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Analysis Of The Effect Of Patient Underpayment For Hospital Care On Cash Flow At JIH Hospital, Yogyakarta

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Abstract

This study aims to analyze the impact of underpayment of patients on the cash flow of JIH Yogyakarta Hospital and evaluate the strategies implemented to minimize financial risks due to receivables from private non-insured patients. The object of this study is the Billing and Cashier Division of JIH Yogyakarta Hospital, with a mixed method approach that combines quantitative data in the form of a recapitulation of patient receivables for the period 2018–2023 and qualitative data from in-depth interviews with the Head of the Billing Unit and Cashier. The research sample in the form of data from 11 underpayment patients and interviews with one key informant were selected purposively. The results of the study indicate that the main factors causing underpayment of patients are economic inability and ignorance of cost estimates, which have a significant impact on the pressure of hospital cash flow. Installment policies, guarantees, and active collection systems have been implemented, but obstacles are still found in their implementation. These findings provide important implications for private hospital management in strengthening the receivables management system, improving collection policies, and maintaining the sustainability of cash flow and the quality of health services simultaneously.

Keywords: Underpayment Patients, Hospital Cashflow, Accounts Receivable Management, Private Hospital, Billing Strategy

INTRODUCTION

Hospitals are institutions that provide comprehensive individual healthcare services, including inpatient, outpatient, and emergency care. JIH Hospital Yogyakarta is a private

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healthcare institution committed to delivering premium healthcare services based on international standards and Islamic values. With its strong vision and mission, the hospital prioritizes patient safety and customer satisfaction. As part of its strategic goals, JIH Hospital aspires to become a leading premium private hospital in Indonesia by 2025, supported by excellent clinical services, competent human resources, and a high-performance work culture rooted in Islamic ethics.

The Finance Division at JIH Hospital plays a vital role in maintaining financial sustainability through effective and efficient financial management systems. As public demand for high-quality healthcare continues to grow, the hospital faces greater challenges in ensuring stable operations. During the internship program, one of the key issues identified was the difficulty faced by non-insured (private) patients in fully settling their medical bills. These situations lead to receivables or underpayments, which have a direct and negative impact on the hospital's cash flow. This challenge primarily affects patients without third-party payment guarantees such as government insurance or private insurance coverage. *"This issue needs to be addressed immediately as it may increase the financial burden on the company and affect the continuity of health services for other patients in need."*

Aside from its impact on cash flow, the issue of underpaid patients also affects service and operational efficiency. When receivables accumulate, the finance department must redirect time and resources toward collection efforts and credit policy reviews. This diverts attention from budget management and service development. In urgent situations, unmet funding needs caused by unpaid patient bills may delay procurement of medical supplies or limit access to essential services. As a result, the issue extends beyond financial management and threatens the sustainability of healthcare delivery. According to *Mulyawan (2017),* "financial management is the task of company leaders responsible for making important decisions related to investment and financing. Effective cash flow management is key to ensuring the continuity of operations."

Given its operational and financial implications, the underpayment problem deserves deeper investigation. Private hospitals such as JIH depend heavily on payments from patients and third-party insurers. If a large number of patients are unable to fulfill their obligations, the hospital faces a growing risk of bad debt and cash flow disruption. *Jonathan et al. (2019)* emphasized that hospital receivables often result from patients' financial incapacity, cost estimation errors, or emergencies requiring immediate treatment without advance payment. In Indonesia, *Law No. 44 of 2009* requires hospitals to perform their social function by providing services to underprivileged populations, while still

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ensuring payment for services rendered. Therefore, efficient receivables management through internal policy refinement and collaboration with social insurance agencies is necessary to balance the hospital's financial sustainability and social responsibility.

This research aims to analyze the impact of underpaid patients on JIH Hospital's cash flow and identify effective strategies to minimize financial risk caused by unpaid bills from private patients. The study also explores innovative approaches for managing non-insurance receivables. *According to Aini & Husnurrosyidah (2023),* hospitals need to adopt adaptive strategies to manage patient payment behavior, improve cash flow efficiency, and sustain high-quality services. Using a qualitative research approach, this study will evaluate current policies and consider alternatives such as the use of technology for receivables management and partnerships with health financing institutions. The results are expected to support JIH Hospital in designing more sustainable financial strategies while maintaining affordability and access to care for the wider public.

THEORETICAL BASIS

Accounts Receivable

Accounts receivable play a crucial role in financial accounting as one of the primary components that reflect a company's financial position. As an integral part of the operational cycle, receivables are essential for maintaining cash flow stability and ensuring business sustainability. Receivables typically arise from credit-based sales of goods or services, creating a financial relationship between the company and its customers (Hery, 2021). According to Dwi Martani (2016), receivables are claims held by a company against other parties, either from sales or other transactions. Ni Luh Gede Erni Sulindawati et al. (2017) also define receivables as claims that companies have toward customers or other parties resulting from operational activities. These claims represent the right to collect payments due to credit purchases of goods or services. Hery (2017) further emphasizes that receivables refer to amounts expected to be received in cash by a company due to credit sales, loans, or overpayments. Dr. Andewi Rokhmawati (2016) highlights the importance of receivables management, stating that loosening credit policies may increase customer acquisition and sales, but also elevates the risk of bad debts if not properly controlled.

From these definitions, it can be concluded that receivables are assets resulting from credit transactions, loans, or overpayments that grant the company the right to collect payments from customers or third parties. These receivables directly affect cash flow and operational continuity. While credit policies can boost sales, they also present risks if not

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managed appropriately. An effective receivables recording system is crucial for hospitals to manage patient billing accurately. Hery (2017) categorizes receivables into three types: (1) Account Receivables, which are amounts billed to customers for credit sales and usually recorded as current assets when due in less than 30–60 days; (2) Notes Receivable, which are claims against parties who owe money via promissory notes, whether from loans or credit sales; and (3) Other Receivables, which include non-operational claims like interest receivables, dividends, taxes, and employee-related receivables, and are considered current assets if collectible within a year. According to Dekrita & Samosir (2022), hospital receivables can be grouped into service receivables, resulting from inpatient and outpatient services, and non-service receivables, such as employee loans, which are usually of lower value.

Effective receivables management is vital for hospitals to maintain financial health and operational efficiency. Several factors affect the size of receivables in financial statements, including patient behavior, internal policies, and external conditions. Dr. Andewi Rokhmawati (2016) identifies external factors such as industry type and market competition, where companies in credit-intensive sectors like banking or factoring naturally hold larger receivables, and tighter competition may drive companies to offer credit terms to retain customers. Internal factors include promotional strategies that allow credit purchases. In self-pay systems, where hospitals directly bill patients without intermediaries, underpayment often occurs due to financial limitations, lack of awareness, or unpreparedness. This situation affects cash flow and increases bad debt risk. Therefore, hospitals must implement clear billing policies, installment options, and administrative procedures that inform patients of their financial obligations early. Agustin (2019) suggests several collection techniques: (1) phone reminders for overdue bills; (2) official warning letters if delays persist; and (3) direct visits for follow-up. These strategies not only optimize cash collection but also foster trust and cooperation with patients, ensuring a sustainable revenue stream and continuous healthcare service delivery.

CashFlow

According to Ni Luh Gede Erni Sulindawati et al. (2017), the cash flow statement is a mandatory component of a complete set of financial reports. It offers valuable insights for financial statement users in assessing a company's ability to generate cash and cash equivalents, as well as its need to utilize those cash flows effectively. To support sound economic decision-making, users must evaluate not only the company's capacity to produce cash but also the certainty of its realization. The primary purpose of this statement

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is to provide historical information about changes in cash and cash equivalents by categorizing them into operating, investing, and financing activities throughout an accounting period. When used alongside other financial reports, the cash flow statement assists users in evaluating changes in net assets, financial structure, and assessing the company's liquidity and solvency, as well as its adaptability to shifting market conditions and opportunities.

Furthermore, Ni Luh Gede Erni Sulindawati et al. (2017) emphasize that the cash flow statement plays a critical role in evaluating various aspects of financial performance. It enables users to: (1) analyze shifts in net assets and financial structure to assess how effectively the company meets operational and investment needs; (2) evaluate the company's cash-generating ability from operating, investing, and financing activities to support business continuity; (3) predict future cash flows based on historical patterns, helping management in financial planning; and (4) identify how the company allocates its cash resources, assisting in determining whether to adjust spending strategies, invest, or pursue external funding. In the hospital context, cash flow statements are essential for sustaining operations, including funding medical staff salaries, medicine procurement, and medical equipment maintenance. These statements help hospital managers track revenue streams, including direct patient payments and insurance claims, and to foresee risks from underpaid patients or delayed reimbursements.

Cash flow serves as a vital element in financial management, underpinning operational continuity and informing strategic decision-making. One key factor influencing cash flow is depreciation—a non-cash expense still reported in financial accounting. Financial managers focus particularly on operating cash flow and free cash flow, as these indicators reflect liquidity and are closely monitored by capital market participants. As noted by Dr. Andewi Rokhmawati (2016), cash flows can be grouped into three categories to simplify analysis: (1) operating cash flows related to core business activities; (2) investing cash flows arising from the purchase and sale of fixed assets and investments; and (3) financing cash flows linked to borrowing, equity issuance, dividend payments, and stock buybacks. In hospitals, classifying cash flows into these categories allows financial managers to assess performance and plan effectively to maintain liquidity, invest in medical infrastructure, and manage long-term funding strategies—all of which are crucial for sustaining quality healthcare services.

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PREVIOUS RESEARCH

Research by Agustin (2019) and Daud Yusuf (2024) both examine the effect of receivables on the company's cash flow. Agustin focuses on how receivables control affects the collection process and its impact on cash flow at PT. Cowell Development Tbk., using a qualitative descriptive method. The results of his study show that receivables turnover decreases every year, which indicates an increase in bad debts and has the potential to reduce the company's cash flow. Meanwhile, Daud Yusuf (2024) uses a descriptive and explanatory qualitative approach to analyze the effect of accounts receivable and accounts payable on operating cash flow at PT. Capitalinc Finance. The results show that both accounts receivable and accounts payable have a positive effect on operating cash flow, especially in terms of increasing the company's liquidity.

The similarity of these two studies lies in their focus on receivables and their effect on the company's cash flow. However, there are several significant differences, such as the object of research, the focus of the problem, and the methods used. Agustin focuses more on receivables control and collection efficiency, while Daud Yusuf sees the relationship between the two variables (accounts receivable and accounts payable) with operating cash flow more broadly. In addition, the explanatory approach used by Daud Yusuf strengthens the causal analysis between changes in receivables and payables on operating cash performance.

RESEARCH METHODS

This study employs a mixed methods approach, combining both quantitative and qualitative techniques to gain a comprehensive understanding of how underpaid patient receivables are managed at JIH Hospital Yogyakarta. The quantitative approach, guided by Sugiyono (2021), involves the analysis of numerical data such as the number of underpaid patients, the value of uncollected receivables, and annual variances from 2018 to 2023, all obtained during an internship period. This data is used to measure the financial impact of receivables on the hospital's cash flow. However, because these numeric findings alone are insufficient to fully capture the complexity of the issue, the researcher also conducted qualitative inquiry through in-depth interviews with billing and cashier staff to explore the subjective experiences and procedural challenges faced in receivables management. According to Creswell & David Creswell (2018), qualitative research helps uncover the meaning individuals assign to social problems by gathering non-numeric data such as interviews and observations. The unit of analysis is the Billing and Cashier Division, which directly manages both daily financial transactions and outstanding patient

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balances. Data collection included primary sources through document review, observation, and interview, which allowed the researcher to identify institutional procedures and real-world challenges regarding underpaid patients. Data were then analyzed using descriptive statistics to map quantitative trends and narrative analysis to interpret staff insights and thematic experiences. This methodological integration not only enables a holistic diagnosis of receivables' impact on hospital cash flow but also lays the groundwork for realistic recommendations to improve receivables control (Creswell & David Creswell, 2018).

RESULTS

The primary respondent in this study was Mrs. Laksita Primadanti Suseno, SE., Head of the Billing and Cashier Unit at JIH Hospital Yogyakarta. The interview process was conducted indirectly initially by sending a draft of interview questions to the respondent, followed by clarification and discussion via online communication through chat messages. This method was chosen to accommodate the respondent's schedule and ensure flexibility in communication. Despite the absence of a face-to-face meeting, this technique allowed the researcher to gather in-depth insights on receivables management and the internal control mechanisms employed at the hospital. The chat-based conversations were held over several sessions until the researcher obtained comprehensive data necessary for analysis.

The study applied both quantitative and qualitative data analysis. The quantitative data consisted of patient receivables from 2018 to 2023, including information on total bills, down payments, payment shortfalls, types of guarantees left by patients, and shortfall percentages. This data strengthened the interview findings. Meanwhile, qualitative data were analyzed thematically based on responses collected through the indirect interview process. From the data, four main themes emerged: (1) Causes of Underpayment by Patients, (2) Policies and Handling Procedures, (3) Impact on Hospital Cash Flow, and (4) Strategies and Evaluation. These themes offered a comprehensive overview of the challenges and management responses related to underpaid receivables at JIH Hospital.

Economic hardship emerged as the most significant factor behind underpaid patient bills. According to the informant, most underpaying patients came from lower-middle-income families lacking emergency funds to cover costly medical procedures. The absence of private insurance among these patients worsened their condition, especially given the higher treatment costs at private hospitals compared to public ones. Decisions for treatment were often made in urgent, life-threatening situations, sidelining financial concerns. Additional contributing factors included unexpected medical costs, limited

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financial literacy, and poor understanding of billing despite the hospital's informed consent efforts. Many patients also arrived as referrals from other hospitals and required immediate advanced care, leaving families with little time to consider financial alternatives. To address this, JIH Hospital offered installment payment options, though consistency in repayment remained a challenge, further highlighting the need for a comprehensive, socially aware, and institutional approach to receivables management.

In response, JIH Hospital implemented a formal Standard Operating Procedure (SOP) for managing underpaid patients, including installment plans based on patients' financial capacity. Assessments were carried out before installment options were granted. A dual approach was adopted for collection: regular monitoring of agreed installments and direct visits to patients' homes. In cases where patients couldn't immediately settle their debts, the hospital accepted valuable collateral—such as land certificates or securities as guarantees. Despite these structured procedures, communication proved to be a challenge, requiring empathy, patience, and persuasive interpersonal skills from the financial staff. Some patients did return later to settle their debts, a testament to the effectiveness of the hospital's humane approach. The administrative team played a crucial role not only in billing execution but also in building long-term relationships with patients.

Lastly, the financial impact of underpaid patients was evident in the hospital's cash flow stability, especially given JIH Hospital's non-cooperation with BPJS and reliance on private insurance or direct payments. While cost transparency had been improved, unpaid receivables still ranged from IDR 30 million to 80 million annually. Though not yet a crisis, prolonged accumulation of such receivables could affect liquidity and operational flexibility. All unpaid amounts were recorded as receivables separate from revenue accounts, allowing the hospital to closely monitor their financial implications. To mitigate this, the hospital also engaged in Corporate Social Responsibility (CSR) for patients who met social and administrative criteria. Although operational cash needs were met consistently, receivables remained a potential risk if not managed effectively. Therefore, JIH Hospital emphasized active billing policies, persuasive communication, and continuous evaluation of its financial recording methods to stay aligned with its mid- and long-term financial needs.

DISCUSSION

The findings show that underpayment of patients is not only an administrative challenge but also has a significant impact on the operational continuity and cash flow of

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the hospital, especially since JIH Hospital only partners with private insurance and private payments. Here is the patient receivables data for 2018-2023:

Table 1. Patients Account Receivable Data in 2018-2023

No	Patient Name	Admission Date	Collateral	Total Bill	Down Payment	Outstanding Balance	% Outstanding	Overdue Period
1	Patient 1	14/10/2023	Land Certificate	Rp 11,706,130	Rp 5,000,000	Rp 6,706,130	57.29%	2 Months
2	Patient 2	20/10/2023	ID Card	Rp 11,694,484	Rp 4,694,484	Rp 7,000,000	59.86%	2 Months
3	Patient 3	11/05/2023	Land Certificate	Rp 132,979,955	Rp 95,600,000	Rp 37,379,955	28.64%	7 Months
4	Patient 4	16/09/2022	Motorcycle Registration	Rp 13,472,461	Rp 3,500,000	Rp 9,972,461	74.02%	1 Year 3 Months
5	Patient 5	24/04/2022	Land Certificate	Rp 111,947,750	Rp 63,000,000	Rp 48,947,750	43.72%	1 Year 9 Months
6	Patient 6	02/10/2020	Motorcycle Registration, ID Card	Rp 6,413,520	Rp 2,500,000	Rp 3,913,520	61.01%	3 Years 3 Months
7	Patient 7	15/02/2020	Land Certificate	Rp 22,725,220	Rp 7,000,000	Rp 15,725,220	69.20%	3 Years 6 Months
8	Patient 8	25/01/2019	Car Registration	Rp 45,000,000	Rp 34,250,000	Rp 10,750,000	23.89%	4 Years 10 Months
9	Patient 9	10/05/2018	Motorcycle Registration	Rp 5,277,435	Rp 3,000,000	Rp 2,277,435	43.15%	5 Years 10 Months
10	Patient 10	20/11/2018	2 Motorcycle Registrations	Rp 18,180,352	Rp 8,150,000	Rp 10,030,352	55.18%	5 Years 8 Months
11	Patient 11	02/10/2018	Motorcycle Registration	Rp 14,699,081	Rp 6,000,000	Rp 8,699,081	59.17%	5 Years 2 Months
	Average						52.78%	

Based on the analysis of private patient receivables at JIH Hospital from 2018 to 2023, a total of 11 patients were recorded with outstanding bills, varying in total amounts and unpaid balances. The highest recorded bill reached Rp132,979,955, with an outstanding balance of Rp37,979,955 (28.56%), while the lowest bill was Rp5,727,435 with a full unpaid balance of Rp3,727,435 (65.08%). On average, the patients owed 52.78% of their total bills, suggesting that more than half of the treatment cost was not settled

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immediately upon discharge. This pattern highlights a recurring issue of financial inaccessibility. JIH Hospital attempted to mitigate this risk by requiring collateral such as land certificates and vehicle BPKBs; however, this approach hasn't always guaranteed repayment. For example, one patient has been in arrears since October 2018, with a debt of Rp8,699,081 (59.18%), and another with the highest deficit of Rp48,947,750 (43.72%) has been unpaid for nearly two years.

The length of these delinquencies ranging from two months to five years reflects the limitations of the hospital's collection system and the complexity of managing long-term debts. These findings indicate the need for a critical review of JIH's collection policy, especially in terms of the validity and liquidation potential of the collateral collected, as well as the importance of establishing a more personalized, structured debt recovery approach. Over time, the economic value of the collateral may decline due to depreciation or legal complications. From a causality perspective, the primary factor for unpaid bills is patients' economic limitations. Many seek emergency care without financial preparation. From the data analyzed, the average total bill was approximately Rp36.6 million, and the average unpaid portion was Rp15.1 million over half of the total treatment costs posing a significant strain not only on the patient but also on the hospital's cash flow.

This situation aligns with (Aimbu et al., 2021), who noted that uncollected receivables often stem from human error and system error. At JIH Hospital, patients' lack of awareness about costs and the absence of a partnership with BPJS can be considered systemic shortcomings that contribute to unpaid debts. In addition, low financial literacy exacerbates the situation. Patients often misunderstand or underestimate the final costs despite being given early estimates and informed consent. These misunderstandings may result from a mix of technical communication, stress during emergency care, and lack of financial planning. From a managerial standpoint, JIH Hospital should consider building a risk-profiling system for patients and use historical receivables data to anticipate payment behavior. Coordination across clinical, financial, and administrative departments is also essential to ensure responsive, ethical debt recovery without compromising patient service quality or institutional reputation.

JIH Hospital has implemented Standard Operating Procedures (SOP) to handle unpaid bills, including steps for identifying high-risk patients, providing initial cost estimates, offering installment schemes, and following up on delinquent accounts. If patients cannot settle their bills immediately, they are asked to leave legal collateral. The hospital also uses flexible strategies such as allowing overdue payments to be paid in installments. The collection process is carried out via calls, written reminders, and home

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visits. This reflects a humanistic approach while still ensuring accountability. (Agustin, 2019) emphasized the effectiveness of combining personal communication with flexible payment mechanisms in healthcare settings to reduce the risk of uncollectible receivables. Similarly, (Jonathan et al., 2019) highlighted the need for clear legal frameworks and strong communication between healthcare providers and patients.

The impact of these unpaid bills on JIH's cash flow is significant, though not yet disruptive. Management asserts that daily operations such as salaries, medicine procurement, and service provision remain unaffected. However, cumulative unpaid debts from Rp3.7 million to Rp48.9 million per patient represent a looming financial risk, especially if left unresolved for years. The hospital's reliance on direct patient payments (not BPJS) makes this issue more pressing. (Apriliani et al., 2022) demonstrated that receivables positively influence operational cash flows in the future, provided that collection is timely. However, delays or failures to collect turn potential cash inflows into losses. Therefore, maintaining liquidity demands proactive receivables monitoring and early intervention systems, particularly in patient accounts showing delayed payments.

To manage this, JIH has established two specialized units: the debt collection team and the collateral assessment team. The former handles follow-ups, installment arrangements, and communication, while the latter appraises the value of collateral submitted by patients. This strategy allows for patient segmentation based on financial risk, enabling tailored collection methods. (Rugian et al., 2021) supports this structure by emphasizing the need for clear responsibilities and continuous monitoring in internal control systems. JIH's approach reflects a strategic balance between fiscal control and social responsibility. For patients who are demonstrably unable to pay, JIH also considers them for assistance under its CSR (Corporate Social Responsibility) program. This blended strategy—operational discipline supported by empathy—demonstrates that financial stability and social commitment can coexist in a healthcare institution.

CONCLUSION

This study found that the presence of underpaid patients, particularly those without insurance, significantly affects the cash flow stability of JIH Hospital Yogyakarta. The main causes of non-payment include poor economic conditions, sudden medical emergencies, low financial literacy, and limited patient understanding of cost estimates. Although the hospital has implemented measures such as installment payment schemes, asset-based guarantees, and standardized collection procedures (SOP), the field implementation still faces challenges, including delayed payments and low patient commitment to settle

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outstanding bills. While these receivables have not severely disrupted core hospital operations, they continue to strain the hospital's liquidity and financial flexibility. To mitigate this risk, JIH Hospital has formed a debt collection team and an asset appraisal team; however, several receivables have remained unresolved for over five years, indicating the need for a reassessment of the effectiveness of the collection system and the validity of the pledged collateral.

RECOMMENDATION

Based on the findings of this study, several recommendations are proposed for JIH Hospital to improve the collection of receivables from underpaid patients. First, the hospital is encouraged to optimize its receivables system by adopting a technology-based information system equipped with automated reminders for installments and due dates, which would enhance monitoring efficiency and reduce manual administrative workload. Second, the asset appraisal team should conduct regular evaluations of the pledged collateral, including assessing potential depreciation, and consider collaborating with independent asset valuation institutions to ensure appraisal accuracy. Third, the hospital should update its Standard Operating Procedures (SOP) to be more adaptive to patients' socioeconomic dynamics and technological advancements. This includes integrating a digital installment monitoring system, streamlining and verifying the collateral process, and strengthening the financial screening mechanism for inpatients at the time of admission. The revised SOP should also clearly define the tolerance period for arrears, escalation procedures for collections, and incorporate a more persuasive and human-centered communication approach as part of the financial service standard. By implementing these recommendations, JIH Hospital is expected to maintain cash flow stability while ensuring the sustainability of high-quality healthcare services.

MANAGERIAL IMPLICATIONS

The findings of this study provide critical insights for hospital management, particularly in the areas of financial administration and receivables control. It highlights the necessity for JIH Hospital to strengthen its internal risk mitigation strategies by developing a more responsive and technology-integrated receivables management system. Hospital managers should prioritize proactive measures such as early financial screening of patients, improved coordination among administrative units, and data-driven decision-making to identify high-risk accounts. Additionally, training for billing and collection staff in persuasive communication and empathetic negotiation techniques can improve patient

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compliance without compromising service quality. These managerial actions are essential to maintaining financial sustainability while upholding the hospital's commitment to accessible and humane healthcare.

RESEARCH LIMITATIONS

This study is limited by its focus on a single hospital—JIH Yogyakarta—and primarily relies on qualitative data supported by internal financial records and one key informant. As such, the generalizability of the findings to other hospitals, especially those with different organizational structures or public insurance partnerships, may be constrained. Furthermore, the study does not incorporate the perspectives of patients or external stakeholders such as insurance providers, which could offer a more holistic understanding of the receivables issue. Future research is recommended to include comparative case studies across different hospital types and incorporate multi-stakeholder interviews to enrich the analysis and validate the applicability of the proposed solutions.

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