

**HOSPITAL DEBTS AND RECEIVABLES MANAGEMENT BASED ON
HOSPITAL FINANCIAL REPORTS OF DEBT AND RECEIVABLE IN JKN ERA:
A CASE STUDY RS ABC**

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ABSTRACT

Background: Information about debts and receivables became the main focus of hospital financial reports, especially in the JKN era. Late payment of BPJS Kesehatan, the negative difference between hospital rates and INA-CBGs that is too large, and audit findings by the financial audit agency have created asymmetric information between management and stakeholders. There is a need to further develop optional financial reports to help improve accounts payable and accounts receivable management. A detailed debts report and receivables report that can describe the actual financial condition of the hospital.

Objective: This research aims to prepare a complete, transparent, and accountable debts and receivables report.

Method: This study is a descriptive case study at ABC Hospital. The collection of data through interviews and questionnaires to see the acceptance of stakeholders on the draft reports of accounts payable and accounts receivable. Qualitative data analysis is based on the financial statements of ABC Hospital developed into debt report and receivable report based on generally accepted accounting principles.

Result and discussion: The debt report simulation presents disclosure of debt information with details of the source of debt accounts, aging of debt, and terms of debt. The receivables report simulation presents disclosure of accounts receivable with details of accounts receivable source, aging of accounts receivable, provisions for uncollectible accounts, and uncollectible value. Debt report and receivable report disclose information on accounts payable and account receivable in a comprehensive manner.

Conclusion and recommendation: Debt report and receivable report can be developed into additional reports beyond the standard financial statements as an effort to supervise and improve hospital accounts payable and accounts receivable management.

***Key words:* debt report, receivable report, accounts payable and accounts receivable management**

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1. Introduction

Financial reports act as a communication media between hospital management and hospital stakeholders. The financial report is also a form of hospital performance evaluation that can describe financial indicators. Some of them are indicators of liquidity and solvency as a measure of the hospital's ability to manage debts and receivables. In this era of National Health Insurance (JKN), debt and receivables are the main focus of hospital financial reports.

Late payments for BPJS *Kesehatan* patient services for more than 120 days have an impact on the hospital's financial cash flow. The domino effect of not-current financial cash flow causes the hospital cannot fulfill its obligations to its partners. In a study it was concluded that the late payment of BPJS *Kesehatan* claims had a very significant effect on the financial flows of hospitals, especially private hospitals. (Dewi et al., 2018).

Another factor affecting the importance of debts and receivables is the negative difference between hospital rates and the BPJS Health claim payment package, also known as Indonesia Case Based Groups (INA CBGs). The impact of late payment of BPJS *Kesehatan* claims and the large difference between hospital rates and INA CBGs, has a negative effect on hospital efficiency to operational services and quality of hospital services (Irwandy & Sjaaf, 2018). It was further stated that weak human resources, the absence of Standard Operating Procedures (SPO), and a financial accounting information system that was not optimal were cited as the main factors causing failure in the management of hospital receivables since the collaboration with BPJS *Kesehatan* was established. (Diba & Rosidi, 2017; Supriyadi & Asnawi, 2019).

This condition has an impact on asymmetric information regarding debt and receivables between hospital management and stakeholders. Especially for stakeholders who need accurate information on debts and receivable, such as owners or investors, directors, partners, and even government agencies. The existence of an audit of hospitals from the Badan Pengawasan Keuangan dan Pembangunan/BPKP (*Financial and Development Supervisory Agency*) of BPJS Kesehatan insurance services for private hospitals, strengthens the basis for the need for detailed information on accounts payable and receivable. On the other hand, a complete financial report is a form of accountability for the performance of financial workers which can reduce the risk of suspected fraud.

The Indonesian Accounting Guidelines Committee issued guidelines in the Presentation of Hospital Financial Statements (Indonesia, 2019) which added the accounts payable report as part of the financial statements. Thus, it is necessary to have debts and receivables report that describes the real financial condition of the hospital and becomes a substantial report for hospital management. This debts and receivables report can be an act as an internal control for hospital management to improve performance in managing debts and receivables. Then, as an effort to disclose informative debts and receivable data, how should hospital management deliver the report to hospital stakeholders. Some of these things underlie this research.

2. Method

This research is a qualitative descriptive study with a case study design. The research was conducted at ABC Hospital, which is a private specialized hospital located in Cileungsi, Bogor, West Java. The research was conducted in October 2020. Interviews were conducted with internal hospital stakeholders, including owners and leaders of hospital decision makers or top management. Meanwhile, questionnaires were distributed to external stakeholders of the hospital, namely third party insurers such as insurance and BPJS *Kesehatan*, as well as patients or members of the public with economic or financial or accounting educational backgrounds. The results of interviews and questionnaires are used to determine respondents' acceptance and expectations of the draft reports on debts and receivables reports. Simulations of debts and receivables reports are made based on the 2016 and 2017 ABC Hospital financial reports to see the comparison of the hospital's financial performance before and after working with BPJS *Kesehatan*. The simulation of debts and receivables reports is prepared based on generally accepted accounting principles.

3. Result

3.1 Definition of debts and receivables statements

The results of interviews and questionnaires to 3 internal stakeholders and 4 external stakeholders formulate that the debt report is a detailed report on current accounts that discloses the amount of debt, age of debt, terms of debt, and information. The receivables report is formulated as a detailed report on current accounts receivable which discloses the amount of receivables, age of accounts

receivable, provision for uncollectible accounts, uncollectible amount, and information.

3.2 The need for debt and receivable accounts reports

The need for complete, transparent, and accountable of debts and receivables reports was felt important by all respondents, especially in the JKN era. The existence of a long grace period for payment of receivables, especially from BPJS Kesehatan to hospitals, caused hospital management to feel the need to provide detailed information on debts and receivables. In addition, in the current state of the COVID-19 pandemic, where hospital revenues have decreased significantly, detailed information on accounts that have a direct impact on hospital operations is very important and useful.

3.3 Accounts Debts Report Simulation

Debt report simulation is made from the process of recording the purchase journal and then entered into the debt ledger. Debt ledger consists of several information in the purchase journal, including the purchase ledger, debt ledger, and discounted purchase ledger. Then the detailed information is expanded in a subsidiary ledger template which is arranged based on supplier accounts payable. In the subsidiary ledger template, information on the amount owed, due date, purchase discount, and age of debt is detailed in the subsidiary ledger template. Based on this subsidiary ledger, a debt report containing the supplier's accounts payable, the nominal amount of the debt, the age of the debt, the maturity of the debt, and a description of the

accounts payable are presented. Debt report simulation as in the flow of debt report simulation as seen in picture 1-4 below.

3.4 Accounts Receivable Report Simulation

Receivables report simulation is made from the process of recording the income receivable journal and then entered into the accounts receivable ledger. Accounts receivable ledger consists of several information in the income journal including the income ledger, accounts receivable ledger, and loss reserve ledger. Then the detailed information is expanded into a subsidiary ledger template which is prepared based on the accounts receivable guarantor of patient payments such as general (cash payment method), insurance (insurance coverage), company (company guarantee), and BPJS *Kesehatan* (BPJS Health insurance). The subsidiary ledger in the accounts receivable report contains detailed information on the nominal amount of the bill, invoice number, date of sending of invoices, number of uncollectible invoices, date of bill payment, age of accounts receivable, and information. Based on the information from the subsidiary ledger, the accounts receivable report is presented with details of the guarantor's receivables, the nominal amount of the receivables, the age of the accounts receivable, the provision for uncollectible, uncollectible value, and information. Accounts receivable report simulation as in the accounts receivable report simulation flow as seen in pictures 5-8 below.

Jurnal						Hal :
Tanggal	Nama Akun		Ref	Debet	Kredit	
2017						
Desember	31	Pembelian				
		Hutang PT Y				

Picture 1. General Journal of Accounts Payable

Buku Besar		Pembelian				Hal:
Tanggal	Keterangan		Ref	Debet	Kredit	Saldo
2017						
Desember	31	Saldo Awal				
		PT Y				

Picture 2. Ledger of Accounts Payable

Buku Besar Pembantu									
Supplier									
PT Y									
Bulan	No Faktur	Tanggal Terima	Tanggal Tukar Faktur	Syarat	Tanggal Jatuh Tempo	Jumlah Nilai Faktur	Keterangan	Tanggal Bayar	Umur
				30 Hari					

Picture 3. Subsidiary Ledger of Accounts Payable

RSIA ABC						
Catatan atas Laporan Keuangan						
Laporan Hutang						
Periode Berakhir 31 Desember 2016 dan 31 Desember 2017						
HUTANG JANGKA PENDEK						
Sumber Hutang	Umur (dalam hari)	Nilai Hutang		Syarat Pembayaran	Keterangan	
		2016	2017			
BSP	30	Rp	65.057.084	Rp	19.806.524	Keterlambatan pembayaran berdampak pada pemberhetian pemesanan sementara
	31 - 45	Rp	35.527.945	Rp	35.809.673	
	> 60	Rp	25.424.022	Rp	25.760.576	
	> 61 - 90	Rp	9.548.633	Rp	17.992.146	
MPI	30	Rp	17.507.452	Rp	2.022.054	Keterlambatan pembayaran berdampak pada pemberhetian pemesanan sementara
	31 - 45	Rp	34.978.641	Rp	10.301.158	
	> 60	Rp	21.098.547			
	> 61 - 90	Rp	8.281.815			
KALLISTA	30	Rp	25.077.645			Keterlambatan pembayaran berdampak pada pemberhetian pemesanan sementara
	31 - 45	Rp	15.437.820	Rp	10.923.484	
	> 60	Rp	12.260.885			
	> 61 - 90					
AAM	30	Rp	5.574.274	Rp	2.508.765	Keterlambatan pembayaran berdampak pada pemberhetian pemesanan sementara
	31 - 45			Rp	9.813.519	
	> 60					
	> 61 - 90					
PARIT PADANG	30	Rp	4.305.507	Rp	1.056.478	Keterlambatan pembayaran berdampak pada pemberhetian pemesanan sementara
	31 - 45			Rp	11.051.609	
	> 60					
	> 61 - 90					
Lain-lain	30	Rp	105.009.469	Rp	45.065.870	Keterlambatan pembayaran berdampak pada pemberhetian pemesanan sementara
	31 - 45	Rp	98.675.430	Rp	87.906.540	
	> 60	Rp	63.934.763	Rp	77.838.071	
	> 61 - 90	Rp	19.789.807	Rp	34.092.530	
	Jumlah	Rp	567.489.739	Rp	391.948.997	
Pendapatan di terima di muka		Rp	52.700.000	Rp	35.900.000	Nilai ini adalah uang muka dari pasien.
Hutang Jasa Medis		Rp	176.487.709	Rp	246.286.330	Nilai ini adalah jasa medis bulan Desember yang belum dibayarkan.
Jumlah Hutang Jangka Pendek		Rp	796.677.448	Rp	674.135.327	

Picture 4. Notes to the Accounts, Debts Report of RSIA ABC

Jurnal					Hal :
Tanggal		Nama Akun	Ref	Debet	Kredit
2017					
Desember	31	BPJS Kesehatan		404	
			Pendapatan		

Picture 5. General Journal of Accounts Receivable

Buku Besar		Pendapatan				Hal:
Tanggal		Keterangan	Ref	Debet	Kredit	Saldo
2017						
Desember	31	Saldo Awal				
		BPJS Kesehatan				

Picture 6. Ledger of Accounts Receivable

Buku Besar Pembantu											
Rekanan											
BPJS Kesehatan											
Bulan	No Invoice	Tanggal kirim	Tanggal Verifikasi	Total Jumlah Tagihan		Jumlah Tidak Tertagih			Keterangan	Tanggal Bayar	Umur
				RS	INA-CBGs	Pending	Tidak Layak	Potongan Audit			

Picture 7. Subsidiary Ledger of Accounts Receivable

RSIA ABC													
Catatan atas Laporan Keuangan													
Laporan Piutang													
Periode Berakhir 31 Desember 2016 dan 31 Desember 2017													
PIUTANG KEGIATAN OPERASIONAL													
Sumber Piutang	Umur (dalam hari)	Nilai Piutang		Provisi tidak tertagih		Nilai piutang tidak tertagih		Jumlah Piutang (Nilai - Nilai tidak tertagih)		Keterangan			
		2016	2017	2016	2017	2016	2017	2016	2017				
Pasien Umum	0 - 30	Rp	-	Rp	-					Nilai Piutang adalah nilai yang masih diharapkan dapat dibayarkan. Nilai piutang tidak tertagih adalah nilai yang sudah tidak dapat diharapkan untuk diterima. Jumlah nilai piutang tidak tertagih adalah billing pasien yang tidak mempunyai kemampuan membayar. Manajemen memutuskan sebagai bad-debt.			
	31 - 60	Rp	-	Rp	162.400								
	61 - 90	Rp	-	Rp	9.403.306								
	91 - 120	Rp	-	Rp	-								
	120+	Rp	-	Rp	53.111.052								
	Jumlah	Rp	-	Rp	62.678.775	Rp	-	Rp	36.046.625	Rp	-	Rp	26.632.150
Pasien Jaminan Asuransi	0 - 30	Rp	158.469.299	Rp	186.053.882					Nilai Piutang tidak tertagih pada tahun 2016 disebabkan adanya asuransi yang sudah tidak beroperasi dan adanya fraud oleh pegawai rumah sakit. Manajemen memutuskan sebagai bad debt. Nilai Piutang tidak tertagih pada tahun 2017 adalah nilai layanan yang tidak dijamin oleh asuransi. Manajemen memutuskan sebagai bad debt.			
	31 - 60	Rp	67.125.825	Rp	67.988.188								
	61 - 90	Rp	43.127.771	Rp	39.052.857								
	91 - 120	Rp	36.986.878	Rp	29.508.428								
	120+	Rp	58.006.837	Rp	21.984.788								
	Jumlah	Rp	363.716.610	Rp	344.588.143	Rp	85.948.339	Rp	1.289.400	Rp	277.768.271	Rp	343.298.743
Pasien Jaminan Perusahaan	0 - 30	Rp	639.003.322	Rp	362.196.964					Nilai Piutang tidak tertagih pada tahun 2016 dan 2017 disebabkan adanya perusahaan yang menyatakan pailit sehingga tidak mampu memenuhi kewajibannya. Perusahaan memutuskan untuk menukar nilai piutang dengan barang produksi perusahaan. Dimasukkan ke dalam penambahan asset rumah sakit.			
	31 - 60	Rp	14.051.027	Rp	536.566.050								
	61 - 90	Rp	484.535.100	Rp	423.830.301								
	91 - 120	Rp	263.996.600	Rp	378.909.745								
	120+	Rp	263.121.117	Rp	81.569.682								
	Jumlah	Rp	1.664.707.166	Rp	1.783.072.742	Rp	13.241.027	Rp	203.316.341	Rp	1.651.466.139	Rp	1.579.756.401
Pasien Jaminan BPJS Kesehatan	0 - 30	Rp	115.304.200	Rp	639.066.200					Nilai piutang tidak tertagih merupakan selisih antara tarif rumah sakit dengan coding INA-CBGs dan coding yang gagal verifikasi. Detail lebih lanjut mengenai nilai piutang tidak tertagih ini terdapat dalam laporan terpisah.			
	31 - 60	Rp	256.657.800	Rp	689.841.100								
	61 - 90	Rp	-	Rp	335.280.600								
	91 - 120	Rp	35.760.703										
	120+	Rp	325.715.498	Rp	8.186.300								
	Jumlah	Rp	733.438.201	Rp	1.672.374.200	Rp	334.644.700	Rp	555.783.900	Rp	398.793.501	Rp	1.116.590.300
Jumlah Piutang Kegiatan Operasional								Rp 2.328.027.911	Rp 3.066.277.594	Pada akhir tahun periode, rumah sakit hanya memiliki piutang kegiatan operasional.			

Picture 8. Notes to the Accounts, Receivables Report of RSIA ABC

4. Discussion

Information on current debt and current receivable is an important element in the calculation of liquidity ratios, especially in the calculation of the current ratio (current ratio). The liquidity ratio as a benchmark for the hospital's ability to repay short-term liabilities. A decrease in the liquidity ratio indicates a weakening of the hospital's ability to meet short-term obligations. Research result Putra & Wahyuningsih,(2018) dan Astoety et al., (2019) stated that the liquidity aspect is one of the analytical tools in assessing the hospital's financial performance. Thus, disclosure of debt and receivable accounts in more detail is expected to be able to help improve the management of hospital debt and receivable accounts.

In this presentation, the accounts debt report and the accounts receivable report focus on information on the nominal debt and the amount of the accounts receivable as well as the age of the debt and the age of the accounts. Then, additional information such as terms, provisions, and bad debt are also disclosed in the accounts debt and receivable reports to provide comprehensive information. When compared with the practice of presenting information on debt and information on hospital receivables that have been carried out by several hospitals, whose financial statements have been audited, some of this information is not included in the *Catatan dan Laporan Keuangan (CaLK)*/ notes to financial statements. In comparison with *Annual Report PT Siloam International Hospitals Tbk (2019)*, in CaLK for accounts receivable accounts, receivables information only reveals the amount, age, and allowance for losses, but does not specify the source of accounts receivable that contributed the most to the amount of receivables with the longest age of accounts receivable..

In the RS ABC case study, the accounts receivable report simulation reveals more detailed accounts receivable information by presenting the additional information. As a result, the source of accounts receivable BPJS *Kesehatan* has the largest share in the amount of receivables and the longest life of receivables that have not been received. Disclosure of accounts receivable aging with detailed source becomes very crucial in the management of accounts receivable, receivable aging causes prolonged impact on the accounts receivable turnover. From this kind of information, hospital management is expected to be able to evaluate hospital receivables management. Moreover, at this time, hospital income is very dependent on BPJS *Kesehatan* patient services. Thus, detailed, transparent, and structured accounts receivable information will be able to assist hospital management in managing accounts receivable. This finding is in line with the results of previous studies by Dewi *et al.*, (2018), that the ability to manage accounts receivable will greatly impact the hospital's financial flows, especially in the case of BPJS *Kesehatan* accounts in private hospitals.

In addition, the debt information in the RS ABC debt report simulation, presents the ages of debts that are due and those that are past due. Furthermore, the terms of maturity of the debt accounts are also disclosed as a reference for whether the debt accounts have passed their maturity terms. As a comparison with *Annual Report PT Siloam International Hospitals Tbk* (2019), on the CaLK, debt accounts only presents nominal debt information with the 13 largest debt source accounts and a statement that the trade debts are under one year old.

The simulation debt report case study of ABC Hospital shows the average age of debt is in the period 31-45 days. This means that the delay in paying debts is not too

significant. However, the consequences of late payment of debt can have an impact on the relationship with suppliers. In the case study of ABC Hospital, which is a private non-group hospital, the late payment of debts to suppliers has a significant impact. Thus, detailed information about the age of the debt can help hospital management improve debt management. The research by Ildephonse (2016) states that debt management is affected by effective contract management, including planning and controlling debt payments. This is to reduce late payments to suppliers which are a source of problems between the hospital and creditors.

5. Conclusion

Information that must be disclosed in the debt report is the nominal amount of debt, age of debt, terms of debt term, and information. The information that must be disclosed in the receivable report is the nominal amount of the receivables, the age of the receivables, the provision for uncollectible accounts, the uncollectible value, and the information. Debt reports and receivable reports need to be presented and disclosed as an effort to improve the management of hospital debt and receivable report in the JKN era by presenting detailed information on debts and receivables. Debt reports and receivable reports are presented separately so that they can provide a more complete, transparent, and accountable picture of the hospital's financial condition in accordance with generally accepted accounting principles. The concept of debt reports and receivable reports can be used as monthly reports that must be presented to internal hospital stakeholders. The concept of debt reports and receivable reports can be integrated with the hospital information management system, so that data accuracy is more guaranteed and data can be updated directly.

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