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# Accounting Treatment of BPJS Health Insurance Claims Using PSAK 74 Principles at PKU Wonosobo

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***Abstract***

BPJS Kesehatan claims constitute a major source of revenue for PKU Muhammadiyah Wonosobo Hospital. However, claim submission, verification through the Berita Acara Hasil Verifikasi (BAHV), and post-audit adjustments may affect the value of receivables reported at the end of the accounting period. This study examines the recognition, measurement, presentation, and disclosure of revenue from BPJS Kesehatan claims, using the principles of PSAK 74 as an analytical benchmark rather than an accounting standard directly applicable to the hospital. A descriptive-comparative qualitative approach was employed. Data were collected from finance staff and the finance manager through unstructured interviews, observations of financial reporting practices, and a review of claim submission documents, BAHV records, accounting policies, and journal entries. A detailed examination of the January 2026 service period was conducted within the broader context of financial reporting for 2024–2025. The findings indicate that the hospital recognizes revenue on an accrual basis upon completion of healthcare services, initially measures claims based on applicable hospital tariffs and Indonesian Case-Based Groups (INA-CBGs) reimbursement rates, and subsequently adjusts receivables according to claim submission, verification, and audit outcomes. BPJS Kesehatan receivables are presented as a single current asset account without systematic classification by claim aging or verification status, while disclosures concerning claim-related uncertainties remain limited and general. The findings suggest that the principles of PSAK 74 can provide a useful comparative framework for strengthening risk-based receivables classification and financial statement disclosures.

## INTRODUCTION

The primary source of revenue for PKU Muhammadiyah Wonosobo Hospital is claims submitted under the National Health Insurance (Jaminan Kesehatan Nasional, JKN) program, administered by BPJS Kesehatan, as most patients rely on health insurance to access outpatient and inpatient healthcare services. The JKN program was established by the Indonesian government to ensure equitable access to adequate healthcare services for all segments of society, in accordance with Law No. 40 of 2004 concerning the National Social Security

System (Sistem Jaminan Sosial Nasional, SJSN). This legislation emphasizes the principle of equity in access to healthcare services while promoting effectiveness and efficiency in the administration of national health insurance (Republic of Indonesia, 2004).

As healthcare providers serving BPJS Kesehatan participants, hospitals receive reimbursement through a prospective payment system based on Indonesian Case-Based Groups (INA-CBGs) tariffs. Article 24, paragraph (2), of Law No. 40 of 2004 concerning the National Social Security System stipulates that payments to healthcare facilities must be made based on agreements between the Social Security Administering Body and healthcare facility associations, while considering efficiency and effectiveness. The operational framework for health insurance reimbursement is further regulated under Presidential Regulation No. 12 of 2013 concerning Health Insurance, as subsequently amended (Luca & Paul, 2019; Nungo et al., 2024; Organization, 2024; Sagan & Thomson, 2016). Technical guidelines for claims verification provide standardized procedures for BPJS Kesehatan verifiers and healthcare facilities to ensure the accuracy of reimbursement claims, maintain healthcare service quality, and promote efficiency in healthcare financing. Hospital financial reporting is governed by applicable Indonesian Financial Accounting Standards (Standar Akuntansi Keuangan, SAK), supplemented, where relevant, by hospital accounting guidelines (Pedoman Akuntansi Rumah Sakit, PARS) and other applicable regulatory requirements.

Revenue recognition is a critical component of financial reporting because it directly affects the representation of an entity's financial performance (Abed et al., 2022; Dashkevich et al., 2024; Li et al., 2023; Megeid, 2024; Nanzala et al., 2025). Inaccurate revenue recognition may result in material misstatements in financial statements and adversely influence decision-making by internal management and external stakeholders, including lenders, regulators, and other interested parties. In hospital accounting, recognizing revenue from health insurance claims presents several challenges, including uncertainty regarding the amounts ultimately approved for reimbursement, delays in claim settlement, and multiple stages of verification conducted by BPJS Kesehatan before claims are approved for payment (Harrington, 2023; Nandan et al., 2026; Okunuga, 2025). These challenges may affect the accuracy, reliability, and timeliness of revenue recognition and receivables measurement, particularly when the amounts initially submitted differ from those subsequently verified and approved (Bessonova et al., 2024; Saleh et al., 2024; Yurchenko, 2024).

In response to developments in financial reporting requirements within the insurance industry, the Indonesian Institute of Accountants (Ikatan Akuntan Indonesia, IAI) issued PSAK 74, Insurance Contracts, as part of Indonesia's convergence with International Financial Reporting Standard 17 (IFRS 17), Insurance Contracts. PSAK 74 replaced PSAK 62, Insurance Contracts, and introduced substantial changes to the recognition, measurement, presentation, and disclosure of insurance contracts. The standard became effective for annual reporting periods beginning on or after January 1, 2025, with the objective of enhancing transparency, comparability, and consistency in financial reporting across the insurance industry (Jumeno & Ichsan, 2022; Indonesian Institute of Accountants, 2025). PSAK 74 fundamentally changes the accounting treatment of insurance contracts by introducing measurement approaches that incorporate estimates of future cash flows, adjustments for nonfinancial risk, and the contractual service margin (CSM), where applicable. Under this framework, insurance contract revenue is recognized in accordance with the provision of insurance contract services rather

than simply on the basis of premiums received or claims paid. These requirements are intended to provide more relevant and reliable information about insurance contract obligations, financial performance, and associated uncertainties (Kevin et al., 2023).

PSAK 74 applies to entities that issue insurance contracts and to other contracts within its defined scope. However, PKU Muhammadiyah Wonosobo Hospital operates as a healthcare service provider rather than an issuer of insurance contracts. Consequently, PSAK 74 does not directly govern the hospital's accounting treatment of BPJS Kesehatan claims. This study therefore does not consider PSAK 74 a mandatory accounting standard for the hospital. Instead, selected concepts relating to measurement based on current information, uncertainty assessment, risk transparency, and structured financial statement disclosures are employed solely as a comparative analytical framework for examining the recognition, subsequent measurement, presentation, and disclosure of BPJS Kesehatan claim receivables. This distinction is essential to prevent the interpretation that the hospital is subject to insurance contract accounting requirements that fall outside its operational and contractual responsibilities.

Previous studies examining PSAK 74 have primarily focused on entities issuing insurance contracts, particularly their readiness to adopt the standard, the complexity of actuarial and financial data, human resource capabilities, information system requirements, and changes in accounting measurement and disclosure practices (Hartojo & Purnamasari, 2023; Kevin et al., 2023). Anjani and Wondabio (2023) further indicate that the implications of PSAK 74 for healthcare service providers participating in insurance arrangements are indirect and should not be equated with the accounting obligations imposed on insurance companies. Although these studies provide insights into the transition toward PSAK 74 from the perspective of insurance providers, they offer limited empirical evidence concerning the accounting treatment of claim receivables by hospitals participating in the BPJS Kesehatan program. In particular, insufficient attention has been devoted to changes in hospital receivables arising from claim submission, verification, post-audit adjustments, and settlement. Accordingly, the research gap does not concern whether hospitals are required to implement PSAK 74 directly, but rather whether existing BPJS Kesehatan claim accounting practices adequately reflect reimbursement uncertainties and provide sufficient financial statement disclosures when assessed through selected PSAK 74 concepts as a comparative framework.

Therefore, this study examines the accounting treatment of BPJS Kesehatan claim revenue and related receivables at PKU Muhammadiyah Wonosobo Hospital, focusing on recognition, measurement, presentation, and disclosure. It also compares the hospital's existing accounting practices with selected principles derived from PSAK 74 as a supplementary analytical framework. The study contributes to the literature by providing empirical evidence of the hospital-level accounting process for BPJS Kesehatan claims, from initial revenue recognition and receivables measurement to subsequent verification, adjustments, and settlement. Furthermore, it seeks to identify potential improvements in receivables classification, measurement transparency, and disclosures concerning reimbursement uncertainty. Unlike previous studies primarily addressing PSAK 74 adoption by insurance companies, this research offers a hospital-centered perspective by connecting documented claim adjustments with risk-oriented financial reporting considerations. Its novelty lies in examining the relationship between actual hospital claim accounting practices and selected

disclosure concepts associated with PSAK 74 without implying that the hospital is directly subject to the standard.

## METHOD

This study employed a descriptive-comparative qualitative approach to examine the recognition, measurement, presentation, and disclosure of BPJS Kesehatan claim revenue and receivables at PKU Muhammadiyah Wonosobo Hospital. The study focused on accounting practices, financial records, and claim adjustment procedures rather than statistical relationships among variables.

The research was conducted at PKU Muhammadiyah Wonosobo Hospital, Wonosobo Regency, Central Java, Indonesia. The analysis covered financial reporting for 2024–2025, with the January 2026 service period examined in detail to trace claim recognition, submission, verification, adjustments, and settlement. The primary research activities were conducted from January to April 2026, while documentary examination included subsequent claim verification and adjustment records through July 14, 2026.

Data were collected through observations of financial statements, unstructured interviews with finance staff and the finance manager, and reviews of accounting policies, claim submission documents, Berita Acara Hasil Verifikasi (BAHV) records, and accounting journal entries. These sources were examined to identify accounting procedures and discrepancies between initially recognized claims and subsequently verified amounts.

Data were analyzed using the interactive model of Miles, Huberman, and Saldaña (2014), which involved data condensation, data display, and conclusion drawing and verification. Interview findings and documentary evidence were organized according to the stages of BPJS Kesehatan claim processing and examined in terms of revenue recognition, receivables measurement, presentation, disclosure, and subsequent adjustments. The hospital's accounting practices were then compared with selected PSAK 74 principles as an analytical benchmark rather than as mandatory accounting requirements.

## RESULTS AND DISCUSSION

### Overview of Research Objects

PKU Muhammadiyah Wonosobo Hospital provides outpatient services, inpatient services, emergency installations, and medical support services. The hospital's organizational structure is in the form of a line and staff organization, with the Muhammadiyah Regional Executive as the highest policy holder who oversees the Daily Supervisory Board and the Sharia Supervisory Board, then the Director as the daily operational controller who oversees the Deputy Director of Services and Deputy General Director. The financial and accounting functions are under the Finance and IT Manager in the Deputy Director General, who is responsible for the entire transaction recording process, including the management of BPJS Kesehatan claims receivables.

### Hospital Business Income Accounting Policy

The results of interviews with the financial staff of PKU Muhammadiyah Wonosobo Hospital show that the hospital applies an accrual basis in preparing financial statements. Operating income is defined as the gross inflow of economic benefits arising from hospital

service activities during a period, while net operating income is the gross inflow after deducting income deductions, such as the difference between under-claims, discounts resulting from agreements with insurance providers, and patient care waivers. Hospital operating income consists of inpatient income which includes medicines and medical equipment, medical services, ancillary services, as well as rooms and accommodations, and outpatient income which includes drugs and medical equipment, medical services, ancillary services, and accommodation.

As a policy, outpatient and inpatient income from BPJS and other insurance patients is recognized at the time the right to collect arises in connection with goods and/or services that have been handed over to the patient, not at the time cash is received. Revenue measurement is carried out by the fair value of the remuneration received or acceptable based on the applicable rate, with the final measurement using the net value. Operating income is presented in the group of net income statements, where revenue deductions are presented as an inseparable item from operating income. Disclosure is made through details based on patient service functions and income types in the Notes to Financial Statements (CALK).

The policy is generally reflected in three journal illustration patterns applied by hospitals: at the time of receipt of income in cash, the hospital debits the Cash/Bank account and credits the Income account; at the time of the formation of receivables on BPJS Insurance revenue, the hospital debits the Receivables account and credits the Income account; and at the time of receipt of receivables payments, the hospital debits the Cash/Bank account and credits the Receivables account. This basic pattern is then developed in more detail in recording BPJS claims at the stages of recognition, measurement, verification, and settlement of receivables.

**Recognition of BPJS Claim Income**

The treatment of BPJS income at PKU Muhammadiyah Wonosobo Hospital uses accrual-based accounting principles. Income is recognized when health services to the patient have been completed and the patient is declared discharged, not when the hospital receives payment from BPJS. Thus, the time of income recognition is expressly separated from the time of receipt of cash. At the time of the patient's discharge, the hospital records BPJS's receivables on the debit side, along with outpatient and inpatient service income on the credit side, as presented in Table 1.

**Table 1.** Illustration of the Initial Recognition of Income and Receivables of BPJS

| Account | Debit (Rp) | Credit (Rp) |
|---|---|---|
| Debt Relief Bills | 100 | |
| Income of Outpatient Ijarah | | 25 |
| Inpatient Income | | 75 |

The recording confirms that the cash receipt from BPJS is not the initial recognition stage of income, but the stage of settlement of previously recognized receivables. BPJS receivables recorded at the time of revenue are recognized show that the hospital has the right to bill to BPJS for the services that have been provided, and the right to collect has arisen

regardless of when the cash is actually received. This treatment is consistent with the accrual principle adopted by the hospital in the general operating income policy.

**BPJS Income Measurement**

The measurement of BPJS income at PKU Muhammadiyah Wonosobo Hospital refers to the official rate applicable at the hospital as well as the INA-CBG's rate for BPJS patients. The hospital periodically verifies the results of income measurement, so that the recording and reporting of BPJS income is definitively carried out based on the value of claims that have gone through the verification process. BPJS revenue measurement in practice does not stop at the value of services recorded at the beginning of the transaction, but can still undergo changes due to the process of submitting claims, verification, and auditing. Therefore, the value of BPJS revenue that is ultimately presented in the income report is a value that has taken into account various adjustments during the claim process, so that it has more complex stages compared to transactions where payments are made directly by the patient.

As an illustration, Table 2 records an increase in BPJS Ijarah Receivables of 15, consisting of an outpatient claim-submission difference of 5 and an inpatient claim-submission difference of 10. This description follows the amounts shown in the table so that the debit and credit entries remain arithmetically consistent.

**Table 2.** Illustration of the Journal of Adjustment to the Results of Claim Submission

| Account | Debit (Rp) | Credit (Rp) |
|---|---|---|
| Debt Relief Bills | 15 | |
| Outpatient Claim Filing Difference | | 5 |
| Difference in Submission of Inpatient Claims | | 10 |

The value submitted by the hospital to BPJS is not always the same as the value that is ultimately approved, so the difference requires further adjustment at the verification and post-audit stages as outlined in the following section.

**Claims Verification and Post-Audit Adjustments**

After the claim submission process, BPJS revenue is still going through the verification stage by BPJS Kesehatan through the issuance of the Minutes of Verification Results (BAHV). When the bill file is verified, the hospital records the Debit Difference in Outpatient Claims Verification Results of 5, the Debit of the Difference in Hospitalization Claims Verification Results of 5, and BPJS Ijarah Receivables Credits of 10, as presented in Table 3. The recording shows that the results of claim verification can cause a reduction in the value of BPJS receivables that have previously been recorded by the hospital.

**Table 3.** Journal Illustration of Adjustment to the Difference in Claims Verification Results

| Account | Debit (Rp) | Credit (Rp) |
|---|---|---|
| Difference in Outpatient Claim Verification | 5 | |

| Account | Debit (Rp) | Credit (Rp) |
|---|---|---|
| Results | | |
| Difference in Hospitalization Claim Verification Results | 5 | |
| Debt Relief Bills | | 10 |

In addition to verification adjustments, the hospital records post-audit corrections that can further reduce BPJS receivables. The available case narrative reports a January 2026 billing value of IDR 9,291,419,582, while the listed outpatient component of IDR 3,340,024,200 and inpatient component of IDR 5,765,855,900 sum to IDR 9,105,880,100. [DATA PENULIS DIPERLUKAN: confirm the correct total billing amount and component breakdown before these figures are used for substantive interpretation.] The subsequent submission and BAHV records demonstrate that the recognized receivable can change repeatedly as claim eligibility and approved values are verified.

The adjustment process does not stop at one verification cycle. On May 27, 2026, the hospital resubmitted the pending inpatient and outpatient claims for the January 2026 service month with a value below the remaining January service receivables, so that the accounting department again corrected the value of the receivables. On June 3, 2026, the BAHV was issued for the submission, which again resulted in a claim value below the remaining receivables so that a follow-up correction was required. A similar cycle was repeated on July 8, 2026 when the resubmission of pending claims was made, and on July 14, 2026 when the BAHV for the submission was issued. This series of repeated adjustments shows that the value of BPJS's receivables and revenue is dynamic and only reflects the value of the claim that is truly acceptable after the entire verification and audit stages have been completed, which in the case of pending claims can last for several months after the month of service ends.

***Receipt of BPJS Claim Payment***

The next stage in the treatment of BPJS income is the receipt of payments from BPJS. When the claim payment has been received, the hospital records by debiting the Cash/Bank account and crediting the BPJS Ijarah Receivables account. In the illustration in Table 4, when the hospital receives a payment of 10, the Cash/Bank Debit is recorded as 10 and the BPJS Ijarah Receivables Credit is recorded as 10.

**Table 4.** Illustration of BPJS Claim Payment Receipt Journal

| Account | Debit (Rp) | Credit (Rp) |
|---|---|---|
| Cash/Bank | 10 | |
| Debt Relief Bills | | 10 |

The recording shows that the receipt of payment from BPJS is not the initial stage of recognition of income, but is the stage of settlement of receivables that have previously been recognized. Thus, there is a clear time difference between the recognition of BPJS income and cash receipts from BPJS: income is recognized when the hospital's right to claims arises, while

cash is recorded when the payment of claims is actually received by the hospital, which can occur a few months later.

***Presentation of BPJS Income and Receivables***

The presentation of BPJS income at PKU Muhammadiyah Wonosobo Hospital is carried out by separating income based on the type of service, namely outpatient and inpatient. The income is then calculated with several components related to the claim process, namely the income of patients discharged, the cost of the discharge, the difference in the filing of claims, the difference in the results of verification, and the adjustment of the claim audit, so that the net income value of BPJS is obtained. In the illustration of the BPJS income report, the income of patients returning home for outpatient treatment is 25 and hospitalization is 75. Furthermore, there is a difference in the cost of hospitalization of 10, the difference in the submission of outpatient claims of 25 and the inpatient of 15, the difference in the results of verification of each of 5, and the adjustment of the audit of outpatient claims of 2 and the inpatient of 3. After all these components were taken into account, a net income of 43 for outpatient and 92 for inpatient was obtained, so that the total net income of BPJS was 135, as summarized in Table 5.

**Table 5.** Illustration of BPJS Net Income Calculation

| Components | Outpatient | Hospitalization |
|---|---|---|
| Discharge patient income | 25 | 75 |
| Cost | - | 10 |
| Difference in filing a claim | 25 | 15 |
| Difference in verification results | 5 | 5 |
| Claims audit adjustments | 2 | 3 |
| BPJS net income | 43 | 92 |

The presentation illustrates that reported BPJS revenue results from a sequence of recognition and subsequent claim adjustments. However, the arithmetic interpretation of Table 5 depends on whether each component is an addition or a deduction in the net-income calculation. [DATA PENULIS DIPERLUKAN: confirm the sign and calculation rule for Cost, claim-submission differences, verification differences, and audit adjustments in Table 5 so that the reported outpatient, inpatient, and total net-income values can be reproduced.]

In addition to revenue, PKU Muhammadiyah Wonosobo Hospital also presents receivables derived from BPJS claims. Based on BPJS's receivables report, the receivables balance is influenced by several transactions, namely the acknowledgment of receivables when the patient goes home, the addition of receivables due to the results of the claim submission, adjustments due to the submission of separate claims, and the reduction of receivables based on the results of verification and audit adjustments. In the illustration, the number of receivables disbursed is 140 and the number of credits is 15 resulting in a balance of receivables of 125. This shows that the balance of BPJS receivables at the end of the period is the result of a gradual recording process, where receivables are not only formed when the patient finishes receiving services, but can be added or subtracted according to the results of the process of

submission, verification, and audit of claims. Therefore, the recording of BPJS receivables is an inseparable part of BPJS's revenue treatment at hospitals.

In terms of presentation in the financial position report, BPJS receivables are still presented as one current accounts receivables without separation based on the age of receivables or claim status, such as approved, pending, or disputed. Disclosure in the Notes to Financial Statements (CALK) is also still general, in the form of details according to the service function as well as the nominal value and age of receivables in aggregate, without a narrative regarding the risk of late payment, claim uncertainty, or hesitant receivables reserve policy.

***Analysis of BPJS Overall Income Treatment***

Based on the overall results of the study, the treatment of BPJS revenue at PKU Muhammadiyah Wonosobo Hospital can be seen through several interrelated stages, namely revenue recognition, income measurement, receivables recording, claim submission, claim verification, audit result adjustment, payment receipt, and presentation of BPJS income and receivables. Revenue recognition is carried out when the service to the patient has been completed, while revenue measurement uses the applicable tariff and pays attention to the results of the claim process. After the income is recognized, the hospital records BPJS receivables as a right that still needs to be received. The receivables can then change due to differences in claim submission, verification results, and post-audit corrections. After payment is received from BPJS, receivables decrease and cash or bank increases.

The series shows that the treatment of BPJS income at hospitals is not only related to the recording of income when the patient finishes receiving services, but also covers the entire process until the claim is realized in the form of payment receipts. It can be concluded that the treatment of BPJS income at PKU Muhammadiyah Wonosobo Hospital is carried out through a gradual and continuous mechanism: income is recognized when the service is completed, then measurement and recording is carried out based on the value of the claim, the value can then be adjusted based on the results of the submission, verification, and audit of the claim, and after the payment is received, BPJS receivables are settled through the recording of cash or bank receipts. All of these stages are ultimately reflected in the presentation of BPJS' net income and balance of receivables in the hospital report.

***Comparison of Receivables Treatment Before and After Considering PSAK 74***

PKU Muhammadiyah Wonosobo Hospital is not an insurance-contract issuer; therefore, PSAK 74 is not directly applied to the hospital in the same manner as to an insurer. In this study, selected PSAK 74 principles are used only as an analytical perspective for evaluating the observed receivable practices. Table 6 should consequently be read as a comparison between documented hospital practice and a possible risk-oriented analytical orientation, not as evidence that the hospital has implemented a 'before' and 'after' PSAK 74 regime.

**Table 6.** Comparison of Observed BPJS Claim Practice and PSAK 74 Analytical Orientation

| Aspects | Observed Hospital Practice | Analytical Orientation Using PSAK 74 Principles |
|---|---|---|
| Basis for measuring BPJS obligations | Traditional premium-based approach with no explicit discounts; claims reserves are calculated historically/aggregately. | BPJS Kesehatan is required to calculate Best Estimate Liability (BEL), Risk Adjustment, and Contractual Service Margin (CSM) based on discounted future cash flow projections. |
| Acknowledgment of hospital debts | Claim receivables are recognized when the patient goes home, using the hospital's billing value. | Receivables are still recognized when the right to collect arises, but start paying more carefully to the status and results of the claim verification. |
| Measurement of hospital receivables | It is recorded as the nominal value of the claim bill, generally without discounting even though the claim disbursement time is relatively long. | PSAK 74 does not require hospitals to discount receivables directly, but in substance the delay in payment encourages more conservative measurement through hesitant receivables reserves. |
| Risk transparency | RS does not have visibility into BPJS' method in calculating claim reserves and default risk. | PSAK 74 requires BPJS to disclose risk adjustments and actuarial assumptions, which have the potential to be a source of external information for hospitals in assessing receivables risk. |
| Klaim pending/dispute | Recorded as full receivables; adjustments are made manually (ad hoc) after the pending status is known from BAHV. | The uncertainty of claims, which is now formally measured by BPJS, provides a conceptual justification for a more systematic and historical data on pending claims reserve policy. |
| Presentation on the balance sheet | BPJS receivables are presented as one current accounts receivables without segregation based on risk level. | Begin to develop the practice of separating receivables based on age (aging schedule) and claim status (approved, pending, dispute). |
| Disclosure (CALK) | Disclosure is minimal, generally only the nominal value and the age of the receivables in general. | Narrative disclosure of the risk of delay and uncertainty of claims began to be encouraged, although there is no specific standard obligation binding on the RS. |

The comparison is analytical rather than regulatory. The repeated submission-verification-correction cycle observed in the January 2026 claim records shows that receivable values can remain uncertain for months after the service period. This empirical pattern provides a basis for considering more structured classification by claim status and age and more transparent disclosure of claim uncertainty. Unlike prior studies centered on insurer readiness

and PSAK 74 implementation (Hartojo & Purnamasari, 2023; Kevin et al., 2023), the present findings document the hospital-side accounting consequences of repeated BPJS claim adjustments; they are also consistent with Anjani and Wondabio (2023) in treating the hospital implications as indirect rather than direct standard application.

## CONCLUSION

PKU Muhammadiyah Wonosobo Hospital recognized BPJS Kesehatan claim revenue on an accrual basis upon completion of healthcare services and recorded corresponding receivables before cash collection. The initially recognized claim amounts were subsequently adjusted based on claim submission, verification through the Berita Acara Hasil Verifikasi (BAHV), and post-audit corrections. Consequently, the final receivable balances reflected the outcomes of the claim verification and adjustment processes rather than solely the amounts initially recognized. However, BPJS Kesehatan receivables were presented as a single current receivables account without systematic classification by aging or claim status, while disclosures in the Catatan atas Laporan Keuangan (CALK), or Notes to the Financial Statements, remained limited. These findings highlighted deficiencies in receivables classification and financial reporting transparency but did not indicate that the hospital was required to apply PSAK 74 directly.

The use of selected PSAK 74 principles as a comparative analytical framework identified opportunities to improve receivables classification, expected credit loss assessment, where applicable, and disclosures concerning claim-related uncertainties. However, the study was limited to a single hospital, financial reporting data from 2024–2025, a detailed examination of the January 2026 claim period with follow-up documentation extending through July 2026, and a limited number of informants. Future research should include multiple hospitals participating in the BPJS Kesehatan program, explicitly document data credibility procedures, and integrate qualitative examinations of claim processing with quantitative assessments of claim adjustments and their financial implications. Furthermore, discrepancies in the illustrative claim totals and the calculations presented in Table 5 should be reconciled with the original accounting records to ensure the accuracy and reliability of the reported findings.

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## CONFLICT OF INTEREST

The author states that this research was conducted without any commercial or financial relationship that could cause a conflict of interest.

## AUTHOR CONTRIBUTIONS

Two Authors are responsible for the entire research process, from data collection, analysis, to manuscript writing.

## GENERATIVE AI STATEMENT

The author states that generative artificial intelligence (AI) was used in the preparation of this manuscript. The author acknowledges the use of generative AI to help improve language clarity and improve the grammatical structure of the manuscript. The use is done in compliance with the applicable ethical guidelines regarding the use and disclosure of generative AI in

scientific research. Each author has made substantial intellectual contributions to this work. The entire manuscript content has been carefully reviewed to ensure its accuracy, and the author is solely responsible for the integrity and final content of the manuscript.

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