

1. ASSA Recognition Award

- 1.1 The ASSA Recognition was first introduced by the Employees Provident Fund (EPF) of Malaysia in 2015. The purpose of the Award is to recognise ASSA member organisations' achievements.
- 1.2 The criteria and categories for the ASSA Recognition Award are as follows.

No.	Categories of Recognition	Description of the Categories
1.	Innovation Recognition Award	Creation of an innovative technology, product or service which has led to improvements in services or products.
2.	Transformation Recognition Award	A practice that has resulted in improvement in the overall effectiveness, efficiency, and success of the organisation.
3.	Customer Service Recognition Award	Organisations that have implemented successful customer service strategies which are able to meet customers' expectations in terms of delivery and quality of service.
4.	Continuous Improvement Recognition Award	Organisations that are in a never-ending effort to expose and eliminate root causes of problems. It usually involves many incremental steps towards improvements rather than one overwhelming innovation.
5.	Strategic Communication Recognition Award	Organisations that have pushed the boundaries when it comes to their communications strategy in order to ensure they truly engage with their members using various communication channels.
6.	Information Technology Recognition Award	Organisations that run their business using effective and reliable technologies that are essential to drive efficiency and productivity, and improve organisational outcomes and performance.
7.	Insurance Coverage Recognition Award	Insurance and social security schemes that have developed their proposition with a clear focus on retirement, health and meeting members' needs.
8.	Financial Literacy Recognition Award	Organisations that have introduced and provide advisory services on financial literacy and retirement planning to address issues on adequacy of members' savings for retirement.
9.	Investment Governance Recognition Award	Organisations that have reflected specific issues relating to the management of funds of social security institutions' objectives, ranging from the investment of benefits provided and also addressing issues on the adequacy of the fund.

1.3 The write-up should include the following:

WRITE UP TEMPLATE

CATEGORY	:	<i>Continuous Improvement Recognition Award</i>
ORGANISATION	:	BPJS Kesehatan
CONTACT PERSON	:	1. Upik Handayani 2. Sherly Afrina Lola 3. Rezky Amelia Rannu
NAME OF PROJECT	:	JELITA (The Participant Recruitment and Reactivation Service Program)
OBJECTIVE AND NATURE OF PROJECT	:	To accelerate universal health coverage by improving the effectiveness of new members recruitment and existing-yet inactive members reactivation, while increasing premium revenue and participant activeness. JELITA proactively targets members through phone calls and Whatsapp blast.
WHY IT SHOULD BE RECOGNISED	:	One of BPJS Kesehatan's Performance Achievement Indicators as mandated by the National Social Security Council was ensure 98% of the total population covered by social health protection by the end of 2024. To ensure the achievement of this performance indicators, BPJS Kesehatan needs to improve its recruitment effectiveness. Inactive members define as the members who have registered but discontinued contribution payments amount to 38.7 million people, which represents a group of members potentially eligible for reactivation. Those inactive members also contributed to the low revenue received by BPJS Kesehatan. To ensure the UHC achievement, BPJS Kesehatan needs to recruit new members (those who have never registered before) up to 7.6 million people. BPJS Kesehatan previously used outbound call agents to encourage the people to reactivate their membership and to enrol in the program. The agents use regular mobile phone numbers, even though it was registered BPJS Kesehatan numbers. However, around 60% of customers refuse to pick up the calls because they were worried that it was spam calls. Even if they picked up the calls (which was around less than 20%), the possibility of them enrol and paying were less than 50% of the answered calls. To improve public trust and to increase the effectiveness of the program, BPJS Kesehatan launched JELITA in October 2023. The first step of implementing JELITA, was changing the regular mobile phone number to a three-digit-number 165. The change in the numbers was to increase public trust because it may convey a sense of trustworthiness or professionalism to some extent. The next step, was to provide comprehensive training and development sessions to Jelita Officers, focusing on product knowledge, communication skills, objection handling, and compliance with regulations. Continuous development programs can help them to refine their skills over time. BPJS Kesehatan also continuously develops information technology system and synergizing with several applications owned by BPJS Kesehatan. The program also stays agile and responsive to changing

	market dynamics, customer preferences, and regulatory requirements. It continuously monitors performance metrics, experiments with new approaches, and adapts strategies as needed to stay ahead of challenges. BPJS Kesehatan also made massive publications regarding this program to educate the public and minimize the risk of public trust. Since its implementation in October 2023, with twenty officers nationwide, JELITA was targeted to reminding and advocating the members who have registered but have not paid the first premium amounts to 2,5 million people. In 2024, the targets for JELITA are the citizens who have registered but have not paid the first premium, the inactive members because of segment transfer (from wage earners and their dependants to self-employed), the citizens who have not registered, the members who are still undergo administrative process, and not-yet registered micro scale businesses. The number of JELITA officers in 2024 has increased to 55 officers and the target of outbound calls and WA blast increased to 4,6 million people. The first implementation of the Jelita Program was carried out on October 2, 2023. The total successful outbound calls made were 75,451 calls from the period of October 2, 2023 to October 31, 2023 by 20 Jelita officers. Out of the total 75,451 calls, 24,209 calls (32%) were connected and answered, 33,470 calls were unanswered (42%), 16,470 calls (22%) were not connected. Out of the successful outbound calls connected and answered, 19,837 (82%) calls were willing to pay, and 4,372 (18%) calls were not willing to pay. The potential realized revenue from membership contribution obtained through outbound calls with the period of October 2, 2023 to October 31, 2023 amounted to Rp1,203,860,223,- (USD 76,900) with a potential total members enrolment around 24,027 members. As for through Whatsapp Blast until October 31, 2024 amounted to Rp1,803,148,498, (USD 115,000) - with a potential total of new members recruited around 34,592 members. For approximately 7 months running (October 2, 2023 until Mei 6, 2024), JELITA officers have reached out to a total 482,766 calls, in which 30% of the calls were answered. Out of the answered calls, 85% were willing to activate their membership/to enrol/to pay the contribution. The average number of outbound calls during the implementation period of the Jelita Program for approximately 7 months is 68,967 calls per month, with an average potential membership contribution revenue of Rp790,287,162,- (USD 50,500) per month. The potential realized revenue from membership contribution obtained in seven months of running JELITA was up to IDR 15.8 billion (USD 1.01 million) and the enrolment/activation up to 324,625 members.
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		The success of JELITA were contributed by its simplified process and communication skills of JELITA officers. Members could interact directly with JELITA officers allowing for personalized communication and addressing concerns in real-time.
SUMMARY OF THE PROJECT	:	JELITA Program is a centralized longdistance calling/messaging service program implemented by JELITA Officers to BPJS Kesehatan members who have registered but have not paid the first premium, the nonactive members because of segment transfer, the citizens who have not registered, the members with administrative process status, and micro scale businesses. The objective of the program is to increase the participant coverage, premium revenue, and participant activeness. The program is carried out in two ways, by telephone calls and Whatsapp blast. In addition to recruiting new members, reactivating non-active members, and reminding the informal sector workers/non-employed members who have registered but have not paid the first premium, is also a potential for increasing coverage and premium revenue. BPJS Kesehatan is very optimistic in implementing this program because it's a proactive and efficient program in recruiting and reactivating members to achieve universal health coverage in Indonesia.