

Analysis Of The Role Of National Health Insurance Cadres In The Collectibility Of BPJS Health Contributions In Medan City

Ramadha Yanti Parinduri^{1*}, Agus Sukristyanto², Rachmawati Novaria³

^{1,2,3} Universitas Pembinaan Masyarakat Indonesia¹, Universitas 17 Agustus 1945 Surabaya, Indonesia

*Corresponding Author:

Email: yantifkkmb@gmail.com

Abstract.

This study discusses the role of JKN-KIS Cadres in the collectibility of BPJS Health contributions in Medan City. Based on the background of the problem, Medan City is experiencing a very large funding deficit in BPJS Health, so that financing of health facility and hospital funding claims will be hampered. Judging from several problems, the factors that cause the funding to swell are due to the large number of JKN-KIS participants who stop paying contributions so that expenses are not comparable to income. One of the methods used by BPJS Kesehatan Medan City based on BPJS Kesehatan Board of Directors Regulation No. 4 of 2017 concerning Guidelines for the Implementation of JKN-KIS Cadres is to recruit JKN-KIS Cadres as a collection and collection of participant contributions. So that with this Cadre network, it can increase income for BPJS Kesehatan. Therefore, to analyze the role of the JKN-KIS Cadres, the researcher used quantitative and qualitative or mixed research methods where the quantitative approach focuses on numbers and measurable data, the qualitative approach focuses on deepening the respondent's experience of the events they experienced. Data collection techniques use open questionnaires, interviews, observations and other supporting documents. Data analysis using Huberman and Miles analysis techniques, namely; reducing data, presenting data, and concluding data. Based on the results obtained, it shows that the role of JKN-KIS Cadres in the collectibility of BPJS Kesehatan contributions in Medan City has had a significant impact and has been implemented well as much as 33.06% even though there has been a reduction and the target achievement has not been achieved, but with the role of Cadres implemented in Medan City, it also has an impact in serving the community related to the dissemination of JKN information and BPJS Kesehatan social marketing. The things that are the lack of collectibility of contributions carried out by JKN-KIS Cadres are that Medan City has UHC so that people who are in arrears will feel lazy in making payment bills that have been in arrears.

Keywords : Role of JKN-KIS Cadres, Collectability and BPJS Health.

I. INTRODUCTION

Presidential Regulation Number 82 of 2018 which regulates Health Insurance then made a second amendment to the Presidential Regulation with number 64 of 2020 concerning Health Insurance, the purpose of this regulation is to obtain health services and benefits from health insurance and provide commitment to registered participants through contribution burdens or contributions paid by public bodies. The health services referred to in the regulation include individual health services, promotive, preventive, curative, rehabilitative services including drug services, disposable medical supplies based on the necessary medical needs and other medical devices. So that with the National Health Insurance (JKN) program, it is certain that there will be no more people who are constrained in financing treatment. However, it cannot be denied that during the financing of the JKN program services managed by the Social Security Administering Agency (BPJS) Health experienced a large deficit so that the government channeled funds from the State Budget (APBN) to cover the financing. Therefore, the Social Security Administering Agency (BPJS) Health was appointed to collect contributions. Factors that caused the deficit according to BPJS Health in Djahhari et al., (2020:2) namely the large number of people suffering from chronic diseases so that the cost of health services increases, meaning that this chronic disease also includes funding that costs quite a lot in health services.

While Maulana et al., (2022) Another view is that the deficit occurred because of the minimal or small contributions charged to each participant. It is stated in Presidential Regulation Number 64 of 2020 that JKN-KIS contributions are differentiated based on 3 (three) contribution classes chosen by participants, namely: Class I Contribution (150,000/person), Class II Contribution (100,000/person), Class III Contribution (35,000/person). Meanwhile, people who are classified as underprivileged with certain categories will be

paid by the central or regional government 100% and so will business entities where employers are required to pay employee National Health Insurance (JKN) contributions of 5% where 1% is paid by workers and employers pay 4% of the determined contribution class. This regulation contradicts the findings of Kurniawan et al., (2022) that the independent increase in contributions that was made in 2020 actually violated the decision of the Supreme Court (MA) because in fact the change in the Presidential Regulation was not due to the large nominal amount but rather to the government's procedure in increasing contributions. On the other hand, the factor of the financial deficit in BPJS Kesehatan is due to the large number of participants in the PBPU (Non-Wage Recipient Participants) segment who have not fulfilled their obligations, namely paying contributions, thus causing obstacles in terms of service funding, and when arrears do not occur, there will be smoothness in health service finances.

Based on a report from the Medan City BPJS Kesehatan Office, it was noted that in 2022, the people of Medan City with various different contribution classes had a total arrears of 141,881,237,550. Poto et al., (2023) said that to increase this funding due to arrears, BPJS Kesehatan has the responsibility to collect the contributions and the methods used to collect the contributions in question include: 1) Collection via telecollecting or telephone carried out by branch office employees, and 2) collection through JKN-KIS Cadres by means of direct visits to participants' homes with data provided by the branch office to JKN-KIS Cadres. Since the issuance of BPJS Kesehatan Board of Directors Regulation Number 4 of 2017 concerning Guidelines for the Implementation of JKN-KIS Cadres, the implementation of BPJS Kesehatan collectibility has been assisted in increasing contribution funding, this is because it is influenced by the factor of public awareness regarding the contributions they pay. During the quarterly JKN-KIS Cadre evaluation carried out at the Medan City BPJS Kesehatan Office in October 2023, it was noted that there were 131 JKN-KIS Cadres spread across North Sumatra, where the number of active Cadres was 115 people and those who were inactive with certain factors were 16 people. Based on the gender of the Cadre, there were 58 men and 73 women. The distribution of JKN-KIS Cadres in North Sumatra can be seen in table 1.

Table 1. Number of JKN-KIS Cadres in North Sumatra Region

No	Branch office	Quota Kader	Gender		Number of Cadres
			Male	Female	
1	Medan	66	17	39	56
2	Gunungsitoli	4	1	3	4
3	Kabanjahe	7	6	1	7
4	Lubuk Pakam	35	8	13	21
5	Padangsidempuan	13	9	3	12
6	Pematang Siantar	15	3	8	11
7	Sibolga	10	5	1	6
8	Kisaran	17	9	5	14
Total		167	58	73	131

Source: Medan City BPJS Health Branch Office, 2023

From the data above, it is shown that the quota of JKN-KIS Cadres in Medan City before the quarterly evaluation was held was 66 people but decreased in October 2023 with a total number of 56 Cadres, meaning that there were 10 inactive Cadres due to no salary compensation and not fully playing a role in carrying out Cadre duties, but the big impact is because Medan City has implemented the Universal Health Coverage (UHC) program so that participants who are in arrears open up opportunities not to pay contributions, then there is a reduction in JKN-KIS Cadres due to the lack of achievement of performance targets. Buana et al., (2022) explained that the performance assessment of JKN-KIS Cadres is assessed from various things such as attendance at the evaluation, timeliness of submission of visit reports (Form C) and the number of visit targets so that good JKN-KIS Cadre performance will be called back to become partners in the following year. The graph below can be seen the number of JKN-KIS Cadres for the past 6 (six) months, namely;



Fig 1. Number of Cadres in May to October 2023

Source: Medan City BPJS Health, 2023

In graph 1, it can be seen that the enthusiasm to become a JKN-KIS Cadre in the quarter from May to July 2023 experienced a very significant decline in October 2023. If viewed from the graph, Medan City experienced a decrease in the number of inactive Cadres by 18% so that it can be ascertained that the role of Cadres in increasing collectibility contributions is likely not to reach the specified target. Based on the problems above, the purpose of this study is to answer research related to the role of JKN-KIS Cadres in the Collectibility of BPJS Health Contributions in Medan City by using an analysis of JKN-KIS Cadre activities as stated in the Regulation of the Board of Directors of the Health Social Security Administering Agency concerning Guidelines for the Implementation of JKN-KIS Cadres (2017:28) that JKN-KIS Cadre activities consist of; 1) Collection of contributions, 2) Social marketing, 3) Participant registration, and 4) Providing information and receiving complaints.

II. METHODS

This study uses a qualitative research approach. Where the quantitative approach focuses on numbers and measurable data, the qualitative approach focuses on deepening the respondent's experience of the events they experienced. The focus of the study was reviewed based on the activities of the JKN-KIS Cadres based on the Regulation of the Board of Directors of the Health Social Security Administering Agency concerning the Guidelines for the Implementation of JKN-KIS Cadres (2017:28) including: 1) Collection of contributions, 2) Social marketing, 3) Participant registration, and 4) Providing information and receiving complaints. The place or object of the study was carried out in the city of Medan. The data collection technique used an open questionnaire, structured interviews, observations and other document studies. The sampling design in this study was a non-probability design where the sampling technique used purposive sampling technique, namely the selection of informants based on criteria that can provide relevant data and information to researchers (Mundir 2013:170). The sample criteria in question include all JKN-KIS Cadres of Medan City who have partnered with BPJS Kesehatan who were used as respondents, totaling 26 people. The data analysis technique used is the interactive analysis technique based on the opinion of Huberman and Miles (1994) in Suparman (2020:93) includes data reduction, data presentation, conclusions/verification.

III. RESULTS AND DISCUSSION

Referring to the Regulation of the Board of Directors of the Health Social Security Administering Agency Regarding the Guidelines for the Implementation of JKN-KIS Cadres, it contains the role or activities of JKN-KIS Cadres in increasing the collectibility of BPJS Kesehatan contributions, therefore it is necessary to analyze whether the role of JKN-KIS Cadres is in accordance with what is expected and to find out the extent to which the role of JKN-KIS Cadres is in achieving the assigned role. When viewed from the tasks and implementation, the JKN-KIS Cadre program at the Medan City Branch Office of the BPJS Kesehatan bureaucratic position is in the collection and finance sector, because it is related to contribution management. However, it is possible that these JKN-KIS Cadres can coordinate in the field of participant

participation and complaints as well as the Sub-district Office where the JKN-KIS Cadres are placed. The tasks required of JKN-KIS Cadres as the responsibility for collecting contributions, are charged as many as 500 Virtual Accounts (VA) which are Virtual Accounts fostered by the Cadres, and are given the task of visiting the month and a cooperation agreement for 1 (one) year (Buana et al., 2022). Therefore, the role of JKN-KIS Cadres can be explained as follows:

Dues Reminder and Collector

The role of JKN-KIS Cadres as stated in the Regulation of the Board of Directors of the Social Health Security Administering Agency concerning the Guidelines for the Implementation of JKN-KIS Cadres (2017) is a reminder of membership contributions and collection of contributions. This task contains several indicators, including; 1) providing information related to contribution payment information channels and administration fees, 2) providing information on the final deadline for contribution payments, 3) providing information on service fines, 4) submitting invoices for Non-Wage Recipient Participants (PBPU), 5) conducting recapitulation and reporting on the fostered Cadres who have been socialized and have made contribution payments. Based on the results of the open questionnaire given to respondents, the number of cadres who answered the recommended places for paying monthly participant contributions can be seen in the following table:

Table 2. Contribution Payment Channels Suggested by JKN-KIS Cadres

No	Answer Categories	Number of JKN-KIS Cadres	Percentage
1	Channel Indomaret	13	50%
2	Channel Alfamart	5	19%
3	Channel Alfamidi	3	12%
4	Through Cadres	1	4%
5	Other Answers (Post Office, ATM, Bank Teller)	4	15%
Total		26 Cadre	100%

Source: Data processed by researchers, 2024

JKN-KIS Cadres in Medan City have provided information regarding JKN-KIS contribution payment channels. From the data above, it was found that there were 15 JKN Cadres (50%) who suggested that participants make contribution payments at the Indomaret channel, then there were 5 JKN Cadres (5%) who suggested payment at the Alfamart channel, then 3 JKN-KIS Cadres (12%) who suggested paying at the Alfamidi channel, then there was 1 (4%) person who became a PPOB agent for participant contribution payments, and finally there were 4 JKN Cadres (15%) who suggested paying at the Post Office, ATM and Teller). The responses of JKN-KIS Cadres in answering the JKN-KIS contribution payment channels were very diverse because the availability of payment channels was still limited so that JKN Cadres suggested other options for participant contribution payment places. The ease of paying JKN-KIS contributions was a good experience for JKN-KIS participants, because participants became in arrears due to the difficulty of contribution payment channels (Murpratiwi et al., 2022).

The final deadline for payment of contributions is important information that must be known by JKN-KIS Cadres. From the answers of the Cadres that have been analyzed, it was found that the payment period for JKN contributions for independent participants starts from the 1st of the month to the 10th, and if it is past that date, a fine will be formed and the next month's contribution will be opened, and the KIS card will be inactive. The next role is to provide a billing letter to participants who are in arrears because the contribution payment period has passed. After all visits have been made to participants, the JKN-KIS Cadre summarizes the visit report in the form of Form C to be used as evaluation material every 3 (three) months regarding the performance of the JKN-KIS Cadre. Each Cadre is required to have a minimum of 100 virtual account visits in a month. Based on the evaluation results of the JKN-KIS Cadres for Deputy Region I in 2023, Medan City ranks 2nd in terms of the highest number of collected contribution arrears, which can be seen in the following table;

Table 3. Contribution Payment Channels or Counters Recommended by JKN-KIS Cadres

No	Branch office	Arrears Collected (Based on Criteria for Months in Arrears)			Total Arrears Collected (Jan - Okt 2023)	Percentage (%)
		12-15 Mount	16-19 Mount	20-24 Mount		
		Rp	Rp	Rp		
1	Padangsidempuan	230,950,761	501,438,220	2,372,584,402	3,104,973,383	32.05%
2	Medan	67,141,000	83,443,000	2,256,157,150	2,406,741,150	24.84%
3	Pematang Siantar	27,021,000	74,428,000	1,491,217,616	1,592,666,616	16.44%
4	Lubuk Pakam	49,033,500	48,519,900	843,409,515	940,962,915	9.71%
5	Kisaran	17,683,500	16,631,000	726,056,020	760,370,520	7.85%
6	Kabanjahe	560,000	14,268,500	480,795,945	495,624,445	5.12%
7	Sibolga	5,536,000	10,224,000	273,226,748	288,986,748	2.98%
8	Gunungsitoli	5,562,000	3,344,000	89,865,500	98,771,500	1.02%
TOTAL		403,487,761	752,296,620	8,533,312,896	9,689,097,277	100%

Source: Medan City BPJS Health Branch Office, 2023

Although Medan City's contributions are in second place for the largest contribution collection to the regional deputy, it is not in line with the amount of contribution targets, where the target that must be achieved is IDR 7,280,000,000 while the contributions collected are only IDR 2,406,741,150, meaning that the contributions that have been collected by JKN-KIS Cadres have only been realized 33.06% of the specified target. Therefore, this is in accordance with the findings explained by Djamhari et al., (2020:39) that Medan City has not been able to collect contributions optimally, this is due to the lack of awareness of participants, especially independent JKN participants, in carrying out their obligations so that independent collectibility is relatively low. Various efforts have been made to provide maximum results, so it is hoped that the priority strategies that will be carried out will be such as optimizing the function of JKN Cadres (Ardica & Samsir, 2020).

A. Social Marketing

Social marketing is a strategy that changes a person's behavior with a traditional approach system, then this approach is carried out in a structured and measurable manner, and utilizes modern communication technology to achieve goals (Susanto, 2016). Generally, this social marketing is used to provide positive benefits to the community, unlike commercial marketing where the goal is only to gain profit (Nissa & Ariyani, 2023). Continued by Nurhasanah and Riyadi (2020) who stated that the purpose of the intended social marketing is to change people's behavior to register as PBPU participants and build motivation related to regular contribution payments. Then Situmorang (2022) in his research results also said that social marketing carried out by JKN-KIS Cadres as part of the marketing of the BPJS Kesehatan program is to carry out socialization activities to the community and direct visits to participants who are in arrears, with this activity Cadres are more free to convey information to participants so that participants will be influenced and eventually begin to organize and carry out their obligations.

Through the results of interviews and observations in the field, JKN-KIS Cadres have conducted social marketing to participants starting from direct marketing such as distributing leaflets, attending community meetings, making stickers, to installing banners or banners at participant fostered locations, the aim is to increase public knowledge and promote BPJS Kesehatan products to the community. Conducting direct socialization to the participants who are visited is a form of implementing efforts to increase public awareness regarding the introduction of JKN-KIS and participant contribution status, so that in the end communication is established that builds personal relationships with participants, and participants who are socialized will pay their contributions. The products marketed through social marketing are in the form of tangible objects and intangible objects (Suwarso, 2020).

B. Participant Registration

The next role of JKN-KIS Cadres is to help register prospective BPJS Kesehatan participants until the participants receive proof of registration. Maryuni et al., (2019) previously stated that the low interest of the community in becoming BPJS Kesehatan participants was due to the complicated registration process and was weakened by quite long queues, so it was necessary to expand the registration channels and contribution payment channels. Although in the study by Choiriyah et al., (2022) it was stated that BPJS Kesehatan already had a marketing unit and a membership and customer service unit (KPP), both of them certainly had their respective duties and functions and different work spaces. Therefore, it is also necessary to expand the JKN membership registration channel, because it concerns the limited capabilities of Human Resources (HR). Based on the results of the analysis conducted in the field, in addition to reminding participants regarding their contributions, Cadres also have a role to assist in the registration process for prospective JKN participants.

In the registration process, JKN-KIS Cadres become the media that conveys the registration requirements that need to be prepared by prospective participants, then the data that is ensured to be complete will be sent to the PIC of the Branch Office to be registered. This process is very effective because it can help people who have busy activities and do not have time to take care of it. It is noted from the monitoring report of the activities of JKN Cadres in Medan City, the number of registered JKN Cadres for 10 (ten) months running in 2023 was 1,919 people. Therefore, the role of Cadres in expanding the registration of JKN-KIS participants has a fairly good function. This role is very helpful for JKN Cadres in getting closer to the community, where participants who want to be registered certainly have a close relationship with the Cadres, so through this relationship it can be ensured that the socialization of the Cadres will be conveyed well

C. Information Provider and Complaint Receiver

Information is very important for public services, especially regarding health. JKN-KIS cadres have the responsibility for providing information and receiving complaints from JKN participants. This is stated in the BPJS Kesehatan Board of Directors Regulation on the JKN-KIS Cadre Implementation Guidelines that JKN Cadres are able to provide brief information to JKN participants regarding the types of services provided by health facilities both at Health Centers/Clinics and also Hospitals, then JKN-KIS Cadres are required to provide information regarding the service complaint handling channel if JKN participants experience deviations in the services they receive or other complaints. In general, BPJS Kesehatan has an obligation to provide information to the public either periodically, at any time, immediately, even information that is excluded, but in reality the public still cannot access it completely, because it is caused by several other factors. This is proven in the research of Agustina et al., (2018) that the majority of independent BPJS Kesehatan participants get more BPJS Kesehatan information through hospitals. Based on the opinion of Jugiyanto (2009) in Khotimah (2022) that information can provide additional knowledge to a person and this information can occur if it has indicators such as; accurate, relevant, complete, and easy to understand. To analyze the role of Cadres in conveying information to JKN-KIS participants, the researcher tried to question the things conveyed by Cadres during visits to the community and based on the results of the interviews conducted, JKN Cadres had been equipped with knowledge before entering the field regarding the BPJS Kesehatan program to insight into the benefits of the JKN program.

The basic knowledge provided by JKN Cadres in Medan City regarding the provision of information and receiving complaints from participants, namely Cadres have understood how to access health services at the first and advanced levels, then understand how to change participant data, and record complaints from participants that have been socialized. However, information like this is already basic for participants because even without being explained by JKN-KIS Cadres, the service location should have provided the service procedure. However, what participants hope for regarding this information is that there are not enough places for participant complaints if JKN-KIS participants are not served well, and the response to the information complained about does not meet community expectations. Then information related to services that are not covered by BPJS Kesehatan becomes wrong in society because of the public's assumption that every intentional or unintentional disease is covered by BPJS Kesehatan, therefore this is contrary to public

understanding, because diseases that are not covered by BPJS Kesehatan have been regulated in Presidential Regulation of the Republic of Indonesia Number 111 of 2013 concerning Amendments to Presidential Regulation Number 12 of 2013 concerning Health Insurance, article 25 paragraph (1) as many as 18 services (Presidential Regulation of the Republic of Indonesia, 2013). Of course this has a very good impact on the role of cadres in conveying information to JKN-KIS participants.

IV. CONCLUSION

This study highlights the importance of the role of JKN-KIS Cadres in BPJS Health Contribution Collectibility in Medan City. Based on the results and discussion, it shows that the role of JKN-KIS Cadres both in increasing contribution collectibility or other roles contained in BPJS Health Board of Directors Regulation Number 4 of 2017 concerning Guidelines for the Implementation of JKN-KIS Cadres which is studied based on contribution collection, it is stated that there is an impact of increasing contribution collection on the role of cadres, but the change is not significant, in accordance with the role of JKN-KIS Cadres in Medan City. This is because the contribution target achieved with the collected contributions is not met, while the role of participant registration, social marketing and delivery of information and complaints is quite significant for the BPJS Health program. Therefore, efforts are needed to increase the involvement and effectiveness of JKN-KIS Cadres in collecting contributions and providing information to participants. Although Cadres have a broad role in supporting the JKN-KIS program, there are still challenges that need to be overcome so that program objectives can be achieved optimally.

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