

Determinants of the Utilization of the Mobile JKN Application among National Health Insurance Participants: A Literature Review

Nurul Fadlia Mubakkira^{1A-E*}, Nurfardiansyah Burhanuddin^{2B-D}

^{1,2} Universitas Muslim Indonesia, Sulawesi Selatan, Indonesia

fadlianurul12391@email.com^{1*}, nurfardiansyah.bur@umi.ac.id²

ABSTRACT

Background: The digital transformation implemented by the Social Security Administrator for Health (BPJS Kesehatan) through the Mobile JKN application aims to shift conventional administrative services to digital platforms to increase accessibility, cut waiting times, and optimize patient queues. However, active utilization among National Health Insurance (JKN) participants still varies across regions due to digital divides and diverse user characteristics. **Objective:** This literature review aims to analyze and synthesize the crucial determinants that influence the utilization of the Mobile JKN application among JKN participants based on recent empirical evidence. **Methods:** A descriptive literature review method was conducted by searching and analyzing 23 relevant empirical journals indexed in scientific databases using keywords such as "Mobile JKN Utilization", "Patient Satisfaction", and "Technology Acceptance Model". Data were extracted systematically and analyzed narratively. **Results:** Based on the Technology Acceptance Model (TAM) approach, Perceived Usefulness and Perceived Ease of Use are the core psychological drivers of user adoption. Features like premium payment reminders significantly lower membership suspension risks. However, utilization is often hindered by low digital literacy and a lack of user knowledge, which can be mitigated through direct structured socialization at the community level. From the information system perspective, user satisfaction is highly determined by system reliability, online registration speed, and data synchronization. Technical glitches, application errors, and regional network barriers remain the primary end-user complaints. Furthermore, sociodemographic factors (age, income, education) and multi-sectoral integration at First Level Health Facilities (FKTP) determine the sustainability of this digital healthcare ecosystem. **Conclusion:** The utilization of Mobile JKN is determined by a complex interaction between user internal factors (perceptions, knowledge, sociodemographics) and system external factors (reliability, network, and socialization intensity). BPJS Kesehatan must prioritize system bug fixes, cross-facility data integration, and inclusive face-to-face socialization for low-literacy groups.

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AUTHORS' CONTRIBUTION

- A. Conception and design of the study;
- B. Acquisition of data;
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INTRODUCTION

Digital transformation in the healthcare sector has expanded rapidly alongside the demands for public service efficiency in Indonesia. The Social Security Administrator for Health (BPJS Kesehatan), as the organizer of the National Health Insurance (JKN) program, launched the Mobile JKN application to enhance accessibility for millions of its participants (1)(2). This application is designed to shift various conventional administrative services—which were originally conducted face-to-face at branch offices or healthcare facilities—into a digital platform that can be accessed anytime and anywhere (3)(4). Through this innovation, the government hopes to cut waiting times, optimize queues, and provide equal information transparency for the entire community (5)(6).

Nonetheless, the adoption rate and active utilization of the Mobile JKN application among participants still face various significant challenges in the field (2)(7). Several studies indicate variations in utilization behavior influenced by geographical location, digital infrastructure gaps, and users' sociodemographic characteristics such as age and education levels (4)(8). In urban areas, the implementation of the online registration feature is considered highly effective in increasing patient satisfaction; meanwhile, in rural or remote areas, network constraints and limited smartphone ownership restrict the utilization of the application's full potential (5)(7). Therefore, a comprehensive review is required to map out the determinants that crucially influence participants' intentions and behaviors in utilizing the Mobile JKN application.

This literature review aims to synthesize the latest scientific evidence regarding the determinants of Mobile JKN utilization using a structured approach. A deep understanding of these determinants, such as perceived usefulness, ease of use, level of knowledge, and the effectiveness of technical service quality, is expected to serve as a foundation for policy improvement among healthcare administrators (1)(2)(5). By analyzing this digital adoption gap, the future optimization of the JKN program can be appropriately directed to support the sustainability of Universal Health Coverage in Indonesia (6)(9).

The implementation of digital health services through the Mobile JKN application has become one of the strategic innovations of BPJS Kesehatan to improve service accessibility and administrative efficiency. Nevertheless, previous studies demonstrate that the utilization of Mobile JKN remains inconsistent among National Health Insurance participants because adoption is influenced by various technological, individual, and environmental factors. These determinants include perceived usefulness, perceived ease of use, digital literacy, knowledge level, application quality, internet availability, and demographic characteristics. Therefore, understanding these determinants comprehensively is essential to optimize digital health service implementation in Indonesia (2)(5)(7)(8).

Although numerous empirical studies have examined Mobile JKN utilization from different perspectives, their findings remain fragmented because each study focuses on specific variables or populations. Consequently, there is still a need to synthesize available evidence systematically to identify the dominant determinants influencing Mobile JKN utilization among JKN participants. This literature review is expected to provide comprehensive evidence that can support future policy development and service improvement by BPJS Kesehatan (1)(9)(10).

METHOD

This study utilizes a descriptive literature review method to synthesize recent empirical evidence regarding the determinants of Mobile JKN application utilization among National Health Insurance participants. To ensure a structured, transparent, and reproducible review process of the selected literature, the study approach is guided by the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework and formulated using the PICO strategy.

Research Formulation (PICO Strategy)

The formulation of search terms, literature eligibility, and the scoping of the reviewed articles were systematically guided by four primary pillars: Population, Intervention, Comparison, and Outcome (PICO). This approach ensures that the gathered evidence directly aligns with the research objectives.

Table 1.
PICO Framework

Element	Deskription	Specification in Study
P (Population)	The target population or subjects of the study.	National Health Insurance (JKN) participants, BPJS Kesehatan users, or patients at healthcare facilities.
I (Intervention)	The technological platform or application under review.	The utilization of the Mobile JKN digital application.
C (Comparison)	The alternative or baseline comparison (if applicable).	Conventional face-to-face services, manual queue systems, or offline registration.
O (Outcome)	The final measurement or impact being analyzed.	Determinants of utilization, patient satisfaction, behavioral adoptions, and technical barriers.

Literature Search Flow (PRISMA Statement)

The literature selection process followed the four main stages of the PRISMA framework: Identification, Screening, Eligibility, and Inclusion. A comprehensive search was executed across electronic databases including Google Scholar, PubMed, and ScienceDirect using specialized keywords such as "Utilization", "Mobile JKN", "Patient Satisfaction", and "Technology Acceptance Model". Out of the initially screened records, a final set of 23 journals strictly met all criteria and were included in the qualitative synthesis.

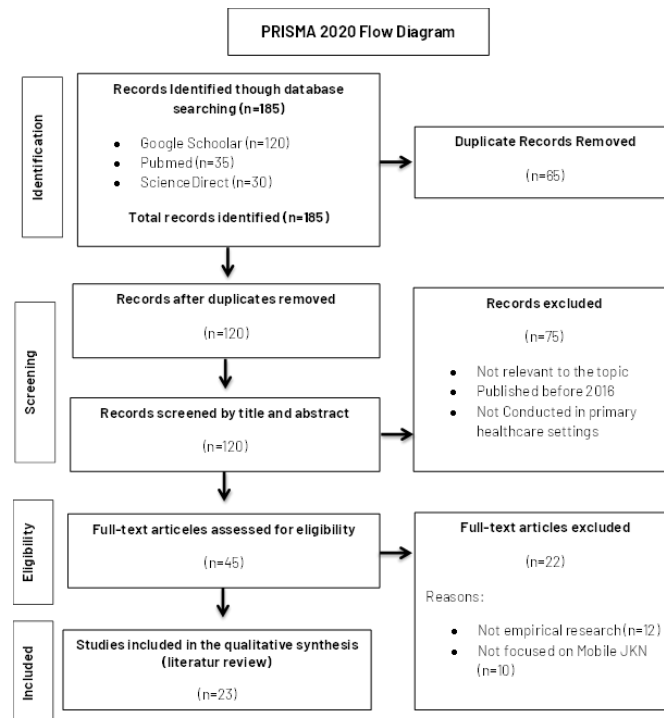


Figure 1.
PRISMA 2020 Flow Diagram

Quality Assessment

The methodological quality of the included studies was assessed descriptively by considering study design, clarity of research objectives, appropriateness of statistical analysis, sample characteristics, and relevance to the review objectives. Studies included in this review consisted of quantitative, qualitative, mixed-method, and literature review designs that specifically discussed Mobile JKN utilization among BPJS Kesehatan participants. Only studies meeting the inclusion criteria and providing sufficient methodological information were included in the narrative synthesis.

Eligibility Criteria (Inclusion & Exclusion)

To extract high-quality and highly context-specific data, strict eligibility parameters were established. Articles that passed the initial screening were rigorously evaluated against predefined inclusion and exclusion criteria before entering the full-text qualitative synthesis phase.

Table 2.
Inclusion Criteria

Parameter	Specification	Explanation
Study Design	Empirical research journals (Qualitative, Quantitative, Mixed-Methods, or Case Studies).	Required to ensure that findings are backed by real, field-tested evidence and data rather than conceptual claims.
Topic Focus	Direct evaluation of Mobile JKN utilization, barriers, socialization, or user satisfaction.	Essential to prevent deviation from the core technological, behavioral, and operational assessment of the application.
Target Subject	BPJS Kesehatan participants, health facility patients, or healthcare administrators.	Ensures data directly represents the authentic experiences of end-users and stakeholders in the Indonesian healthcare ecosystem.
Publication Status	Full-text articles published in national or international peer-reviewed scientific journals.	Necessary to guarantee that the compiled literature has undergone rigorous academic validation and peer-review processes.

Table 3.
Exclusion Criteria

Parameter	Specification	Explanation
Study Design	Editorial notes, book reviews, opinion pieces, or non-empirical literature reviews.	Excluded because they lack original field-data extraction and verifiable empirical methodologies.
Topic Deviance	Studies analyzing overall JKN policy or general financing without specific evaluation of the Mobile JKN app.	Excluded to maintain a sharp, targeted focus on the digital transformation, app usability, and user behavior aspect of the program.
Access Limitation	Articles available only in abstract form or with restricted/paid full-text access.	Excluded because a partial read prevents thorough, systematic data extraction and unbiased qualitative synthesis.

Data Extraction and Narrative Synthesis

A total of 23 relevant journal articles met all eligibility thresholds and were successfully compiled for the final analysis. Data extraction was performed systematically using a standardized matrix, charting key metadata including the researcher's name, publication year, examined variables, and primary determinant outcomes.

A qualitative narrative synthesis method was then deployed to group the extracted data into major thematic dimensions: technological perceptions (using the TAM model approach), user capacity (literacy and knowledge levels), operational service quality (reliability, waiting times, and data integration), and sociodemographic variations. This structured synthesis allows for a holistic and comprehensive map of the current digital healthcare ecosystem in Indonesia.

RESEARCH RESULTS AND DISCUSSION

Research Results

Based on the analysis of the 23 reviewed journals, the determinants of Mobile JKN utilization can be grouped into several core dimensions. The Technology Acceptance Model (TAM) approach demonstrates that *Perceived Usefulness* and *Perceived Ease of Use* are the primary psychological factors influencing participants' intention to use the application. JKN participants are more likely to adopt Mobile JKN when they perceive tangible benefits, such as reduced administrative time, easier access to membership information, and improved efficiency in obtaining health services. In addition, the premium payment reminder feature has been shown to reduce the risk of membership suspension among independent participants by improving payment compliance (2)(3)(5).

Overall, the reviewed studies indicate that Mobile JKN utilization is influenced by multidimensional factors involving individual characteristics, technological aspects, organizational

support, and health service quality. Most studies reported positive acceptance of the application because it simplifies administrative procedures, accelerates patient registration, reduces waiting time, and improves service accessibility. Nevertheless, several studies also identified barriers that hinder optimal utilization, including application errors, unstable internet connectivity, limited digital literacy, insufficient user knowledge, and inadequate dissemination of information among participants (1)(6)(7)(11)(12)(13)(14)(15).

To provide a more systematic overview of the reviewed evidence, Table 1 summarizes the characteristics, research focus, and main findings of the included studies.

Table 1.

Summary of Study Focus and Determinants of Mobile JKN Utilization

Researcher & Year	Main Focus / Examined Variables	Main Findings / Determinant Outcomes
Wantias & Yuliaty (2025).	Patient satisfaction with Mobile JKN at RSU Baros.	The reliability of the information system significantly influences final patient satisfaction (1).
Meisari et al. (2024).	User attention utilizing the TAM model approach.	Perceived usefulness and ease of use trigger high user attention toward adopting the application (2).
Rahmatika et al. (2025).	Effectiveness of the premium payment reminder feature.	The reminder feature successfully minimizes the risk of independent membership suspension (3).
Minapo et al. (2026).	Determinants of JKN utilization among adolescents.	Sociodemographic factors and social support influence the utilization of health insurance from an early age (4).
Mardiana & Satya (2025).	Application of the TAM model at Puskesmas Padamukti.	Technical hurdles and application errors remain major obstacles despite high perceived usefulness (5).
Chairunnisa et al. (2026).	Optimizing registration to support digital transformation.	Online registration effectively cuts through bureaucracy and accelerates the registration process (6).
Utami et al. (2023).	Analysis of application utilization at Bertha Primary Clinic.	Network/signal limitations and low literacy in certain areas hinder feature optimization (11).
Stiyawan & Ainy (2023).	JKN participants' health service utilization in Jejawi.	Income and occupational characteristics correlate directly with active participant utilization (16).
Sitepu et al. (2025).	Factors influencing the utilization of JKN health services.	Information accessibility serves as a primary key to the continuous utilization of the program (10).
Kur'aini et al. (2025).	Influence of patient knowledge at RSU Sragen.	The level of patient knowledge correlates directly with the optimal use of Mobile JKN (12).
Simbolon et al. (2024).	Correlation between knowledge and application usage.	Good user literacy accelerates independence in the self-registration process (17).
Sundoro et al. (2023).	Socialization of utilization among Mojokari residents.	Direct education at the sub-village level is effective in increasing the understanding of lay communities (18).
Wardani et al. (2026).	Socialization of Mobile JKN utilization in Denpasar.	Educational activities bridge the digital adoption gap among adult age groups (19).
Kur'aini et al. (2023).	Socialization to increase membership at RSO Surakarta.	Hands-on application demonstrations significantly increase active membership rates (20).
Yunengsih & Hidayat (2025).	Effectiveness of online registration vs outpatient satisfaction.	The speed of online service waiting times contributes heavily to patient satisfaction (13).
Prasetyo & Safuan (2022).	Effectiveness of Mobile JKN in reducing queues.	The application is proven valid and effective in reducing physical queue congestion at counters (21).
Ananda et al. (2025).	BPJS patient satisfaction at RS Lavalette Malang.	Seamless data integration minimizes complaints regarding virtual account premium discrepancies (10).
Fadya & Ahsan (2025).	The role of JKN in maternal healthcare utilization.	JKN financing guarantees continuous maternal checkups to suppress mortality rates (22).
Sabila et al. (2024).	Effectiveness of the JKN program in primary care (FKTP).	Synergy between FKTP financing and digital adoption establishes an inclusive ecosystem (23).

Firdaus et al. (2026).	Effectiveness of Mobile JKN at BPJS Bengkulu Branch.	External technical service quality supports the successful retention of digital users (14).
Sari et al. (2023).	Literature review on healthcare service utilization.	A thorough review underscores the critical importance of real-time data synchronization across health facilities (9).
Siallagan et al. (2025)	Digital health transformation through Big Data in the Mobile JKN application.	The rapid review highlights that digital transformation supported by big data improves the efficiency, accessibility, and integration of Mobile JKN services. However, successful implementation depends on adequate digital infrastructure, user readiness, and continuous system development (8).
Ihza Satria Rilentica & Dia Meirina Suri (2025)	Mobile JKN effectiveness based on program understanding, targeting, timeliness, goal achievement, and real impact.	Mobile JKN utilization at RSUD Petala Bumi is ineffective due to low digital literacy among the elderly, frequent system errors/OTP issues, and patients preferring manual registration. However, it saves administration time and reduces physical queues for active users (15).

Source: Secondary data extraction.

Discussion

However, the ease of use aspect is frequently hindered by user knowledge and digital literacy factors (7)(11)(16). A patient's level of knowledge regarding the functions and benefits of Mobile JKN features correlates positively with its optimized usage in both hospitals and primary clinics (11)(16). To overcome this constraint, various structured socialization and educational activities involving practical demonstrations have successfully boosted the understanding of lay communities at the sub-village and neighborhood levels (10)(17). Massive socialization by BPJS Kesehatan alongside healthcare facilities has proven capable of bridging the information gap, particularly for adult and elderly groups (10)(17).

The perceived usefulness of Mobile JKN consistently emerged as one of the strongest predictors of utilization. Participants tend to continue using the application when they experience direct benefits such as faster registration, easier access to participant information, reduced administrative burden, and reminder notifications for premium payment. These findings are consistent across several studies applying the Technology Acceptance Model, indicating that perceived usefulness positively influences behavioral intention to use Mobile JKN (2)(3)(5).

Digital literacy also plays a fundamental role in determining Mobile JKN utilization. Participants with adequate technological knowledge are more capable of independently completing registration procedures and utilizing available application features. Conversely, elderly participants and individuals with limited educational backgrounds experience greater difficulty in operating digital services. Therefore, continuous educational programs and direct socialization remain necessary to improve user capability (7)(12)(20)(15).

From the information system quality dimension, patient satisfaction is heavily determined by system reliability, the speed of online registration services, data privacy security, and system integration with physical services at healthcare facilities (1)(18)(20). The implementation of online registration via Mobile JKN significantly reduces queue accumulation at outpatient clinics, which in turn enhances patient perception of overall healthcare quality (6)(18)(19). Nonetheless, technical challenges such as frequent application errors, network disruptions in remote areas, and mismatches in virtual account billing data remain the primary complaints voiced by end-users (5)(7)(20).

System quality is another important determinant affecting user satisfaction and continued utilization. Reliable applications with minimal technical errors encourage repeated use, whereas application crashes, delayed verification codes, synchronization failures, and unstable internet connectivity discourage participants from using Mobile JKN services. Continuous system improvement is therefore required to ensure sustainable implementation of digital health services (1)(5)(11)(13)(14)(15).

Beyond technological factors, sociodemographic characteristics—such as gender, employment status, income level, and family support—also play an essential role as determinants of JKN-based healthcare service utilization (8)(9). JKN plays a crucial role in ensuring the continuity of healthcare utilization for vulnerable groups, including maternal health services to suppress maternal mortality rates (13). The synchronization between the convenience of the Mobile JKN digital platform and the effectiveness of health financing at First-Level Health Facilities (FKTP) is a vital determinant in creating an inclusive and sustainable digital healthcare ecosystem in Indonesia (4)(21)(14).

Sociodemographic characteristics such as age, education level, occupation, income, and family support also contribute significantly to Mobile JKN utilization. Younger participants with higher educational attainment generally demonstrate better digital adaptation than older participants. Likewise, higher socioeconomic status facilitates smartphone ownership and internet access, thereby increasing opportunities to utilize Mobile JKN services effectively (4)(8)(16)(10).

These findings indicate that improving Mobile JKN utilization requires comprehensive interventions beyond technological development alone. BPJS Kesehatan should strengthen system stability, improve interoperability with healthcare facilities, expand digital literacy programs, and conduct continuous community-based education, particularly among elderly populations and individuals with limited technological experience. These strategies are expected to increase the adoption and sustainability of Mobile JKN utilization in supporting digital health transformation in Indonesia (6)(12)(13)(23)(15).

Limitations

This literature review has several limitations. First, only the 23 published articles that fulfilled the predefined inclusion criteria were included in the review. Second, variations in study design, sample characteristics, and measurement instruments may have influenced the comparability of findings. Third, most of the included studies were conducted in Indonesia, which may limit the generalizability of the findings to other healthcare settings. Nevertheless, this review provides comprehensive evidence regarding the determinants influencing Mobile JKN utilization among National Health Insurance participants and may serve as a reference for future research and policy development.

CONCLUSION

The utilization of the Mobile JKN application among National Health Insurance participants is determined by a complex interaction between user internal factors (perceptions of usefulness, ease of use, knowledge levels, and sociodemographic characteristics) and system external factors (application reliability, access speed, network infrastructure, and socialization intensity). This application's optimization is proven to cut through registration bureaucracy, reduce physical queues, and enhance overall patient satisfaction. To boost the coverage of its utilization in the future, BPJS Kesehatan must prioritize fixing system bugs, strengthening data integration with healthcare facilities, and extending inclusive face-to-face socialization to reach communities with low digital literacy.

Future research is recommended to employ longitudinal or multicenter study designs involving larger populations to evaluate long-term utilization behavior and measure the effectiveness of interventions aimed at increasing Mobile JKN adoption among National Health Insurance participants.

The findings of this review may serve as evidence for policymakers and healthcare providers in improving Mobile JKN implementation and supporting the sustainability of Indonesia's digital health transformation.

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