

Effectiveness of Installment Payment Plan Program through Face-to-Face Service Channels and Non-Face-to-Face Service Channels

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Abstract: This study evaluates the effectiveness of registration services for BPJS Kesehatan's REHAB (*Installment Payment Plan*) program through face-to-face channels at branch offices and non-face-to-face channels via the Mobile JKN application. Employing a qualitative descriptive design, data were collected from 33 informants, including frontline coordinators, frontline staff, UP3KC staff, and 30 participants using purposive sampling. Data collection methods comprised interviews, observations, and documentation, with data validity ensured through triangulation. Analysis followed Miles, Huberman, and Saldana's interactive model, involving data reduction, presentation, and conclusion verification. Results indicate that the Mobile JKN application is the preferred registration channel due to its convenience and practicality. At the same time, face-to-face services are utilized as a backup option during technical disruptions. However, challenges such as incorrect participant data and system reliability hinder registration. This study underscores the need for improvements in the Mobile JKN system, particularly in data validation and technical stability, to enhance service accessibility and ensure seamless participant registration.

Keywords: Installment Payment Plan; BPJS Kesehatan; Face-to-Face Services; Non-Face-to-Face Services

INTRODUCTION

The importance of effective public services cannot be overstated, especially during global crises such as the COVID-19 pandemic. The COVID-19 pandemic, which began in December 2019, profoundly impacted the world, including Indonesia. As reported by the Ministry of Manpower, by mid-2020, approximately 3.5 million workers in Indonesia were affected by the pandemic, with millions registered under the national health insurance program BPJS Kesehatan. In this context, public services are critical in meeting citizens' immediate needs and strengthening the long-term trust between the government and its people. Public services play a key role in ensuring that citizens' rights are fulfilled, as mandated by the Constitution of Indonesia (UUD 1945), and that their needs are met in times of crisis. When citizens have confidence in the effectiveness and accessibility of

public services, they are more likely to engage in civic duties and support government initiatives. The delivery of equitable and inclusive services becomes even more crucial during such a disruptive period, as it helps to mitigate social and economic inequalities that could worsen during a pandemic. Moreover, public services like healthcare and social welfare are vital for maintaining public health and safety and facilitating economic recovery. Strengthening public services helps address immediate challenges and ensures the nation's stability and resilience in the long run. Therefore, studying public services is crucial for understanding how governments can better respond to crises, fulfill citizens' rights, and promote social cohesion and national development. This paper aims to explore the critical role of public services in the context of the COVID-19 pandemic, examining their impact on citizens' well-being, trust in government, and the overall resilience of the nation.

BPJS Kesehatan Main Director Ali Ghufon Mukti said in a Hearing Meeting (RDP) with Commission IX of the House of Representatives (DPR) on March 1, 2024, that the number of JKN participants had reached 268,679,899 people. This indicates that more than 96.28 percent of the Indonesian population has registered as JKN participants, which is a significant achievement in efforts to ensure the health of all Indonesian people. With details of Contribution Assistance Recipients (PBI) sourced from APBN as many as 96,627,093, PBI sourced from APBD as many as 42,468,668 people, non-PBI category of Wage Receiving Workers (PPU) as many as 53,592,903 people, category of Non-Wage Receiving Workers (PBPU) as many as 70,795,583 people and for the Non-Worker (BP) category as many as 5,195,652 people. (DJSN, 2024).

According to BPJS Kesehatan Pasuruan Branch data in March 2024, the number of JKN participants from the Independent Participant segment who were in arrears was 477,508 people. Based on this data, the total outstanding arrears reached IDR. 2,801,236,232, -. This amount of arrears occurred due to independent participants' non-compliance with monthly premium payments. Compliance itself is an act of obeying rules or orders. Meanwhile, the behavior of a person willing to pay premiums according to the specified time means compliance in paying premiums. (Fildzah, 2016).

This is in connection with the introduction of universal health insurance in 2019, which will allow all Indonesian residents to be covered by health insurance. The Social Security Administering Body (BPJS) Kesehatan has formulated four main focuses for the 2020 agency in public services, which include a focus on socialization and public education, a focus on collecting contributions and enforcing participant compliance, a focus on coaching and service, a focus on developing governance and agency capabilities and a focus on structuring regulations. At the end of 2021, especially in collecting contributions. BPJS Kesehatan Main Director Ali Ghufon Mukti explained that JKN contribution receipts as of November 30, 2021, had been recorded at IDR 124.89 trillion and were projected to reach IDR 137.42 trillion by December 31, 2021. Meanwhile, JKN participant

contribution payment channels had reached 696,569 points. BPJS Kesehatan is collaborating with Banks, PT Pos Indonesia, Indomaret, Alfamart, E-wallet, and E-Commerce to maximize contribution receipts from JKN participants, especially the Non-Wage-Earning Workers (PBPU) and Non-Worker segments. BPJS Kesehatan is also ready to implement the Phased Contribution Payment Plan (REHAB) Program, which is part of the National Health Insurance. Let me know if there is anything else I can help you with.

This study contributes to understanding the effectiveness of different service channels in improving access to public services, specifically in the context of the REHAB program (Installment Payment Plan) offered by BPJS Kesehatan. Previously, registration for the program was only available through the Mobile JKN application, limiting access for some users. However, the addition of face-to-face registration at BPJS Kesehatan offices has expanded service accessibility. By examining the ease of registration through both the face-to-face service channel (BPJS Kesehatan office) and the non-face-to-face service channel (Mobile JKN application), this research aims to assess how these two methods impact participant engagement, satisfaction, and the overall effectiveness of the registration process. The findings will provide valuable insights into how offering multiple service channels can enhance accessibility, improve user experience, and potentially increase program participation, ultimately contributing to more inclusive public service delivery.

METHOD

Research is a scientific activity that aims to find facts using data collected through research methods. The types of research methods used vary, depending on the research approach. This type of research uses a qualitative descriptive approach, namely data obtained such as observations, interview results, documentation, document analysis, and field notes. It is not expressed in the form of numbers. Qualitative research is often called a naturalistic research method because the research is carried out in natural conditions. Natural objects are objects that develop as they are and are not manipulated by researchers, and the presence of researchers does not influence the dynamics of the object. Qualitative research methods are defined as social science research methods that collect and write data in the form of words (oral and written) and human actions, and researchers do not attempt to calculate or quantify the qualitative data obtained and thus do not analyze the numbers. (Afrizal, 2019).

This research is descriptive and qualitative, namely providing an overview of the effectiveness of public service performance by presenting data obtained from interviews, observations, and documentation (Lexy et al., 2017). Sugiyono (2017) states that "the descriptive analysis method is a method of qualitative analysis that describes (describes) and interprets the research object

appropriately (realistically) to systematically describe the facts and characteristics of the object being studied accurately." This type of qualitative descriptive data analysis technique is a research method that utilizes qualitative data and describes it descriptively. Qualitative descriptive data analysis is often used to analyze social events, phenomena, or situations. It is also a combination of descriptive and qualitative data analysis techniques. Of course, by applying the right data analysis techniques, more information can be sorted, which will help us get a clearer view and better understand it.

In this research, some data sources will be collected by researchers, namely:

1. Primary data sources

Primary or first-hand data is obtained directly from research subjects through observation, interviews, and other tools (Sugiyono, 2017). This research obtained primary data from frontline coordinators, Frontliner Staff, UP3KC Staff, and 30 REHAB program participants.

2. Secondary data sources

Secondary sources do not directly provide data to data collectors, for example, through other people or documents (Sugiyono, 2017). Meanwhile, additional data sources or written sources used by researchers in this research consist of documents, namely data regarding reports on the number of visits to branch offices in February, mobile JKN registration achievements and mobile JKN targets per branch office, utilization of mobile JKN and mobile JKN targets. Per Branch Office, Graph of March REHAB Program Participants Pasuruan Branch Office.

Various sampling techniques are used to determine the sample for research. Sampling techniques are grouped into two, namely probability sampling and non-probability sampling. The sampling technique that the researcher used was purposive sampling, which is included in the nonprobability sampling category. Purposive sampling is a technique for sampling data sources with certain considerations. For example, this consideration is that the person knows best about what we expect, or perhaps he is a ruler, making it easier for the researcher to explore the object or social situation to be studied (Masrukin, 2015). Researchers appointed people who were deemed capable of providing information about the effectiveness of the ease of REHAB (Installment Payment Plan) registration services through face-to-face and non-face-to-face service channels.

The sampling technique in this research is purposive sampling, with certain criteria determined based on the research objectives. Research data was obtained through direct interviews with informants (Mulyani et al., 2019). Thirty-three informants were interviewed, including Frontliner Coordinators, Frontliners, UP3KC Staff, and 30 participants. Furthermore, after the data is obtained, it is processed through data reduction, presentation, and conclusions.

Data collection techniques are necessary for obtaining data in the field. For this reason, the techniques or methods required to collect the data must be correct and accurate. In carrying out data

collection, the author used field research (Sugiyono, 2017). In this research, the author used observation, interviews, and documentation. The validity of the data in this research was carried out using triangulation, namely the technique of checking the validity of the data and using something else (Indrawan & Yaniawati, 2016). Data collection techniques are the most strategic step in research. Data collection methods are very important in research because the main aim is to obtain data. The main aim of the research is to obtain data. Data collection can be done using various sources and methods of library research and field research. (I Wayan Suwendra, 2018). In this research, the data collection techniques used by researchers are as follows:

1. Interview

Interviews are a way to collect data by asking questions verbally to the data source, and the data source also provides answers verbally. As for the data sources in this research, the author will interview several sources: Frontliner Coordinator, Frontliner Staff, UP3KC Staff, and 30 rehabilitation program participants. This research uses unstructured interviews, which do not use the same questions for all respondents. The questions can change according to what the respondent wants. Thus, unstructured interviews allow researchers to collect more accurate data because they can adjust questions according to what the respondent wants.

2. Observation

Observation is one way to obtain any information from an event by directly observing the conditions in the field to obtain a broader picture of the problem being studied. This observation also includes systematic recording activities regarding all symptoms of the object being studied. This observation also consists of all the elements in a phenomenon regarding the various research objects. Then, the results of these observations will also be reported in a systematic arrangement and by applicable rules. Observation or observation aims to obtain data or information from an observed object. This data or information will then be shared with other parties. Apart from that, works shown to the public will also receive praise and criticism (Nurdin, dkk,2019).

3. Documentation

The author uses this documentation technique to search for and collect data indirectly. This technique is also used to theoretically complete data related to research themes through books, journals, and theses. The documentation method is one of the data collection methods used in social research. In essence, the documentary method is used to trace historical data. Someone can write documents, images, or monumental works. Document study complements the use of observation and interview methods in qualitative research. This method takes the form of information originating from important records from institutions or organizations and

individuals. 16 This documentation method strengthens and supports the information obtained from observations and interviews (Riyanto et al.; A. A.,2020).

Data Analysis Technique

The data analysis in this study uses the interactive model proposed by Miles, Huberman, and Saldana (2014), which involves an ongoing, iterative process of data reduction, presentation, and conclusion drawing/verification. In the data reduction phase, the researcher organizes and simplifies the collected data by coding and categorizing relevant information related to the effectiveness of the REHAB (Installment Payment Plan) registration process through both face-to-face and non-face-to-face service channels. The reduced data is structured and presented clearly during data presentation, using tables, charts, or narratives to highlight key findings and patterns. Finally, in the conclusion drawing/verification phase, the researcher concludes the presented data, verifying them by revisiting the data for consistency and accuracy. This interactive approach allows for continuous refinement and validation of insights, ensuring a thorough understanding of the REHAB program's registration process and its impact on service accessibility and participant engagement.

RESULT

The research was conducted from January to March 2024, when the REHAB program ran for two years. It aims to test the effectiveness of REHAB (Installment Payment Plan) registration services through Face-to-Face and Non-Face-to-Face Service Channels.

1. General description of research objects

This research, which used a qualitative design, involved several sources related to implementing Rehab program registration. The participants were frontline coordinators, Frontliner Staff, UP3KC Staff, and 30 REHAB program participants.

2. Data Presentation

Data obtained from the East Java Regional Deputy Report number 382/KEPWIL VII/0324 concerning Face-to-Face Service Feedback for February 2024. This can be seen in the following table:

Table 1. Number of Visits to Branch Offices in February

| No | Branch Office | Kind Of Service | | | | Number Of Frontline Officers | Average Visit | Service Rate/ Frontliner Officer |
|----|---------------|-----------------|------|----------|-------|------------------------------|---------------|----------------------------------|
| | | Administration | Pipp | Priority | Total | | | |
| 1 | Pamekasan | 452 | 155 | 25 | 632 | 1 | 35 | 35 |
| 2 | Pasuruan | 637 | 203 | 1 | 841 | 2 | 47 | 23 |
| 3 | Bojonegoro | 655 | 351 | 26 | 1032 | 3 | 57 | 19 |
| 4 | Madiun | 1149 | 176 | 8 | 1333 | 2 | 74 | 37 |

| | | | | | | | | |
|-------------------------|-------------|---------------|--------------|--------------|---------------|-----------|--------------|-----------|
| 5 | Banyuwangi | 1314 | 81 | 32 | 1427 | 3 | 79 | 26 |
| 6 | Kediri | 1098 | 282 | 49 | 1429 | 2 | 79 | 40 |
| 7 | Gresik | 814 | 604 | 62 | 1480 | 3 | 82 | 27 |
| 8 | Mojokerto | 1175 | 349 | 329 | 1853 | 3 | 103 | 34 |
| 9 | Jember | 1671 | 257 | 232 | 2160 | 3 | 120 | 40 |
| 10 | Tulungagung | 1667 | 455 | 53 | 2175 | 2 | 121 | 60 |
| 11 | Malang | 1576 | 581 | 405 | 2562 | 3 | 142 | 47 |
| 12 | Sidoarjo | 1960 | 333 | 301 | 2594 | 4 | 144 | 36 |
| 13 | Surabaya | 1779 | 695 | 478 | 2952 | 5 | 164 | 33 |
| TOTAL KEPWIL VII | | 15.947 | 4.522 | 2.001 | 22.470 | 36 | 1.248 | 35 |

Table 1 explains the results of participant visits at the Pasuruan Branch Office, totaling 203 visits to the Information and Complaints counter. During the face-to-face service channel visit, 30 participants registered for REHAB.

Data obtained from the East Java Regional Deputy Report number 222/Wil-VII/0224 concerning Feedback on Registration Achievements and Utilization of the JKN Mobile Application until January 2024.

Table 2. JKN Mobile Registration Achievements and JKN Mobile Targets per Branch Office

| No | Regional Deputyship | Branch Office | Utilization Target In 2023 | Total Registration January 2024 | % |
|--------------|---------------------|---------------|----------------------------|---------------------------------|----------------|
| 1 | East Java | Kediri | 310.248 | 500.262 | 161,25% |
| 2 | East Java | Pasuruan | 235.135 | 378.832 | 161,11% |
| 3 | East Java | Bojonegoro | 143.694 | 213.460 | 148,55% |
| 4 | East Java | Tulungagung | 114.302 | 164.956 | 144,32% |
| 5 | East Java | Malang | 408.221 | 584.516 | 143,19% |
| 6 | East Java | Gresik | 244.933 | 349.358 | 142,63% |
| 7 | East Java | Pamekasan | 146.960 | 208.674 | 141,99% |
| 8 | East Java | Madiun | 218.807 | 305.533 | 139,64% |
| 9 | East Java | Mojokerto | 293.919 | 406.901 | 138,44% |
| 10 | East Java | Sidoarjo | 300.451 | 405.067 | 134,82% |
| 11 | East Java | Jember | 222.072 | 299.168 | 134,72% |
| 12 | East Java | Surabaya | 476.802 | 636.049 | 133,40% |
| 13 | East Java | Banyuwangi | 150.225 | 192.311 | 128,02% |
| TOTAL | | | 3.265.769 | 4.645.087 | 142,24% |

Table 2 shows that the results of Mobile JKN registration at the Pasuruan Branch Office in January were 378,832 participants, an increase from the 2023 target of 235,135.

Table 3. Mobile JKN Utilization and Mobile JKN Targets per Branch Office

| No | Regional Deputyship | Branch Office | Utilization Target In 2023 | Use Of Mobile Jkn January 2024 | % |
|----|---------------------|---------------|----------------------------|--------------------------------|------|
| 1 | East Java | Kediri | 409.260 | 1.092.043 | 267% |
| 2 | East Java | Gresik | 323.100 | 842.860 | 261% |
| 3 | East Java | Surabaya | 603.120 | 1.557.766 | 258% |
| 4 | East Java | Bojonegoro | 189.552 | 480.226 | 253% |
| 5 | East Java | Malang | 547.116 | 1.378.869 | 252% |
| 6 | East Java | Pasuruan | 292.944 | 734.180 | 251% |
| 7 | East Java | Sidoarjo | 396.336 | 992.109 | 250% |

| | | | | | |
|--------------|-----------|-------------|------------------|-------------------|-------------|
| 8 | East Java | Banyuwangi | 232.632 | 564.724 | 243% |
| 9 | East Java | Mojokerto | 413.568 | 870.674 | 235% |
| 10 | East Java | Jember | 275.712 | 645.775 | 234% |
| 11 | East Java | Madiun | 288.636 | 673.493 | 233% |
| 12 | East Java | Pamekasan | 163.704 | 379.042 | 232% |
| 13 | East Java | Tulungagung | 172.320 | 386.018 | 224% |
| Total | | | 4.308.003 | 10.697.779 | 248% |

Table 3 shows the results of Mobile JKN utilization at the Pasuruan Branch Office in January: 734,180 people, an increase from the 2023 utilization target of 292,944 people.

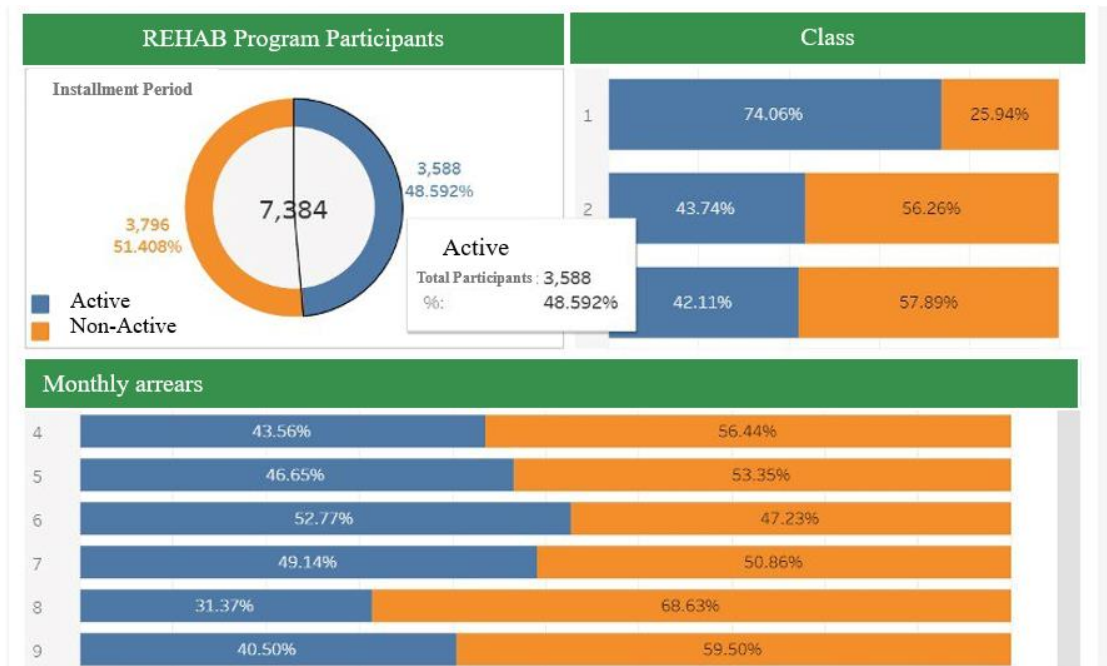


Figure 1. Graph of REHAB Program Participants for March Pasuruan Branch Office

Figure. 1 explained that of the 7,384 REHAB program participants, 3,588 were still active in the REHAB program process, or 48.592% of the total REHAB program registrants. The details are as follows: class 1 is 1,065 people or 74.06%, class 2 is 507 people or 43.74%, and class 3 is 2,016 people or 42.11%. This shows that 3,796 people, or 51,408%, still do not continue the REHAB program.

DISCUSSION

Effectiveness of REHAB registration through face-to-face service channels and non-face-to-face service channels

Participants agreed that registering for REHAB via the Mobile JKN application is quite effective and easy because it does not take a long time, even though several steps must be carried out to adjust the contributions that must be paid. However, failures often occur when participants

enter the installment simulation or data is lost. This failure also affects how participants can register for REHAB. Participants complain via the Mobile JKN application or face-to-face service channels.

“As for the guidance, it is clear and easy to do. When carrying out the simulation process, there are often problems so that the time to continue the data process is suddenly lost.” (Participant)

“Using the JKN mobile application, we can register for REHAB remotely so we do not have to go to the office; it can easily be accessed and downloaded on the Play Store; the process is fast and makes it easier for us as participants to register.” (Participant)

Based on the interview results above, the Mobile JKN application influences the effectiveness of REHAB registration. This is in line with Ali, H. D., and Andri R. (2021), namely that service facilities are the most important indicator in any service; this can trigger the effectiveness of a service or program. If the available facilities are inadequate in the service process, then the effectiveness of a service will not achieve maximum results, or the output will be ineffective.

However, the REHAB registration policy, which is opened through the Mobile JKN application and the nearest BPJS Kesehatan office, has greatly impacted the number of participant visits via face-to-face service channels.

“With rehab registration via mobile JKN, participants can access it anywhere and anytime without having to go through the BPJS Kesehatan office.” (UP3KC Staff)

Factors that hinder enrollment in the REHAB program

Next, information was extracted from research sources regarding factors hindering rehabilitation program registration.

“Participants who want to register for rehab can first check their arrears (they have reached 4 months or more) Often, participants do not check whether the arrangement is appropriate or there are problems. So, if there is a problem, it cannot be registered via Mobile JKN. Just go straight to the office.” (FL)

“I have tried registering for rehab via the application because, in my KK, there were participants who had died. So, I went to the office to confirm my data. If registration is easy, it should be possible without going to the office. However, because my data had problems, I reported it to the office. Registration can be accessed anywhere and at any time, which is very helpful” (Participant)

"The REHAB registration process is easy to do, but the problem is when logging in to the mobile application, the cellphone number must be valid and verified to enter the REHAB menu." (Participant)

Participants are required to check whether their data is correct, which could hinder REHAB registration via Mobile JKN.

"Yesterday I registered but kept failing. It turns out that I was informed that I had passed the rehab registration date. I am coming on the 27th." (Participant)

"The problem with passing the REHAB registration date is that there are often complaints through SIPP. I will inform you regarding the maximum limit for rehab registration. So, participants can register in the following month if they miss it" (P3KC Staff)

"REHAB registration using the Mobile JKN application, in my opinion, is complicated, sir, because now everything is online, starting from having to log in first if you log in, the cellphone number must match and have credit, the cellphone must support the application before you can register. "Even though this online system can make much work easier, we also get much additional work, namely if the cellphone number does not match, we have to report it to PANDAWA or the office." (Participant)

Based on the interview results above, discussing the effectiveness of the REHAB registration process through face-to-face and non-face-to-face service channels reveals a complex picture of accessibility, convenience, and challenges participants face. The Mobile JKN application, which allows participants to register remotely, was widely regarded as an effective and time-saving option by many users. As highlighted by participants, the app provides the convenience of accessing the registration service from anywhere without the need to visit a BPJS Kesehatan office, which is particularly beneficial for those with time constraints or limited mobility. One participant noted, "Using the JKN mobile application, we can register for REHAB remotely... the process is fast and makes it easier for us as participants to register." This reflects the findings of Ali and Andri (2021), who emphasized that service facilities play a critical role in the effectiveness of any service. The availability of accessible tools, such as the Mobile JKN app, supports the seamless functioning of services, enhancing user experience and promoting efficiency.

However, despite its benefits, several participants reported technical difficulties when using the Mobile JKN application, particularly during the installment simulation process, where data was

often lost or failed to process. One participant shared, "When carrying out the simulation process, there are often problems, so the time to continue the data process is suddenly lost." These failures can be frustrating, leading to participant complaints and needing to revert to face-to-face services to resolve issues. Such challenges highlight the importance of system reliability in ensuring the effectiveness of digital services and underline the need for ongoing improvements in the Mobile JKN platform.

The introduction of face-to-face registration through the BPJS Kesehatan offices has had a significant impact, as it offers an alternative for those facing difficulties with the mobile application or those who prefer in-person assistance. The availability of both options—remote registration through the Mobile JKN app and in-person registration at BPJS offices—has increased participation, as noted by a staff member: "With rehab registration via Mobile JKN, participants can access it anywhere and anytime without having to go through the BPJS Kesehatan office." This dual-channel approach provides greater flexibility, addressing the needs of a broader range of participants, and reduces the burden on face-to-face service channels by offering more convenient online options.

Despite the positive impact of both registration methods, several barriers to successful enrollment persist. Some participants faced issues with outdated or incorrect data, such as discrepancies in family records or unverified phone numbers, which hindered their ability to register via the Mobile JKN app. One participant noted, "I went to the office to confirm my data... registration can be accessed anywhere and at any time, which is very helpful, but only when the data is correct." These issues demonstrate the challenges of relying on self-service platforms when users are not fully aware of the data requirements or when discrepancies occur in the system. Additionally, technical issues such as incorrect phone number verification or missing contributions can prevent users from completing the registration process, as seen in comments like, "The problem with passing the REHAB registration date is that there are often complaints through SIPP."

While the Mobile JKN app has made significant strides in simplifying the registration process, its limitations remain significant for some users, such as the need for correct data and system stability. The face-to-face service channel at BPJS Kesehatan offices assists those facing technical difficulties or data issues. As such, this study underscores the importance of providing multiple service channels to ensure that all participants, regardless of their technological literacy or access, can successfully register for the REHAB program. Further enhancements to the Mobile JKN application, along with clearer guidance and support for users experiencing data issues, could improve the overall effectiveness of the service and reduce the need for in-person visits.

CONCLUSION

The addition of face-to-face registration at BPJS Kesehatan offices alongside the existing Mobile JKN application has significantly improved accessibility to the REHAB (Installment Payment Plan) program. This dual-channel approach accommodates a wider range of participants, providing flexibility for those who may face technical difficulties or prefer in-person support while still offering the convenience of remote registration for others. The Mobile JKN application is an effective tool for registering for the REHAB program, particularly for those who value convenience and time-saving. Participants appreciated the ability to register remotely, eliminating the need for office visits. However, technical challenges such as data loss or failed simulations occasionally disrupt the registration process, highlighting the need for improvements in system reliability. Despite the convenience offered by the Mobile JKN application, issues such as incorrect or outdated participant data (e.g., family records and unverified phone numbers) continue to hinder registration. These challenges demonstrate the difficulties of relying solely on digital platforms, especially when participants are unaware of the data requirements or face technical failures. As such, the need for accurate data and system stability is crucial to ensure the smooth functioning of the registration process. The study highlights the ongoing need for improvements in the Mobile JKN application, particularly regarding data validation and system reliability. Clearer guidance and user support, especially for those experiencing data-related issues, could reduce reliance on in-person visits and enhance the overall effectiveness of the service. Multiple service channels ensure that all participants can successfully register for the REHAB program regardless of their technological access or literacy.

REFERENCE

- Afrizal. (2019). *Metode Penelitian Kualitatif: sebagai upaya mendukung penggunaan penelitian kualitatif dalam berbagai disiplin ilmu*. Pt Rajagrafindo Persada.
- Ali, H. D. & A. R. (2021). *Efektivitas Pelayanan Kesehatan Masyarakat (Studi di Puskesmas Kecamatan Geser Kabupaten Seram Bagian Timur)*. <https://ejurnal.ung.ac.id/index.php/jjaps/article/download/11428/3207>
- DJSN. (2024). *Aspek Kepesertaan*. <https://sismonev.djsn.go.id/kepesertaan/>
- Fildzah. (2016). *Jurnal Dinamika Akuntansi dan Bisnis (JDAB)*. Vol. 3(2),.
- Indrawan, R, Yaniawati, P. (2016). *Metodologi Penelitian*. PT. Refika Aditama.
- Ketenagakerjaan, K. (2020). *Pekerja Terdampak Pandemi Covid-19 (April - Agustus 2020)*. <https://satudata.kemnaker.go.id/data/kumpulan-data/55>
- Masrukin. (2015). *Metode Penelitian Kualitatif*. Media Ilmu Press: Kudus, hlm. 95.
- Miles, M.B, Huberman, A.M, & Saldana, J. (2014). *Qualitative Data Analysis, A Methods Sourcebook, Edition 3*. Sage Publications.

- Moleong, L. J. (2017). *Metodologi Penelitian Kualitatif .Edisi revisi*. Remaja Rosdakarya: 26.
- Mulyani, S., Suzan, L., Dagara, Y., Yuniarti, E., & Alam, M. (2019). *Sist Informasi Akuntansi: Aplikasi Di Sektor Publik: Panduan Praktis Analisis dan Perancangan Implementasi SIA di Sektor Publik*. Unpad Press.
- Nurdin, I., & Hartati, S. (2019). (2019). *Metodologi Penelitian Sosial. Media Sahabat Cendekia. Media Sahabat Cendekia*.
- RI, K. (2019). *Profil Kesehatan Indonesia Tahun 2021*. Pdf/profilKesehatan-Indonesia
- Riyanto, S., & Hatmawan, A. A. (2020). *Metode Riset Penelitian Kuantitatif Penelitian Di Bidang Manajemen, Teknik, Pendidikan Dan Eksperimen*. Deepublish.
- Sugiyono. (2017). *Metode Penelitian Pendidikan*. Bandung: Alfabeta.
- Suwendra, I. W. (2018). *Metodologi Penelitian Kualitatif. Cet. I, h.4*