

BPJS Claim Receivables, Working Capital, and Operating Cash Flow at PKU Muhammadiyah Wonosobo

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Abstract

BPJS Kesehatan claim receivables represent a significant source of liquidity pressure for hospitals, as delays in reimbursement collection may constrain working capital and operating cash flow. This study examined the performance of BPJS Kesehatan claim receivables and their statistical associations with working capital and operating cash flow at PKU Muhammadiyah Wonosobo Hospital. A quantitative descriptive-associative research design was employed using 36 consecutive monthly financial statements covering January 2023 through December 2025. Receivables management performance was measured using receivables turnover (RTO) and days sales outstanding (DSO), while financial performance was assessed using working capital, the current ratio, and the operating cash flow ratio. Data were analyzed using descriptive trend analysis, Pearson correlation analysis, and separate simple linear regression models with IBM SPSS Statistics. RTO decreased from 6.35 times in 2023 to 5.89 times in 2025, while DSO increased from 57.52 to 61.96 days. Working capital declined from IDR 4.17 billion to IDR 4.00 billion, the current ratio decreased from 1.73 to 1.57, and the operating cash flow ratio fell from 0.38 to 0.22. RTO exhibited positive associations, whereas DSO demonstrated negative associations, with all three financial indicators. However, because DSO is mathematically related to RTO, the reported strong statistical associations should be interpreted cautiously and should not be considered evidence of independent causal effects. The findings indicated that declining receivables collection efficiency coincided with reduced liquidity flexibility and operating cash flow capacity during the study period.

INTRODUCTION

Cash flow is a fundamental indicator of hospital financial health because it directly reflects an entity's ability to meet short-term obligations, sustain operational activities, and maintain the quality of healthcare services (Cleverley et al., 2023; Diptyana, 2026; Wiecherink, 2025; Zhira, 2025). According to PSAK 2, Statement of Cash Flows, cash flows from operating activities provide information about an entity's ability to generate cash through its principal revenue-producing activities, thereby serving as an important basis for assessing liquidity, financial flexibility, and operational sustainability (DSAK IAI, 2018). As healthcare service providers, hospitals face significant challenges in balancing the delivery of high-quality healthcare services with financial pressures arising from differences between the timing of revenue recognition and actual cash receipts.

Since the introduction of the National Health Insurance (Jaminan Kesehatan Nasional, JKN) program administered by BPJS Kesehatan, hospitals have received reimbursement for services provided to insured patients through a prospective payment system based on Indonesian Case-Based Groups (INA-CBGs). Revenue from services provided to JKN participants is generally recognized on an accrual basis, with corresponding claim receivables recorded before cash collection, subject to the applicable revenue recognition criteria. These receivables are subsequently settled following claim submission, administrative and medical verification, approval, and payment processing by BPJS Kesehatan. The duration of these procedures varies, and claims may be returned for correction or clarification because of incomplete documentation, discrepancies in medical coding, or differences in the interpretation of INA-CBGs reimbursement requirements. Such delays may extend the receivables collection period and affect the hospital's cash conversion cycle (Brigham & Houston, 2021). Delays in BPJS Kesehatan claim payments have been associated with financial liquidity constraints in hospitals (Haryono & Budiarsih, 2024). Prolonged reimbursement periods may also limit the availability of cash for purchasing pharmaceuticals, medical supplies, and other essential operational resources, potentially affecting the continuity and quality of healthcare services.

Receivables management efficiency is commonly assessed using receivables turnover (RTO) and days sales outstanding (DSO). Higher RTO values generally indicate faster receivables collection, whereas lower DSO values reflect shorter average collection periods, assuming consistent measurement methods and comparable operating conditions (Kieso et al., 2020). These indicators are particularly relevant to hospitals participating in the BPJS Kesehatan program because they provide insights into the efficiency of converting claim receivables into cash available to support healthcare operations. Previous studies have reported that low receivables turnover and prolonged collection periods may contribute to the accumulation of outstanding BPJS Kesehatan claims and disruptions in hospital cash flow (Panduwinata & Akhiruddin, 2023; Ristilestari & Handayani, 2022; Dewi et al., 2018). Furthermore, effective working capital management has been associated with improved financial efficiency and hospital liquidity (Rahmi et al., 2025). Sari et al. (2025), in their examination of a Regional Public Service Agency (Badan Layanan Umum Daerah, BLUD) hospital in West Nusa Tenggara Province, highlighted the implications of ineffective BPJS Kesehatan receivables management for hospital operating cash flow. Similarly, Siedlecki et al. (2021) examined working capital management in Polish hospitals and identified the collection of healthcare receivables as an important consideration in maintaining financial liquidity.

PKU Muhammadiyah Wonosobo Hospital is a healthcare provider participating in the BPJS Kesehatan program, and its liquidity is substantially influenced by the timing of JKN claim settlements. The hospital's financial statements indicated that accounts receivable, primarily associated with JKN claims, increased from approximately IDR 4.41 billion in 2022 to more than IDR 5.92 billion in 2025. This increase warranted further examination because a growing receivables balance may reflect increased healthcare service volume, slower collection, or a combination of both. Consequently, an increase in the nominal value of receivables does not necessarily indicate improved financial performance or collection efficiency. Previous research has examined the relationship between delayed BPJS Kesehatan receivables collection and hospital liquidity constraints (Panduwinata & Akhiruddin, 2023; Ristilestari & Handayani, 2022; Dewi et al., 2018), the role of working capital management in

maintaining hospital liquidity (Rahmi et al., 2025; Siedlecki et al., 2021), and the implications of BPJS Kesehatan receivables management for operating cash flow (Sari et al., 2025). However, these studies have provided limited integrated evidence concerning how monthly receivables collection indicators are statistically associated with working capital, current liquidity, and operating cash flow within the same hospital over a continuous observation period.

The research gap therefore lies in the limited availability of integrated, monthly financial analyses examining receivables collection efficiency alongside multiple indicators of hospital liquidity and operating cash flow. Existing studies have primarily emphasized annual financial ratios, specific receivables management challenges, or individual liquidity measures. In contrast, this study examined 36 consecutive monthly financial observations from January 2023 through December 2025, integrating receivables turnover (RTO) and days sales outstanding (DSO) with working capital, the current ratio, and the operating cash flow ratio. The study contributed a hospital-level longitudinal assessment of whether changes in receivables collection efficiency coincided with variations in liquidity and operating cash flow indicators. Specifically, the study aimed to describe BPJS Kesehatan claim receivables performance using RTO and DSO, assess working capital and short-term liquidity using working capital and the current ratio, evaluate operating cash flow conditions using the operating cash flow ratio, and examine the statistical associations between receivables collection indicators and these financial measures. The findings were intended to provide an empirical basis for strengthening claim collection monitoring, working capital management, and liquidity planning while recognizing that statistical associations derived from observational financial data do not establish causal relationships.

Accounts Receivable and Claims Receivable BPJS

Accounts receivable are claims in the form of money to customers or other parties arising from the sale of goods or services on credit (Kieso et al., 2020). In the context of hospitals that partner with BPJS Kesehatan, BPJS claims receivables arise from the time difference between the recognition of health service revenue based on an accrual basis and real cash receipts from BPJS Kesehatan that are only realized after the INA-CBGs claims verification process is completed. The characteristics of BPJS claims receivables are different from commercial receivables in general because the receivables (debtors) are a single national-scale institution with a standardized verification mechanism, so the risk of uncollectible receivables is relatively low, but the risk of collection delay is relatively high due to the large volume of claims and tiered administrative processes (Alifa et al., 2023).

Receivable Turnover dan Days Sales Outstanding

Receivable Turnover (RTO) measures the number of times accounts receivable revolves in a period, calculated by dividing revenue (credit sales) by the average accounts receivable, while Days Sales Outstanding (DSO) measures the average number of days it takes to collect receivables, calculated by dividing 365 days by RTO (Kieso et al., 2020). The higher the RTO and the lower the DSO indicate more efficient receivables management because the funds embedded in receivables can be converted more quickly into cash (Brigham & Houston, 2021). The Health Financial Management Association (HFMA) sets the ideal RTO benchmark for health service entities at 7.30 times per year, equivalent to Days in Accounts Receivable of no more than 50 days, while the Regulation of the Director General of Treasury Number PER-

36/PB/2016 sets the Collection Period threshold for 50 days as a reference for the performance of receivables at the Public Service Agency in the health sector. The two references are used in this study as a comparison to assess whether the performance of claims receivables of BPJS HOSPITAL PKU Muhammadiyah Wonosobo is classified as efficient or not.

Working Capital and Current Ratio

Working capital is the difference between current assets and current liabilities that reflect the entity's ability to finance daily operational activities (Kieso et al., 2020). Adequate working capital allows hospitals to maintain continuity of services without having to rely on short-term external financing. The Current Ratio, as a ratio that compares current assets with current liabilities, is used to assess an entity's ability to meet its short-term obligations; the ideal ratio generally ranges from 1.5 to 2.0 (Brigham & Houston, 2021). However, the composition of current assets needs to be examined because an excessive proportion of receivables in current assets can provide a pseudo-liquid picture, considering that receivables cannot necessarily be converted into cash immediately (Ghozali & Chariri, 2022). Research by Siedlecki et al. (2021) confirms that hospital working capital management is greatly influenced by the speed of the health service receivables collection cycle, so that delays in the disbursement of health insurance claims have the potential to reduce working capital flexibility even though the working capital is still of positive value.

Operating Cash Flow and Operating Cash Flow Ratio

According to PSAK 2, cash flow from operating activities is the main indicator to assess whether an entity's operations are able to generate sufficient cash to repay loans, maintain operating capabilities, pay dividends, and make new investments without relying on outside funding sources (DSAK IAI, 2018). The Operating Cash Flow Ratio (OCFR), which compares operating cash flow with current liabilities, is used to assess an entity's ability to pay off short-term liabilities solely from cash generated from its operational activities, without having to sell assets or add debt. This ratio is considered a stricter measure of liquidity than the Current Ratio because it only takes into account real cash that has been received, not an estimate of accrual (Ghozali & Chariri, 2022). In the context of hospitals that rely on BPJS revenue, the declining OCFR indicates that the accrual income recorded in the income statement has not been fully converted into real cash receipts, as found in the research of Dewi et al. (2018) and Sari et al. (2025).

Cash Conversion Cycle and Frame of Mind

The concept of the cash conversion cycle explains the relationship between the speed of receivables collection and the cash availability of an entity: the shorter the cash conversion cycle, the faster the funds embedded in receivables return to cash that can be used to finance operations and investments (Martani et al., 2024). Based on this framework, this study positions the performance of BPJS claims receivables—represented by RTO and DSO—as an independent variable that is suspected to affect working capital conditions (Working Capital and Current Ratio) and operating cash flow (Operating Cash Flow Ratio) as dependent variables. The faster the receivables turnover (high RTO, low DSO), the greater the availability of cash to finance short-term liabilities and hospital operational activities, so that working capital and operating cash flow are expected to be better, and vice versa.

Research Hypothesis

Based on the above frame of thought, the hypothesis proposed in this study is as follows:

H1: Receivable Turnover has a positive and significant effect on Working Capital. H2: Days Sales Outstanding has a negative and significant effect on Working Capital. H3: Receivable Turnover has a positive and significant effect on the Current Ratio. H4: Days Sales Outstanding has a negative and significant effect on the Current Ratio. H5: Receivable Turnover has a positive and significant effect on the Operating Cash Flow Ratio. H6: Days Sales Outstanding has a negative and significant effect on the Operating Cash Flow Ratio.

METHOD

This study employed a quantitative descriptive-associative research design (Sugiyono, 2024). The descriptive component examined trends in BPJS Kesehatan claim receivables, working capital, and operating cash flow at PKU Muhammadiyah Wonosobo Hospital (Priadana & Sunarsi, 2021), while the associative component investigated the statistical relationships between receivables collection performance and the hospital's liquidity and operating cash flow indicators.

The study population comprised all monthly financial statements for January 2023 through December 2025. All 36 monthly financial statements were included, representing a complete enumeration of the records within the specified observation period. This period was selected because it provided the latest complete three-year dataset available for consistent monthly financial comparisons.

Secondary data were obtained from the hospital's monthly financial statements, including statements of financial position, income statements, statements of cash flows, and accompanying notes. Data were collected through document reviews and supported by relevant literature. All 36 monthly observations met the specified data completeness requirements and were included in the analysis.

BPJS Kesehatan receivables collection performance was measured using receivables turnover (RTO) and days sales outstanding (DSO). RTO was calculated by dividing BPJS Kesehatan service revenue by average BPJS Kesehatan claim receivables, while DSO was derived by dividing 365 days by RTO calculated on an annualized basis. Working capital was measured as the difference between current assets and current liabilities, while the current ratio was calculated by dividing current assets by current liabilities. Operating cash flow performance was assessed using the operating cash flow ratio, calculated by dividing net cash flows from operating activities by current liabilities. The required financial data were extracted from the hospital's monthly accounting records and financial statements for 2023–2025.

Data were analyzed using descriptive statistics, trend analysis, Pearson correlation analysis, and separate simple linear regression models. Kolmogorov–Smirnov normality tests and linearity assessments were conducted as reported in the study. Pearson correlation coefficients were used to assess the direction and strength of bivariate associations, while simple linear regression models were used to estimate the statistical relationships between each receivables collection indicator and each financial indicator. Statistical significance was assessed at the 5% level ($\alpha = 0.05$), and analyses were performed using IBM SPSS Statistics. Because the dataset consisted of 36 consecutive monthly observations, potential serial correlation was recognized as a methodological consideration when interpreting the regression results.

RESULTS AND DISCUSSION

BPJS Claims Receivables Performance

The annual recapitulation shows that the balance of BPJS claims receivables continued to increase throughout the research period, in line with the growth of BPJS service revenue, but was followed by a decrease in Receivable Turnover and an increase in Days Sales Outstanding (Table 1).

Table 1. Recapitulation of BPJS Claims Receivables Performance in 2023–2025

Year	BPJS Receivables (Rp)	BPJS Income (Rp)	RTO (times)	DSO (day)
2023	4.950.000.000	29.700.000.000	6,35	57,52
2024	5.420.000.000	31.200.000.000	6,02	60,66
2025	5.920.000.000	33.400.000.000	5,89	61,96

Source: results of financial statement data processing of PKU Muhammadiyah Wonosobo Hospital (2023–2025)

The Receivable Turnover value of PKU Muhammadiyah Wonosobo Hospital is below the HFMA benchmark of 7.30 times per year (equivalent to Days in Accounts Receivable $\leq$ 50 days), and DSO is above the 50-day threshold which is the reference for the Collection Period in the Regulation of the Director General of Treasury No. PER-36/PB/2016. This condition is consistent with the findings of Panduwinata and Akhirruddin (2023) and Ristilestari and Handayani (2022) that the management of BPJS patient receivables at JKN partner hospitals is generally not optimal.

Across 2023–2025, the receivables balance increased while RTO declined by 0.46 times and DSO increased by 4.44 days. These patterns show that collection performance weakened relative to the growth in receivables and BPJS service revenue. The financial-statement data do not identify the operational causes of this slowdown; therefore, claim-verification complexity, coding reconfirmation, or claims-team capacity cannot be treated as empirically demonstrated explanations in this study. The findings are nevertheless consistent with Alifa et al. (2023), who identifies administrative complexity as a challenge in BPJS claim management.

Working Capital Conditions

Working Capital and Current Ratio showed a consistent downward trend over the three years of observation, although both remained at positive levels (Table 2).

Table 2. Recapitulation of Working Capital Condition in 2023–2025

Year	Working Capital (Rp)	Current Ratio
2023	4.170.000.000	1,73
2024	4.100.000.000	1,65
2025	4.000.000.000	1,57

Source: results of financial statement data processing of PKU Muhammadiyah Wonosobo Hospital (2023–2025)

An increase in the portion of receivables in current assets without an acceleration in cash receipts reduces the availability of truly liquid current assets (Ghozali & Chariri, 2022).

Although hospitals are still able to meet short-term obligations, their financial flexibility tends to weaken, in line with the findings of Siedlecki et al. (2021) regarding the role of working capital management in hospital financial conditions.

Working Capital decreased by IDR 170 million and the Current Ratio declined by 0.16 points between 2023 and 2025. These values indicate a gradual weakening of short-term financial flexibility during the study period. Because Table 2 does not provide the composition of current liabilities, the decline cannot be attributed specifically to supplier debt or any other liability category. The interpretation is therefore limited to the observed movement in Working Capital and Current Ratio, consistent with Siedlecki et al. (2021) that receivable-collection speed can be relevant to hospital working-capital conditions.

Operating Cash Flow Condition

The Operating Cash Flow Ratio has experienced a consistent year-on-year decline (Table 3), indicating that the increase in accrued income has not been fully converted to cash receipts.

Table 3. Recapitulation of Operating Cash Flow Conditions in 2023–2025

Year	Operating Cash Flow Ratio
2023	0,38
2024	0,28
2025	0,22

Source: results of financial statement data processing of PKU Muhammadiyah Wonosobo Hospital (2023–2025)

This condition is in line with the principle of accrual basis, where income is recognized when services are provided even though cash has not been received (Ghozali & Chariri, 2022), and strengthens the findings of Dewi et al. (2018) and Sari et al. (2025) that delays in disbursing BPJS claims have an impact on the smooth flow of hospital funds.

The decline in the Operating Cash Flow Ratio from 0.38 in 2023 to 0.22 in 2025—or a decrease of more than 42%—is a signal that needs serious attention from hospital management, as this ratio measures the ability of hospitals to meet short-term liabilities solely from cash generated from its own operational activities. Ratios that are moving further away from 1 indicate that operating cash generated is increasingly inadequate to cover current liabilities, so hospitals may potentially have to rely on other sources of funding, such as disbursement of non-current assets, delayed payments to suppliers, or short-term loans, to maintain their operational continuity. The consistent and sharper downward trend in OCFR compared to the decline in the Current Ratio also confirms that operating cash flow is the most sensitive indicator of the slowdown in the disbursement of BPJS claims receivables compared to other accrual-based liquidity indicators.

Implications of Receivables Performance on Working Capital and Cash Flow

The Pearson correlation test shows a very strong and significant relationship between receivables performance indicators and working capital and cash flow indicators (Table 4).

Table 4. Pearson Correlation Test Results

Variable Relationships	r	Sig.
RTO – Working Capital	0,979	<0.001
DSO – Working Capital	-0,981	<0.001
RTO – Current Ratio	0,991	<0.001

DSO – Current Ratio	-0,993	<0.001
RTO – OCF Ratio	0,997	<0.001
DSO – OCF Ratio	-0,998	<0.001

Source: SPSS data processing results (2026)

The correlation coefficients ($|r| = 0.979\text{--}0.998$) indicate very strong bivariate associations between the receivable indicators and the financial indicators. RTO is positively associated, whereas DSO is negatively associated, with Working Capital, Current Ratio, and Operating Cash Flow Ratio. These coefficients require caution because DSO is calculated directly as $365/\text{RTO}$; RTO and DSO therefore convey mathematically dependent information and should not be interpreted as independent predictors or as separate causal mechanisms.

Separate simple linear regressions produced statistically significant coefficients for RTO and DSO in relation to the three financial indicators, with reported R^2 values of 95.8%–99.6% (Table 5). These models describe very strong associations within the observed monthly data but do not establish causal effects. The high explanatory values should also be interpreted in light of the mathematical dependence between RTO and DSO and the possibility of shared temporal trends across financial series.

Table 5. Summary of Regression Analysis Results

Variable Relationships	Regression equations	R^2	Say.	Directions
RTO → Working Capital	$Y = 2.184 + 0.314X$	0,958	<0.001	Positive
DSO → Working Capital	$Y = 6.072 - 0.033X$	0,963	<0.001	Negatives
RTO → Current Ratio	$Y = -0.241 + 0.311X$	0,983	<0.001	Positive
DSO → Current Ratio	$Y = 3.612 - 0.033X$	0,985	<0.001	Negatives
RTO → OCF Ratio	$Y = -1.781 + 0.341X$	0,995	<0.001	Positive
DSO → OCF Ratio	$Y = 2.443 - 0.036X$	0,996	<0.001	Negatives

Source: SPSS data processing results (2026)

The reported R^2 values indicate that each bivariate model closely tracks variation in the corresponding financial indicator during the observed period; they should not be interpreted to mean that receivable performance is the sole or dominant determinant of hospital financial health. For the Operating Cash Flow Ratio, the reported equations imply a positive association with RTO and a negative association with DSO. [DATA PENULIS DIPERLUKAN: specify the unit/scale used for Working Capital in the regression equations in Table 5, including whether the rupiah values were transformed or expressed in billions, so the constants and coefficients can be interpreted transparently.] Because all models are observational and bivariate, unmeasured financial and operational factors may also contribute to the observed patterns.

These findings are in line with the concept of the cash conversion cycle (Martani et al., 2024) and with the results of Rahmi et al. (2025) and Petrindasari and Santoso (2023) that faster receivables turnover contributes to the effectiveness of hospital financial management. Overall, the faster BPJS claims receivables are converted into cash, the better the working capital condition, liquidity, and operational cash flow capability of PKU Muhammadiyah Wonosobo Hospital; on the other hand, the slowdown in receivables disbursement increases retained funds and depresses these three indicators. This result implies that BPJS receivables management needs to be placed as an important part of working capital management policies,

through strengthening the accuracy of claims documents, monitoring the age of receivables, accelerating the follow-up of pending claims, and cross-unit coordination with BPJS Kesehatan (Alifa et al., 2023; Ghadge et al., 2021).

More operationally, hospital management can consider several concrete steps, including: developing standard operating procedures (SOPs) for verifying claims files before submission to minimize the risk of file returns (disputes); building a system to monitor the aging schedule of claims receivables periodically to identify claims that are close to the deadline for resubmission; forming a special collection team that coordinates directly with the local BPJS Kesehatan branch office; and implementing digitization of claim documents to speed up the internal verification process before submission to BPJS Kesehatan. In addition, strengthening the cash reserve policy also needs to be considered as a strategy to mitigate short-term liquidity risks due to the uncertainty of claim disbursement time.

Research Limitations

This study has several limitations that need to be considered in interpreting the results and in the development of further research. First, this study only uses data from one hospital so that the results cannot be generalized directly to all BPJS Kesehatan partner hospitals that have different operational characteristics, service scales, and financing structures. Second, the research period covering 36 months (2023–2025), although sufficient for medium-term trend analysis, does not include potential long-term fluctuations that may occur due to changes in the INA-CBGs tariff policy or other BPJS Kesehatan policies. Third, this study has not included other variables that have the potential to affect the relationship between BPJS claims receivables and working capital and cash flow, such as the claim denial rate, details of the aging schedule of receivables per age category, and the cash conversion cycle as a whole which also takes into account the inventory turnover period and the business debt payment period.

CONCLUSION

During 2023–2025, BPJS Kesehatan claim receivables collection performance at PKU Muhammadiyah Wonosobo Hospital deteriorated, as receivables turnover (RTO) decreased from 6.35 to 5.89 times and days sales outstanding (DSO) increased from 57.52 to 61.96 days. Over the same period, working capital declined from IDR 4.17 billion to IDR 4.00 billion, the current ratio decreased from 1.73 to 1.57, and the operating cash flow ratio fell from 0.38 to 0.22. RTO exhibited positive associations with all three financial indicators, whereas DSO showed negative associations. The high correlation coefficients and coefficients of determination (R^2) indicated strong statistical associations within the observed dataset. However, these findings should be interpreted cautiously because DSO was mathematically derived from RTO, and the observational research design did not establish causal relationships between receivables collection performance and the hospital's financial conditions.

The findings suggested that the hospital could strengthen receivables management and short-term liquidity monitoring by integrating RTO, DSO, working capital, the current ratio, and the operating cash flow ratio into its financial performance assessment. Recommended improvements included enhancing claim documentation accuracy, implementing systematic

receivables aging analysis, accelerating follow-up procedures for pending claims, and strengthening coordination among healthcare service units, claims administrators, finance personnel, and BPJS Kesehatan. Future research should incorporate longer observation periods, multiple hospitals, receivables aging data, and claim rejection records. Furthermore, subsequent studies should employ statistical methods that account for autocorrelation and other time-series characteristics to distinguish the associations of receivables collection performance from those of other factors affecting hospital liquidity and operating cash flow.

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CONFLICT OF INTEREST

The author(s) declared that this work was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

AUTHOR CONTRIBUTIONS

Arifin: conceptualization, data collection, formal analysis, and writing – original draft. Henny Mulyati: supervision, methodology, and writing – review and editing. Amrizal: supervision, validation, and writing – review and editing. All authors have read and approved the final manuscript.

GENERATIVE AI STATEMENT

The author(s) declared that no generative AI tools were used in the analysis or interpretation of the research data. Any use of AI-based tools was limited to language and grammar refinement, and the author(s) assume full responsibility for the accuracy and integrity of the final content of the manuscript.

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