



E-Welfare Perspective on Social Security: Roles and Challenges of Mobile JKN in Healthcare Access

Gisya Khayla Azanis✉, Nasywa Nurul Aini, Nova Sabrina, Zelfanya Rahmayantari, Fatkhuri, Reja

Universitas Pembangunan Nasional “Veteran” Jakarta, Indonesia

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Abstract

The digitalization of public services has become a key strategy for improving the accessibility and efficiency of healthcare delivery in Indonesia. As part of this transformation, BPJS Kesehatan introduced the Mobile JKN application to simplify administrative processes and expand public access to National Health Insurance (JKN) services. Although previous studies have primarily focused on its effectiveness and user satisfaction, limited attention has been given to its role within the broader e-welfare framework. This study aims to examine the role of the Mobile JKN application in improving public access to healthcare services from an e-welfare perspective. The study employs a qualitative literature review using the Information Systems Success Model by DeLone and McLean and the Technology Acceptance Model (TAM) by Davis as analytical frameworks. The novelty of this study lies in integrating these two models with the concept of e-welfare to provide a more comprehensive understanding of Mobile JKN as both a digital healthcare service innovation and a digital welfare instrument. The findings indicate that Mobile JKN simplifies administrative procedures, improves time efficiency, and provides integrated healthcare information through a single digital platform. However, several barriers continue to limit the optimal use of Mobile JKN, particularly disparities in digital access, inadequate digital literacy, limited internet and device availability, and technical and data synchronization issues across healthcare facilities. These findings highlight that advancing digital healthcare services involves more than improving technology alone; it also requires stronger institutional capacity, better digital infrastructure, and greater user preparedness to ensure equitable access to healthcare.

✉ Correspondence address:

Program Studi Ilmu Politik, Universitas Pembangunan Nasional “Veteran”
Jakarta, Jakarta, Indonesia
E-mail: 2410413096@mahasiswa.upnvj.ac.id

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INTRODUCTION

The growing adoption of digital technology has brought significant changes to public service delivery, especially in healthcare and social security. Through digitalization, governments are able to simplify administrative processes, improve the efficiency of service provision, and make essential public services more accessible to the community. In the context of healthcare services, the utilization of information technology has become important because it is directly related to the ease with which citizens can obtain fast, practical, and uncomplicated services (Sulistiyo, 2023).

In Indonesia, the direction of digitalization in social health insurance services can be seen through the innovation introduced by BPJS Kesehatan through the Mobile JKN application. This application enables National Health Insurance (JKN) participants to access various services such as online queues for healthcare facilities, digital membership cards, data changes, and contribution information without having to visit service offices directly. Mobile JKN was designed as a bridge between participants and healthcare facilities through a digital system that is expected to improve service accessibility, and studies have shown that the application was created to facilitate healthcare access for JKN participants.

Healthcare service accessibility in this context is not only interpreted as the availability of healthcare facilities, but also as the ease of administrative procedures, time efficiency, and the ability of the community to utilize the available service system. From a policy design perspective, Mobile JKN is intended to address issues such as long queues, complicated administrative processes, and participants' dependence on face-to-face services, which often encounter various challenges.

Within the JKN system itself, participants are divided into several membership segments that are also reflected in the management of Mobile JKN. There are Contribution Assistance Recipients (PBI) whose contributions are paid by the government, meaning they do not make independent payments, as well as Non-PBI participants such as Wage Recipient Workers (PPU), Non-Wage Recipient Workers (PBPU/self-employed), and Non-Workers (BP) who are required to pay contributions

regularly. Through Mobile JKN, Non-PBI participants can view contribution bills, payment history, virtual accounts, and make payments directly through integrated banking/fintech channels. Meanwhile, PBI participants mostly utilize administrative features such as digital cards, online queues, and data changes. This distinction demonstrates that the function of Mobile JKN is not only as a healthcare access tool, but also as a tool for digital membership and contribution management (BPJS Center, 2026).

However, in practice, the utilization of Mobile JKN does not always operate in accordance with the objectives of digitalization. Not all JKN participants possess adequate digital literacy, supporting devices, or stable internet access, factors that have been proven to significantly influence the digital accessibility of this application within society. This condition creates an access gap between people who are able to utilize technology and those who are not, indicating that digitalization, which is supposed to simplify services, may instead create new barriers, especially for the elderly, low-income communities, and residents in areas with limited digital infrastructure (Zaqia et al., 2024).

The transformation of service mechanisms from face-to-face interaction to digital systems has also shifted the administrative burden to participants. Processes that were previously assisted by officers now require users to independently operate the application, a condition that has also been identified as a challenge in the effectiveness of Mobile JKN usage in primary healthcare service case studies (Ilham & Sari, 2020). Many participants still prefer visiting healthcare facilities or BPJS offices directly because they consider it more reliable and easier to understand compared to using the application. This demonstrates the gap between the availability of technology and the level of public adoption of such technology (Sari et al., 2024). The low utilization of the features available in Mobile JKN indicates that the existence of technology does not automatically improve service accessibility, as user readiness greatly affects the effectiveness of its utilization (Putri et al., 2026).

This issue is reinforced by other studies which found that although the application provides convenience in terms of information and

administration, challenges such as limited digital literacy, technical system disruptions, and network variability remain significant barriers to the optimal utilization of Mobile JKN (Zaqia et al., 2024).

Research conducted by Ana Zilah and Hendri Hermawan Adinugraha (2023), entitled “Efektivitas Penggunaan Aplikasi Mobile JKN bagi Peserta BPJS Kesehatan di Kabupaten Pekalongan” focused on analyzing the level of effectiveness of Mobile JKN usage in healthcare services at the regional level. The results showed that the use of the Mobile JKN application was considered effective in assisting community needs, especially in simplifying administrative processes such as registration, data changes, bill checking, and taking online healthcare service queues. The application was also proven to save time, costs, and effort because services could be accessed anytime and anywhere without having to visit BPJS offices. However, this study also found several limitations, such as technical issues where the application sometimes experienced errors, as well as difficulties in usage among certain groups, particularly users with low digital literacy levels such as the elderly.

The study by Yuliastuti & Jawahir (2023), entitled “Analisis Efektivitas Pemanfaatan Aplikasi Layanan Kesehatan Mobile Jaminan Kesehatan Nasional di Indonesia” had a broader focus, namely analyzing the effectiveness of Mobile JKN utilization nationally in supporting digital-based healthcare services. The results showed that the utilization of Mobile JKN was categorized as very good and effective, particularly in increasing user satisfaction with healthcare services and encouraging increased use of digital services. In addition, the application was also considered to contribute to achieving Universal Health Coverage (UHC) targets by expanding public access to healthcare services. However, this study also emphasized that such effectiveness is highly dependent on supporting factors such as internet access availability and the community’s ability to use digital technology. Access inequality and digital literacy gaps remain major challenges in implementing digital-based healthcare services in Indonesia.

When compared, both studies similarly indicate that the use of Mobile JKN has a positive

impact on improving healthcare service access and efficiency. Both at regional and national levels, digitalization through this application is considered capable of facilitating public access to services without complicated procedures. This suggests that Mobile JKN has made a meaningful contribution to improving the delivery of public healthcare services through digital innovation.

Even so, the two studies reveal comparable limitations. Their discussions tend to focus on aspects of usage effectiveness and user satisfaction, but do not examine in depth the relationship between Mobile JKN and the broader digital welfare system. Aspects such as data integration across programs, information transparency for beneficiaries, and the position of Mobile JKN within the e-welfare ecosystem have not been the primary focus of these studies.

Based on these gaps, this study seeks to address the existing shortcomings by viewing Mobile JKN not merely as a digital health service tool, but as part of the e-welfare system. The research focuses on how Mobile JKN functions within the e-welfare framework to support the digitalization of social security services, particularly in terms of data integration, information transparency, and the expansion of healthcare accessibility for the community in a more systematic and inclusive manner.

Based on these issues, this study aims to analyze the role of Mobile JKN in improving public healthcare service accessibility, particularly in the context of differences in social characteristics such as levels of digital literacy and membership status. In addition, this study identifies various obstacles affecting its utilization, including the potential emergence of access inequality due to service digitalization. Ultimately, this research examines the extent to which Mobile JKN can be positioned as part of the e-welfare system, not only as an instrument for improving service efficiency, but also as a mechanism that has the potential to reproduce or reduce inequality in access to healthcare services. Therefore, this study not only evaluates the effectiveness of application usage, but also examines the strategic role of Mobile JKN in the transformation of inclusive and equitable digital-based welfare services. Based on these

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LITERATURE REVIEW

Theory is a set of interconnected components or variables, definitions, and propositions that present a systematic view of phenomena by determining relationships among variables, with the aim of explaining natural phenomena (Tauhid, 2020). In this study, theory is used as an analytical framework to understand the role of Mobile JKN in improving public healthcare service accessibility as well as the factors influencing its utilization.

This study employs the Information Systems Success Model developed by William DeLone and Ephraim McLean as the grand theory. This theory explains that the success of an information system is multidimensional and measured through several indicators, namely system quality, information quality, use, user satisfaction, individual impact, and organizational impact.

System quality reflects technical performance such as ease of use, reliability, and access speed, while information quality relates to the accuracy, relevance, and timeliness of the data generated. These indicators influence system usage and user satisfaction, which subsequently produce outputs in the form of impacts on individuals and organizations, such as increased efficiency, service effectiveness, and ease of access to healthcare services.

However, this theory has not fully explained the factors influencing user acceptance of technology. Therefore, a supporting theory, namely the Technology Acceptance Model (TAM) developed by Fred Davis, is also used. TAM explains that technology acceptance is influenced by two main indicators, namely perceived usefulness and perceived ease of use, which affect behavioral intention and ultimately lead to actual use.

The combination of these two theories is used to analyze how the system and information quality of Mobile JKN, as well as users' perceptions regarding its ease and benefits, influence usage levels and ultimately affect public healthcare service accessibility.

A. Concepts Used

1) Social Security Digitalization

In general, digitalization is the process of converting printed forms into electronic forms through scanning processes to create electronic pages suitable for computer storage, retrieval, and transmission. This means that digitalization is the process of converting data into digital form to be processed through computers (Yulianti & Prastowo, 2021).

Under Article 1 of Law Number 40 of 2004 on the National Social Security System, social security is defined as a form of protection aimed at ensuring that all citizens are able to meet their basic needs for a decent standard of living. Based on these definitions, social security digitalization can be interpreted as the utilization of digital technology in the administration of social security services to improve efficiency, ease of access, and service quality for the community, one of which is through the use of the Mobile JKN application as a digital service innovation in the healthcare sector.

2) Mobile JKN

The Mobile JKN application is a form of digital transformation by BPJS Kesehatan that previously required participants to carry out various administrative services directly at branch offices or healthcare facilities (Zebua, 2024). Through this application, participants can independently access services (self-service) anytime and anywhere without being limited by time and location. With Mobile JKN, participants can perform various

services such as paying contributions, changing membership data, viewing family data, checking contribution bills, searching for healthcare facility information, and submitting complaints. In addition, this application also provides faster and easier access to information related to the National Health Insurance–Healthy Indonesia Card (JKN-KIS) program (Zebua, 2024).

3) Healthcare Service Accessibility

The Mobile JKN application is a form of digital transformation by BPJS Kesehatan that previously required participants to carry out various administrative services directly at branch offices or healthcare facilities (Zebua, 2024). Through this application, participants can independently access services (self-service) anytime and anywhere without being limited by time and location. With Mobile JKN, participants can perform various services such as paying contributions, changing membership data, viewing family data, checking contribution bills, searching for healthcare facility information, and submitting complaints. In addition, this application also provides faster and easier access to information related to the National Health Insurance–Healthy Indonesia Card (JKN-KIS) program (JKN-KIS) more quickly and conveniently (Zebua, 2024).

4) Digital Divide

Digital divide is defined as inequality in the field of information and communication technology, both at the individual and group levels (Maslan, 2014). In addition, digital divide also refers to differences in access, usage, and mastery of information and communication technology (ICT) among groups within society, whether on a local, national, or global scale (Artianasari, 2023). This inequality includes differences in access to devices (such as computers and smartphones), internet access, technological skills, and the benefits obtained from the use of such technology. In the context of this study, digital divide is important for understanding differences in society's ability to utilize digital services such as Mobile JKN.

B. Operational Definition

This study uses a qualitative method with a focus that includes the analysis of social security digitalization, the role of the Mobile JKN application, healthcare service accessibility, and the

challenges of its implementation. Social security digitalization is understood as the transformation of healthcare services from conventional systems to digital-based systems. The role of Mobile JKN is analyzed through its functions and features that facilitate public access to healthcare services. Accessibility in this study is understood through convenience, efficiency, and service coverage. Meanwhile, implementation challenges are examined through factors such as the digital divide, limited technological literacy, and dependence on field-level bureaucracy.

METHOD

This study adopted a qualitative research approach through a literature review to explore the role of Mobile JKN in enhancing access to healthcare services within the broader context of social security digitalization.

The study relied on secondary data gathered from various sources, such as academic journal articles, books, government reports, and official publications concerning Mobile JKN, digital health services, and Indonesia's social security system. The selected materials were chosen based on their relevance to the research objectives, the reliability of the sources, and the timeliness of the information.

Data were collected using documentation techniques by identifying, selecting, and reviewing relevant literature from academic databases and official publications issued by related institutions.

The selected references were then organized and classified according to themes related to healthcare accessibility, digital literacy, and the implementation of Mobile JKN.

Data were analyzed using descriptive qualitative analysis with comparative and interpretative approaches. Findings from previous studies were compared to identify patterns, as well as similarities and differences in the utilization of Mobile JKN. In addition, the analysis examined the relationship between the use of Mobile JKN and healthcare service accessibility and identified the potential for digital inequality in the utilization of digital-based healthcare services.

RESULT AND DISCUSSION

A. The Role of Mobile JKN in Improving Healthcare Service Accessibility for JKN Participants

Digital transformation in the public service sector, particularly in healthcare, has encouraged the emergence of technology-based innovations to improve service quality and coverage. Digitalization has transformed various aspects of society, including political processes and patterns of human action, thereby reshaping the way citizens interact with institutions and access public services (Arditama et al., 2024). This broader process of digitalization has encouraged governments to redesign welfare and healthcare services through digital platforms, creating new forms of e-welfare delivery. One form of such innovation is the Mobile JKN application, launched on November 15, 2017, by BPJS Kesehatan as part of the digitalization of National Health Insurance services. By 2024, the application had been used by approximately 39 million users, indicating an increase in the adoption of digital technology in healthcare services (Ministry of Administrative and Bureaucratic Reform, 2024).

If in the past people needed to access various healthcare administrative services such as registration, data updates, and access to health information by directly visiting BPJS branch offices, today these services can be accessed online through the Mobile JKN application. Through this application, various services can be obtained more quickly without queuing. In addition, a customer service feature is also available, allowing users to report any issues they encounter. Thus, people no longer need to spend a significant amount of time and energy visiting BPJS offices directly.

In this context, when linked to the Information Systems Success Model developed by William DeLone and Ephraim McLean, a system can be considered successful if it has good system quality and information quality. In Mobile JKN, this is reflected in ease of use, access speed, and the accuracy of the information provided. In addition, technical issues within the system can also affect the quality of services received by users. In line with this, research by Komala & Firdaus (2020) shows that response speed, accessibility, and system

reliability influence user satisfaction with Mobile JKN.

Furthermore, based on JKN membership data, the total number of participants has reached approximately 284.6 million people in 2026. Of this number, around 34% are Contribution Assistance Recipients (PBI), followed by Non-Wage Workers at 17%, and Wage Workers in the private and public sectors at approximately 13.6% and 7%, respectively. This classification indicates that the majority of participants come from low-income groups. Therefore, the existence of Mobile JKN is important in supporting service efficiency, particularly for vulnerable groups.

To support online service accessibility, Mobile JKN provides various features, ranging from participant registration, data updates, information on healthcare facilities, bed availability, to online doctor appointment consultations. In addition, features such as healthcare service registration, service history, complaints, and information services can be accessed quickly and in an integrated manner within a single platform.

From the perspective of the Technology Acceptance Model (TAM) developed by Fred Davis, user acceptance of Mobile JKN is influenced by two perceptions, namely perceived ease of use and perceived usefulness. When both aspects are high, public acceptance of the Mobile JKN application also increases. This is supported by research by Kusumawardhani (2022), which found that users were satisfied because the Mobile JKN application is easy to use, accelerates service processes, and provides accurate and timely information.

In line with this, studies conducted by Herlinawati (2021) and Sari (2024) show that Mobile JKN facilitates access to healthcare services through easier administration, time and cost efficiency, improved data security, and easier access to information. In addition, the application also encourages increased public participation in utilizing healthcare services.

In the study by Herlinawati (2021) in Cirebon Regency involving 100 respondents, 73% of respondents reported satisfaction with online registration services through Mobile JKN. This satisfaction was supported by several indicators,

such as ease of use (96%), time efficiency (90%), data security (95%), and the ease of administrative processes without having to visit BPJS offices (92%).

Furthermore, 99% of respondents stated that the application helped them save costs and provided a more practical and efficient user experience. These findings show that Mobile JKN makes a real contribution to improving healthcare service accessibility, particularly through simplifying administrative processes and reducing the time and costs required.

The study by Sari (2024) in Wonogiri Regency also showed positive results. In her research, Mobile JKN facilitated administrative services, access to information, and service time efficiency. Through the application, participants could register, search for health information, and consult medical personnel without having to visit healthcare facilities directly. This not only reduced queues but also encouraged people to become more independent in utilizing healthcare services.

Overall, these findings indicate that Mobile JKN contributes to improving healthcare access through a more efficient, practical, and integrated platform. These results are consistent with the Information Systems Success Model, which emphasizes the importance of system quality and information quality in increasing user satisfaction and system usage. In addition, based on the Technology Acceptance Model (TAM), ease of use and usefulness of Mobile JKN also encourage increased acceptance and use of the application among JKN participants.

Although the application is considered successful, there are still several structural and digital barriers that affect the utilization of Mobile JKN. Therefore, further studies on these barriers are needed to better understand the extent to which this application can improve access to healthcare services. The following section will discuss the structural and digital barriers encountered in the use of Mobile JKN.

B. Structural and Digital Barriers in the Utilization of Mobile JKN toward Healthcare Service Accessibility

Since the launch of Mobile JKN by the government on November 15, 2017, various

obstacles have continued to be experienced by users. In fact, the digital transformation carried out by BPJS Kesehatan was expected to improve the convenience and accessibility of healthcare services for the public. BINUS University (2025) stated that there are four major challenges in the implementation of Mobile JKN, namely the digital divide characterized by low digital literacy and limited internet access in remote areas; suboptimal application quality, particularly because it is considered less user-friendly compared to other digital platforms; weak data integration, indicated by the lack of synchronization between the BPJS system and Mobile JKN, which often causes data inconsistencies; and the lack of user-based testing, where feature development remains limited to internal BPJS processes without involving the public as the primary users.

The features available in the Mobile JKN application still have several limitations, particularly in the account registration process, which requires phone number and facial verification. In practice, many users experience difficulties during the verification stage, indicating issues related to system performance, particularly in terms of ease of use. This condition suggests that the system quality aspect described in the DeLone and McLean Information Systems Success Model has not yet been achieved optimally.

Furthermore, in terms of information quality, healthcare facility partners frequently experience data asynchronization, particularly regarding doctors' schedules and patient appointment schedules. This can be evidenced by numerous user complaints concerning discrepancies between the doctors' schedules displayed in Mobile JKN and the actual conditions at healthcare facilities, which ultimately reduce the effectiveness of patient visits. This condition indicates that the information provided has not fully met the principles of accuracy, timeliness, and data consistency, thereby hindering the optimization of digital healthcare services.

In terms of use, the utilization of Mobile JKN has not yet been fully optimized. This condition is reflected in the limited access experienced by lower-middle-income groups, particularly due to device specifications and internet connectivity constraints.

In addition, low levels of digital literacy among older adults also constitute a significant barrier to application usage. These obstacles indicate that the adoption of technology remains uneven, meaning that the effectiveness of the application as an instrument of digital healthcare services has not been fully achieved.

Furthermore, in terms of user satisfaction, Mobile JKN has not yet fully met users' expectations. Although the application received a rating of 4.4 out of 5 on the Google Play Store as of April 20, 2026, numerous user reviews continue to highlight technical issues, difficulties during the registration and account verification process, and inconsistencies in the available features. These findings indicate that the level of user satisfaction with Mobile JKN remains less than optimal. From the perspective of the DeLone and McLean Information Systems Success Model, this condition suggests that system quality and information quality that do not fully meet users' needs may affect their level of satisfaction with the services provided.

From the perspective of individual impact, the implementation of Mobile JKN has not yet fully improved service convenience for users. People seeking healthcare services through First-Level Healthcare Facilities (FKTP) are still required to visit the facility directly to obtain a queue number. FKTP functions as a primary healthcare provider and referral coordination center (Aido Health, 2023). Although Mobile JKN has provided digital queueing and administrative services, in practice some users are still required to complete certain processes directly at healthcare facilities. This condition indicates that the benefits of digitalization, which are expected to improve the accessibility and convenience of healthcare services for the public, have not yet been fully realized.

In terms of organizational impact, the implementation of Mobile JKN is expected to improve the efficiency and effectiveness of BPJS Kesehatan through service digitalization, such as accelerating administrative processes, reducing manual queues, and integrating data across healthcare facilities. Ideally, this system also enables more centralized participant data management, thereby supporting data-driven decision-making in the administration of national

health insurance. However, in practice, various obstacles such as data inconsistencies, limited system integration, and inconsistent information updates indicate that the impact on organizational performance has not been fully optimal. This condition suggests that the digital transformation being developed has not yet fully enhanced organizational effectiveness because it is still influenced by infrastructural unpreparedness and the quality of system implementation in the field.

In the analysis using the Technology Acceptance Model developed by Fred D. Davis, user acceptance of a technology is influenced by two main constructs, namely perceived usefulness and perceived ease of use, which subsequently shape behavioral intention and ultimately lead to actual use. In the context of Mobile JKN, the aspect of perceived usefulness can be observed from the extent to which users consider the application beneficial in accessing healthcare services, such as online queue registration, membership verification, and administrative convenience. However, various obstacles such as doctor schedule discrepancies, system disruptions, and limited data integration indicate that users' perceptions of the application's usefulness have not been fully optimal.

Meanwhile, regarding perceived ease of use, several barriers are still found in relation to the registration process, biometric verification, and application navigation complexity, which are difficult for some users to understand, especially elderly groups and communities with low digital literacy. This condition affects behavioral intention, where some members of society tend to be reluctant to use the application independently and prefer conventional services at healthcare facilities. As a result, actual use has not fully reflected the optimal potential of the digital system. Therefore, it can be concluded that the acceptance of Mobile JKN technology is still influenced by low perceptions of usefulness and ease of use, which ultimately affect the uneven level of adoption within society.

Thus, the various structural, technical, and social barriers in the utilization of Mobile JKN indicate that digital transformation within the national health insurance system has not been fully aligned with the principles of inclusive e-welfare. In practice, digital transformation has not completely

eliminated inequalities in access. If digital transformation is not accompanied by strengthened infrastructure, digital literacy, and institutional readiness, it has the potential to reproduce pre-existing inequalities. Therefore, Mobile JKN cannot yet be considered to have achieved an ideal e-welfare system because the distribution of its benefits remains uneven across different layers of society.

This study demonstrates that the benefits of digitalization have not been distributed equally across different segments of society. Through the e-welfare perspective, Mobile JKN is understood not merely as a digital healthcare application, but also as part of a broader social protection system, whose success depends on its ability to ensure equitable access to welfare benefits. The findings indicate that digital divides, infrastructural limitations, low levels of digital literacy, and various institutional constraints continue to influence the extent to which people can benefit from digital healthcare services. Therefore, this study contributes theoretically to the development of e-welfare and digital governance literature by showing that the success of digital transformation cannot be measured solely by technological effectiveness, but also by its capacity to foster social inclusion and equitable access. Practically, these findings suggest that BPJS Kesehatan administrators and policymakers need to move beyond efficiency-oriented digitalization approaches by strengthening digital inclusion, improving system interoperability, and expanding digital literacy programs. Such measures are essential to ensure that digital transformation not only delivers faster and more efficient services, but also reaches communities that continue to face barriers in accessing healthcare services, thereby enabling the benefits of Mobile JKN to be experienced more fairly and inclusively by all members of society.

CONCLUSION

This study finds that Mobile JKN plays an important role in improving public access to healthcare services by simplifying administrative processes, providing integrated health information, and increasing efficiency through digital-based services. The findings also show that Mobile JKN has significant potential to support the digitalization

of social security services within the e-welfare framework because it facilitates broader and more practical access to healthcare services for JKN participants. However, its utilization remains constrained by several barriers, including the digital divide, limited digital literacy, inadequate devices and internet connectivity, technical system problems, and data inconsistencies with healthcare facilities, which result in unequal access among different groups of society. Therefore, although Mobile JKN represents an important innovation in digital healthcare governance and reflects the implementation of e-welfare principles, its success depends not only on technological development but also on the improvement of digital infrastructure, user readiness, and institutional capacity to ensure inclusive and equitable access to healthcare services.

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