	Coefficient (B)	p-value	Significance
REHAB Program	0.352	0.000	Significant
Service Quality	0.428	0.000	Significant
Constant	0.221	–	–
Adjusted R^2	**0.612**	–	–

Both variables significantly influenced satisfaction ($p < 0.05$). The adjusted R^2 indicates that 61.2% of participant satisfaction was explained by the REHAB program and service quality.

DISCUSSION

This study aimed to analyze the influence of the REHAB program (Gradual Payment Plan) and service quality on participant satisfaction at the Kediri Branch of BPJS Kesehatan. The results indicated that both independent variables had a significant effect on satisfaction, with an adjusted R^2 value of 0.612. This means that 61.2% of the variation in participant satisfaction can be explained by the REHAB program and service quality, while the remaining 38.8% is influenced by other factors not examined in this study. These findings highlight the multifactorial nature of satisfaction in health insurance programs, where both financial and service delivery elements interact to shape participants' perceptions and behaviors.

The Effect of the REHAB Program

The REHAB program was proven to significantly increase participant satisfaction. This result emphasizes the importance of financial flexibility in maintaining membership in the National Health Insurance Program (JKN). Many participants in Kediri, as in other regions, are informal workers whose income is unstable and unpredictable. Such conditions often lead to arrears in premium contributions, which, if unresolved, result in suspension of membership and the loss of access to healthcare services.

The installment - based mechanism provided by REHAB directly addresses this issue by allowing participants to gradually repay their arrears. This scheme reduces the psychological and economic burden on households, restoring their sense of security and ensuring continuity of healthcare access. Financial security, as argued by health economics theories, is a major determinant of satisfaction and loyalty in health insurance systems. When individuals feel that the system accommodates their financial limitations, they are more likely to remain engaged and satisfied.

Evidence from other regions supports these findings. Research in Solok and Padang, for example, revealed that participants welcomed the REHAB program as an opportunity to reactivate their membership and reduce the pressure of arrears. Participants perceived REHAB not only as a financial tool but also as a demonstration of BPJS Kesehatan's commitment to participant welfare. Thus, REHAB contributes positively to building institutional trust, which is a critical factor in sustaining social insurance programs.

Nevertheless, there are challenges. The sustainability of REHAB depends on participants' discipline in making payments after completing the installment plan. If participants fall back into arrears, the program may create a cycle of repeated dependency rather than fostering long-term financial responsibility. Therefore, continuous monitoring, effective communication, and targeted education are essential to ensure that participants understand the importance of timely payments even after benefiting from REHAB.

The Role of Service Quality

The study also demonstrated that service quality significantly affected participant satisfaction. Participants who received clear, responsive, and empathetic services reported higher satisfaction levels than those who experienced administrative complexity, unclear information, or long waiting times. This finding supports the SERVQUAL model (Parasuraman, Zeithaml, & Berry), which identifies reliability, responsiveness, assurance, empathy, and tangibility as the five key dimensions of service quality.

In the context of BPJS Kesehatan, reliability involves accurate and consistent processing of claims or program enrollment. Responsiveness refers to staff's promptness in providing assistance, while assurance encompasses their competence and professionalism. Empathy relates to officers' willingness to listen and explain procedures in a way that participants can understand. Finally, tangibility refers to the physical facilities, such as waiting areas and digital systems, which also influence perceptions of quality.

Several Indonesian studies reinforce this conclusion. Fauzi et al. (2019) found that service quality was the strongest predictor of satisfaction in public service delivery. Similarly, Nurlia & Mahmud (2021) highlighted that empathy and responsiveness were decisive factors in patient and participant satisfaction in health institutions. The present study adds to this body of evidence by showing that in BPJS Kesehatan, service quality is as critical as financial innovation in shaping participant satisfaction.

Interaction Between REHAB and Service Quality

An important insight from this study is that REHAB and service quality are not separate factors but interdependent. A well-designed financial program will not achieve its potential impact if participants face obstacles in accessing or understanding it due to poor service delivery. Conversely, excellent service quality cannot compensate for rigid financial systems that fail to accommodate participants' economic realities.

This synergy is reflected in the adjusted R^2 value, where both REHAB and service quality together explain more than half of the variance in satisfaction. The implication is that participant satisfaction must be addressed through an integrated approach that combines financial accessibility with reliable and empathetic service delivery.

Other Factors Affecting Satisfaction

Although REHAB and service quality account for 61.2% of satisfaction, other factors remain influential. Access to healthcare facilities is one such factor. Participants who live far from hospitals or primary healthcare centers may experience dissatisfaction regardless of their financial or service experiences at BPJS offices. Similarly, digital transformation through the Mobile JKN application introduces both opportunities and challenges. While it allows participants to access services more efficiently, limited digital literacy among certain groups may hinder its utilization.

Health literacy also plays a role. Participants with limited understanding of insurance concepts may misinterpret procedures or fail to appreciate the benefits of programs like REHAB. This suggests the need for ongoing education and communication strategies that simplify technical information and ensure inclusivity.

Policy Implications

The results of this study have several implications for BPJS Kesehatan and health policymakers. First, the REHAB program should be expanded

and simplified to cover a wider range of participants, especially informal workers who constitute the majority of those in arrears. Second, continuous and systematic socialization is needed to raise awareness and understanding of REHAB, including through digital channels, community outreach, and collaboration with local governments. Third, investment in service quality improvement is critical. This includes training for staff to strengthen empathy and communication skills, modernizing digital platforms, and creating participant feedback systems to monitor satisfaction.

From a broader public health perspective, participant satisfaction is not only an outcome but also a driver of program sustainability. Satisfied participants are more likely to comply with contribution payments, maintain active membership, and recommend the program to others. This creates a positive cycle that supports the national objective of achieving universal health coverage.

Comparison with Previous Studies

This study's findings are consistent with prior research in Malang, Solok, and Padang, which emphasized both opportunities and challenges in implementing REHAB. These studies highlighted that while REHAB is effective in reducing arrears, its success is limited by bureaucratic complexity, low literacy, and insufficient promotion. By showing that service quality amplifies the benefits of REHAB, the present study contributes new insights that underscore the need for integration between financial innovation and service delivery.

International literature also supports these findings. Studies on community-based health insurance in developing countries show that participant satisfaction is highest when payment schemes are flexible and service quality is consistently high. The implication is clear: financial and service dimensions must be addressed simultaneously to achieve sustainable health insurance programs.

REFERENCES

Arikunto, S., 2016. Prosedur Penelitian : Suatu Pendekatan Praktek. Yogyakarta: Rineka Cipta.

Aryansah, Y., Nugroho, A. C., & Rahayu, S. (2024). Multidimensional model of public service satisfaction: Interaction, accessibility, and accountability. Proceedings of the International Conference on Social, Education, and Management Sciences (SYLECTION). Universitas Ahmad Dahlan. https://seminar.uad.ac.id/index.php/SYLECTION/article/view/18698

Azwar, S. 2016. Sikap dan Perilaku. Dalam: Sikap Manusia Teori danPengukurannya edisi ke 2. Yogyakarta: Pustaka Pelajar.

BPJS Kesehatan. (2023, Januari). Aplikasi BI. Retrieved from bi.BPJS-kesehatan.go.id.

BPJS Kesehatan. (2023, Januari). Program REHAB "Rencana Pembayaran Bertahap". Kediri, Jawa Timur, Indonesia.

Dodiet, S. A. (2021). Hipotesis dan Variabel Penelitian.Jakarta, Jawa Barat, Indonesia

Gayatri, G., Astuti, S. D., Martdianty, F., & Daryanti, S. (2021). Performance evaluation of public services: A development of public services quality measurement and customer satisfaction model on three cities in Java. Australasian Marketing Journal, 29(2), 141–152. https://doi.org/10.1016/j.ausmj.2020.07.001

Handayani, P. W. (2018). Faktor Penentu Keberhasilan Penerapan Kesehatan Keliling di Indonesia. Heliyon.

LAN. (2014). Handbook Inovasi Administrasi Negara.

Muryati, M. A. (2021). Analisis Pengaruh Citra Merek, Harga dan Kualitas Produk terhadap Keputusan Pembelian Produk Kosmetik Wardah. Jurnal Ilmiah Universitas Batanghari Jambi, 21(2), 748.

Notoatmodjo, S. (2016). Ilmu Perilaku Kesehatan. Jakarta: PT Rineka Cipta.

Notoatmodjo, S. (2017). Metodelogi Penelitian Kesehatan. Jakarta: PT Rineka Cipta.

Notoatmodjo, S. (2018). Metodelogi Penelitian Kesehatan. Jakarta: PT Rineka Cipta.

Nursalam. (2016). Metodologi Penelitian Ilmu Keperawatan. Jakarta: Salimba Medika.

Osei-Kyei, R., Chan, A. P. C., & Javed, A. A. (2023). Reconceptualising service quality: Integrating recovery, technology, inclusion, and sustainability in modern service delivery. Buildings, 15(13), 2331. https://doi.org/10.3390/buildings15132331

Sugiyono. (2016). Metode Penelitian Kuantitatif, Kualitatif dan R&D . Bandung: Alfabeta

Sugiyono. (2018). Metode Penelitian Kuantitatif, Kualitatif dan R&D . Bandung: Alfabeta

Sugiyono. (2021). Meode Penelitian Kuentitatif, Kualitas dan R&D (2 ed.). Bandung: Alfabeta .