

ANALYSIS OF PATIENT RECEIVABLES MANAGEMENT WITH INSURANCE PROVIDERS TO ACHIEVE RECEIVABLES SETTLEMENT TARGETS AT PERSADA HOSPITAL MALANG

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ABSTRACT

Background: Hospital receivables represent a significant issue impacting public healthcare services directly. They can diminish the quality of healthcare provision, hinder investments in facility development and human resources, and increase the risks of payment failures and financial losses for hospitals. Therefore, effective and efficient receivables management is crucial for Persada Hospital to achieve its insurance receivables settlement targets.

Method: The research employs a qualitative descriptive method with source triangulation and methods including direct observations and in-depth interviews.

Result: Various factors influencing patient receivables with insurance providers include complex insurance policies, slow hospital administrative processes, and delayed payments from insurance companies. Regarding payment measurement, factors such as the number of days from claim submission to payment, percentage of claims paid on time, and number of claims delayed or denied are crucial for evaluating billing process performance. Strategies such as implementing information technology systems, staff training, and enhancing communication with insurance companies can help improve billing performance at hospitals.

Conclusion: To continually develop more efficient and transparent billing systems and procedures, standardizing insurance claim procedures, utilizing information technology systems, and enhancing communication and coordination with insurance companies are strategic steps that can enhance the effectiveness and efficiency of patient receivables management.

Keywords: Management, Receivables, Insurance

I. INTRODUCTION

Receivables are the company's right to receive a sum of money from other parties who have used goods or services provided by the company. Receivables are a source of income for companies, including hospitals. Hospital receivables are a fairly big problem and have an impact on public health. Hospital receivables can also affect public trust and satisfaction with hospitals, which has an impact on patient loyalty and visits. (Praisila, 2019).

According to data from the Ministry of Health of the Republic of Indonesia, hospital receivables in Indonesia in 2022 will reach IDR 23.7 trillion, up 11.3% from 2021 which was IDR 21.3 trillion. The largest hospital receivables come from insurance underwriters, which is around 70% of the total receivables, or around IDR 16.6 trillion. Hospital receivables from



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insurance guarantors consist of receivables from the Health Social Security Administering Agency (BPJS), private insurance and government insurance (Diba, 2020).

Hospital receivables from private insurance have a smaller amount, namely around IDR 2.5 trillion, but have a faster waiting time for payment, namely around 30-60 days. Hospital receivables from government insurance have the smallest amount, namely around IDR 1.3 trillion, but have varying waiting times for payment, depending on the type and government agency. Hospital receivables from insurance underwriters occur in all hospitals in Indonesia, both government and private. The communities affected by hospital receivables from insurance underwriters are communities that have insurance underwriters, both mandatory and voluntary.

One of the factors that influences hospital receivables is the existence of insurance underwriters who cover patient care costs. Insurance underwriters can make it easy for patients to get health services without having to pay cash up front. However, insurance underwriters can also create difficulties for hospitals in terms of collecting receivables, because the claims process, document requirements and payment terms vary between insurance underwriters.

The results of a preliminary study conducted on January 19 2024 at Persada Hospital Malang using an interview approach to insurance billing staff revealed that payment of insurance receivables could exceed the time agreed at the beginning according to the cooperation agreement. And there was also no reply from the insurance company when the reconciliation process was carried out with insurance, which also hampered the payment of insurance receivables at the hospital.

In realizing good receivables management, Persada Hospital has provided policies regarding insurance and company receivables. In accordance with the decision that has been determined, the patient's bill for services is with the insurance guarantor must be sent to the insurance company a maximum of three days after the patient has finished undergoing health treatment. This can minimize the existence of expired bills that have not been billed to the insurance company for more than 30 days since the patient finished undergoing treatment. The existence of reconciliation with the insurance company or company greatly influences the payment process for insurance receivables to the hospital

II. MATHERIALS AND METHODS

This research is a qualitative type, namely research that uses descriptive data in the form of written or spoken language from people and actors who can be observed. This research also has a perspective using data in the form of narratives, story details, and construction results from respondents or informants

The data collected is primary and secondary data related to the analysis of patient receivables management with insurance underwriters at Persada Hospital Malang. Primary data sources are respondents selected using purposive sampling, namely by using certain criteria in accordance with the research objectives through interviews. Meanwhile, secondary data sources are documents obtained from Persada Hospital in either hardcopy or softcopy form

Interview, namely a data collection technique by conducting direct conversations between researchers and respondents, either face to face, telephone, or other media, to obtain the information needed for research. Researchers use qualitative analysis to explain hospital receivables management using data collection techniques, presenting data, and drawing conclusions.

III. RESULT AND DISCUSSION

A. Factors that Influence Patient Receivables from Insurance Underwriters for Measuring Hospital Performance at Persada Hospital Malang

The results of the interview revealed that the hospital at Persada Hospital Malang prioritizes compliance with applicable insurance policy policies and limits. The hospital's decision not to accept patients with insurance that does not cooperate indicates strict regulations in the claims process. The results of this interview explain that the hospital tries to maintain service quality by ensuring the suitability of insurance claims with patient policies. However, this process is often hampered by insurance policy changes which are not always communicated transparently.

According to the hospital's billing staff, the billing process was carried out after verifying the claim file. Hospitals monitor the length of time between claim submission and payment to ensure efficiency and overcome any obstacles that may arise. The results of this interview underscore the structured and efficient claims process at the hospital. Hospitals strive to increase accuracy and speed in processing insurance claims by using a strict monitoring system.

According to the insurance analyst staff, the main challenge faced by the insurance analyst staff is the continuous change in insurance policies, which makes the claims process more complicated and requires adjustments. This emphasizes the importance of accuracy in the administrative process, where every claim must be confirmed to be correct before it is submitted. The process of submitting a claim at Di Persada Hospital Malang begins with completing complete documents, and the claim is immediately sent to the insurance company. However, sometimes delays occur due to additional audit or verification processes from insurance companies

The results of interviews with insurance verifier staff show that internal and external coordination plays a big role in the efficiency of the claims process. Performance measurement at Persada Hospital Malang is based on the percentage of claims paid on time. Increasing efficiency in the claims process is a top priority for billing staff. They not only strive to achieve the target of claims being paid on time but also actively follow up on pending or rejected claims. The insurance claims analyst staff at Di Persada Hospital Malang recognizes that variations in insurance policies and types of claims affect the number of days needed to process claims. Efforts to achieve the target of 80% of claims paid on time show that the hospital is committed to continuing to improve the quality of claims management. Tracking the number of days it takes to process a claim is a key indicator in evaluating performance and finding potential improvements.

The results of the interviews explained that the claims analyst staff highlighted the importance of continuous evaluation of the number of pending or rejected claims. By analyzing the causes of these problems, they strive to improve the system so that subsequent claims can be processed more quickly. This approach shows awareness of the importance of close collaboration with insurance companies to maintain a smooth claims payment process.

B. Strategy to Increase the Effectiveness and Efficiency of Receivables Collection by Considering Factors That Influence Hospital Accounts Receivables and Performance

Insurance verifier staff emphasized the importance of uniform and standardized claims procedures at Persada Hospital Malang. With a good information technology (IT) system, hospitals can reduce manual errors and speed up claims. Utilization of IT systems enables data integration between departments, making it easier to access claims information quickly and accurately. Regular performance monitoring helps identify problems so improvement strategies can be implemented more effectively.

The results of interviews with verifier staff show that technology and training are the main strategies to increase the effectiveness and efficiency of receivables collection. This strategy can speed up the claims process, increase accuracy, and ultimately affect the hospital's overall receivables performance.

Hospital billing staff emphasize that clear standard operating procedures (SOPs) make it easier to quickly identify and resolve problems, because all steps in the claims process are well documented. Additionally, good communication with insurance companies is key to ensuring claims are processed without a hitch. Performance data obtained from routine monitoring also helps management make more informed decisions.

The results of interviews with hospital billing staff highlight that regular performance monitoring and ongoing training for staff are the basis for efficiency improvement strategies. Implementation of a hospital information technology system is an important tool in tracking claims in real-time, as well as facilitating communication with insurance companies. Performance data collected from routine monitoring helps hospitals assess the effectiveness of the claims process and determine areas that require improvement.

Insurance analyst staff highlighted that implementing SPOs made it easier to train new staff and ensure that every claim was submitted correctly. This standard procedure reduces the time required for claim verification and ensures all requirements are met before a claim is sent. Good coordination with insurance companies allows for a better understanding of their requirements, so that claims submitted are more in line with insurance expectations.

The results of interviews with insurance analyst staff revealed that standardized procedures and the use of information technology systems play an important role in increasing the efficiency of the claims process in hospitals. Automating some stages of a claim helps reduce staff workload and speed up the process. Developing staff skills through regular training not only improves efficiency but also the quality of claims submitted. Better coordination with insurance companies results in higher claim approval rates, indicating that synergy between hospitals and insurance companies can reduce barriers to receivables collection.

A. Factors Affecting Patient Receivables from Insurance Underwriters

1. Insurance Policy

The results of interviews with various respondents, including insurance claims analysts and hospital staff, show that frequent changes in insurance policies are the main factor influencing patient receivables. These dynamic policies often lead to uncertainty in the claims process, which is exacerbated by a lack of effective communication regarding these changes. This not only confuses hospital staff and patients, but also lengthens claim payment times, ultimately increasing the receivables that hospitals must manage. In the context of patient receivables, insurance policies have a significant influence, primarily through the limitations and exclusions that determine the amount of medical costs covered by insurance.

Based on these findings, researchers argue that the stability and consistency of insurance policies is very important to reduce complexity and uncertainty in the claims process. Insurance companies need to increase transparency and communication regarding policy changes and provide clear and easy-to-understand guidance to simplify the claims process. With these steps, it is hoped that patient receivables can be reduced significantly, reduce the administrative burden on hospitals, and increase patient satisfaction with the health services they receive.

2. Hospital Administration Procedures

The results of interviews with several respondents showed that poor hospital administration procedures and strict insurance policies were the main obstacles in managing insurance claims. Hospital insurance verification staff say that policies that limit the number of visits or

certain types of care often present obstacles, as they have to ensure that claims submitted comply with those policies. Hospital billing staff added that complex administrative procedures at hospitals often slow down the claim submission process, so that claims are not immediately processed by insurance companies. In addition, insurance claims analysts highlight that incomplete documentation or errors in filling out claim forms from hospitals are often the causes of claims being rejected or delayed.

Researchers argue that improving hospital administrative procedures is key to reducing barriers to managing insurance claims and increasing operational efficiency. Simplifying administrative procedures, such as streamlining workflows, can significantly speed up the claims submission process. In addition, researchers emphasize the importance of implementing sophisticated information technology, such as integrated hospital management systems and the use of electronic medical records, to increase accuracy and efficiency in processing patient data and insurance claims. Regular training and capacity building for administrative staff is also needed to ensure they are able to handle administrative processes well and minimize errors in documentation.

3. Late Payment

The results obtained from interviews with several respondents show that late payments are a complex problem that can be caused by various internal and external factors in the insurance claims process at hospitals. Hospital billing staff highlight that differences in opinion regarding the amount that should be paid can be a major cause of payment delays between hospitals and insurance companies. Additionally, insurance claims analysts emphasize that the high volume of claims that must be processed can slow processing times, resulting in delays in payments. Insurance verification staff also added that additional audits or verifications required by insurance companies on claims can also cause payments to be delayed. Apart from these factors, problems with information technology systems in both hospitals and insurance companies, such as errors in data transmission or system problems, can also cause delays in the claim payment process.

Researchers highlight that late payment is a complex problem and has many factors in the context of hospital insurance claims. The results of interviews with various respondents revealed several main factors that caused this delay, such as pending between hospitals and insurance companies regarding the amount that should be paid. In addition, the high volume of incoming claims and the need for additional checks or verification also contribute to significant payment delays.

All of these factors collectively create uncertainty in the insurance claims process, slow the flow of payments, and ultimately can disrupt hospitals' financial stability and complicate their efforts to provide optimal care to patients.

B. Timely Measurement of Insurance Payments by the Hospital

1. Number of Days

From the results of interviews with various parties at Persada Hospital Malang regarding measuring timely insurance payments, it can be concluded that this process involves several significant challenges. Insurance Verification staff stated that the complexity of different insurance policies often hinders the claim verification process, because it requires a lot of additional documents and complicated procedures. This not only slows down the verification process but also has the potential to increase the number of rejected or delayed claims. Opinions from Hospital Billing Staff indicate that administrative problems, especially in document collection and verification, are the main obstacles that slow down the billing

process. This process takes significant time and contributes to delays in insurance claim payments.

Based on the results of interviews with various parties at Persada Hospital Malang, there are several facts that can broaden understanding of the obstacles in measuring timely insurance payments. First, different insurance policies complicate the claim verification process because some insurance companies have complex procedures and require additional documents. Second, the hospital administration process, especially in collecting and verifying documents, takes quite a long time, which results in billing being delayed. Third, late payments often occur due to internal processes in insurance companies, such as long claim approval queues and changing internal policies.

2. Claim Percentage

From interviews with various parties at Persada Hospital Malang, it was revealed that measuring the percentage of claims paid within the specified time period is the main focus in efforts to improve hospital administrative performance. Insurance Verification staff highlights that the average claim payment is received within 30 days, although there are claims that take longer for certain reasons. Insurance Claims Analysts emphasize the importance of keeping records of the number of days required for a claim as part of their performance evaluation. Meanwhile, Hospital Billing Staff emphasized that the percentage of claims paid on time is a key performance indicator that they continue to improve.

Researchers emphasize that measuring the percentage of claims paid on time is not only important to measure operational efficiency, but also to build trust between hospitals and insurance companies and ensure compliance with high service standards. By monitoring and improving this percentage, hospitals can reduce the risk of late payments that can impact liquidity and the services provided to patients. Thus, focusing on measuring the percentage of timely claims will support hospitals' efforts to improve administrative efficiency and overall patient satisfaction.

3. Number of Pending or rejected Claims

From interviews with Hospital Insurance Verification Staff, it was revealed that some claims experienced delays due to complicated insurance policies and additional required document requirements. Hospital Billing Staff also identified obstacles in the administrative process that slowed claim settlement, especially related to document collection and verification. Meanwhile, Insurance Claims Analysts highlight that delayed or rejected claims are often caused by long approval queues and changing internal policies.

Researchers consider that the number of pending or rejected claims is a significant indicator in evaluating the performance of the insurance claims system in hospitals. This reflects the challenges faced in maintaining accuracy and compliance with applicable insurance policies. To overcome this problem, researchers recommend improvements in administrative processes, increased communication between hospitals and insurance companies, and regular training for related staff. In this way, hospitals can optimize claims settlement, reduce the number of rejected or delayed claims, and increase patient satisfaction and overall operational efficiency.

C. Strategies to Increase the Effectiveness and Efficiency of Collection of Patient Receivables

1. Standardization of Insurance Claim Procedures

From the results of interviews with Hospital Insurance Verification Staff, it was revealed that standardization of insurance claim procedures is very important to ensure that all claims are processed with consistency. This helps reduce errors and speed up the claim submission process. Insurance Claims Analysts add that by having standardized procedures, they can more easily provide information about insurance and ensure that each claim is submitted correctly. Meanwhile, Hospital Billing Staff highlighted that standardized claims

procedures help in identifying and resolving problems more quickly because all steps are clearly documented.

Researchers emphasize that standardizing insurance claims procedures is not just an administrative necessity, but also an effective strategy for improving hospital operational efficiency. By having clear and standardized procedures, hospitals can reduce error rates, increase data accuracy, and speed up the flow of claims settlement. This will have a positive impact on managing patient receivables, optimizing resources and improving overall service quality. Thus, standardizing insurance claims procedures is an essential strategic step in efforts to increase the effectiveness and efficiency of collecting patient receivables at Persada Hospital Malang.

2. Use of Information Technology Systems

From the results of interviews with various parties at Persada Hospital Malang, several important points were revealed regarding the use of information technology systems. RS Insurance Verification staff emphasizes that an integrated system helps ensure all claims are processed the same way, reduces errors and speeds up the application process. Insurance Claims Analysts highlight the ease of training all employees and ensuring correct claims submission thanks to standardized and technology-supported procedures. Hospital Billing Staff also appreciate that the integrated system makes it easy to quickly identify and resolve problems, because all steps are clearly documented and accessible.

Researchers believe that implementing information technology systems is an important strategic step to improve hospital operational efficiency. This system not only simplifies administrative processes, but also increases accuracy and transparency in insurance claims management. With integrated technology, hospitals can reduce human error, speed claims resolution times, and improve coordination between departments. Additionally, this technology enables better data analysis, which can be used to identify areas requiring improvement and develop more effective strategies for managing patient receivables. Successful implementation of this system is expected to have a positive impact on patient satisfaction, operational efficiency and overall hospital financial performance.

3. Staff Training and Development

From the results of interviews with several parties at Persada Hospital Malang, it appears that staff training and development has a significant impact in increasing the efficiency of collecting patient receivables. Hospital Insurance Verification staff acknowledge that ongoing training helps them understand changing insurance policies and ensure that claims are submitted in accordance with applicable requirements. Insurance Claims Analysts added that the training helps them improve the accuracy of claims submissions and understand the technology used to process claims more efficiently. Hospital Billing Staff also felt that training supported them in managing billing more effectively and reducing errors.

Researchers believe that investing in staff training and development is a very valuable investment for hospitals. By increasing staff knowledge and skills, hospitals can improve the quality of services provided to patients, increase operational efficiency, and reduce the risks associated with handling insurance claims. Additionally, well-trained staff tend to be more motivated and have higher levels of job satisfaction, which contributes to the stability and sustainability of hospital operations. Thus, staff training and development is a crucial element in the strategy to increase the effectiveness and efficiency of collecting patient receivables at Persada Hospital Malang.

4. Improve Communication and Coordination with Insurance Companies

From the results of interviews with several parties at Persada Hospital Malang, it appears that improvements in communication and coordination with insurance companies can have a positive impact on collecting patient receivables. RS Insurance Verification staff highlighted the importance of effective communication in explaining claim requirements to

insurance companies, while Insurance Claims Analysts emphasized the need for open dialogue to resolve problems that may arise. Hospital Billing staff also recognize that good relationships with insurance companies can speed up the claims process and reduce settlement times.

Researchers believe that improving communication and coordination with insurance companies is a step in increasing the efficiency of collecting patient receivables. By strengthening relationships and improving communication channels, hospitals can reduce the risk of misunderstandings and delays in claim resolution. It can also speed up cash flow and ensure that patients get their insurance benefits in a timely manner. Therefore, investment in this strategy is expected to optimize the process of collecting patient receivables at Persada Hospital Malang, while increasing patient satisfaction and overall hospital operational sustainability.

5. Performance Monitoring and Evaluation

From the results of interviews with several parties at Persada Hospital Malang, it appears that monitoring and evaluating performance has an important role in increasing the effectiveness of collecting patient receivables. Hospital Insurance Verification staff admit that regular monitoring helps them identify potential problems before they escalate. Insurance Claims Analysts add that performance evaluations help them in assessing the effectiveness of implemented billing strategies and adjusting approaches if necessary. Hospital Billing Staff also acknowledged that performance monitoring helped them ensure that the billing process was running according to the set targets.

Researchers believe that monitoring and evaluating performance is a critical step in effectively managing patient receivables collection. By adopting a systematic and structured approach to monitoring and evaluating performance, hospitals can identify areas for improvement, optimize billing processes, and increase patient satisfaction and overall operational efficiency. This also provides an opportunity to make necessary changes proactively, thereby improving the hospital's ability to face challenges that may arise in collecting patient receivables in the future.

IV. CONCLUSION

1. Factors that Influence Patient Receivables with Insurance Guarantor, from the discussion of factors that influence patient receivables with insurance guarantors, it can be concluded that there are various factors that play a role in determining the amount of patient receivables, such as complex insurance policies, home administration processes slow illness, and late payments from insurance companies. This conclusion shows that to manage patient receivables effectively, hospitals need to pay attention to these various factors and take appropriate steps to overcome them.

2. Measuring Timely Insurance Payments by the Hospital. From the analysis regarding the measurement of timely insurance payments by the hospital, it was concluded that metrics such as the number of days from submitting a claim until payment is received, the percentage of claims paid within the right time. established, and the number of pending or denied claims is an important indicator in evaluating the performance of the billing process. By monitoring and analyzing these metrics, hospitals can identify areas that need improvement and implement appropriate strategies to increase billing efficiency.

3. Strategies to Increase the Effectiveness and Efficiency of Collection of Patient Receivables: From the discussion regarding strategies to increase the effectiveness and efficiency of collection of patient receivables, it can be concluded that the adoption of various strategies such as standardization of insurance claim procedures, use of integrated information technology systems, staff training and development, and improvement Communication and

coordination with insurance companies can help hospitals improve billing performance. This conclusion emphasizes the importance of collaboration, innovation and ongoing commitment in managing patient receivables effectively and efficiently.

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