

Applying Ipsas 23 To Recognize Non-Trading Operating Revenue At Public Hospitals In Hanoi Area, Vietnam.

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ABSTRACT

Vietnam is in the process of reforming and perfecting the accounting system in general and the public accounting system in particular, aiming at transparency of information in financial statements. The recognition of non-trading operating revenue at public hospitals in Vietnam has a great impact on the financial statements of the unit. This study analyzes the application of International Public Sector Accounting Standard No. 23 (IPSAS 23) in the recognition of non-trading operating revenue at public hospitals in the Hanoi area. The research method combines qualitative and quantitative methods, based on data analysis and interviews with accounting experts. The results show significant differences between IPSAS 23 and current accounting practices in Vietnam, especially in the recognition of aid and conditional funding. The study proposes a new accounting model towards controlling assets and obligations, helping to improve transparency and financial accountability. The research results contribute to supporting the implementation of Vietnamese public sector accounting standards (VPSAS 23) in the health sector in general and public hospitals in Hanoi in particular.

Keywords: : non-exchange revenue; public hospitals; IPSAS 23; revenue recognition;

JEL code: M40, M41, M49

1. INTRODUCTION:

In the context of globalization and public finance reform, the application of international public sector accounting standards (IPSAS) has become an inevitable trend to improve transparency, accountability and comparability of financial information. In particular, International Public Sector Accounting Standard No. 23 - Revenue from Non-Exchange Transactions (IPSAS 23) plays a core role in guiding the recognition of revenues not arising from exchange transactions, including taxes, aid, grants and conditional transfers.

Non-exchange revenue included: State budget allocation/ Foreign aid/ Sponsorship, donation/ Support according to health programs/policies. This is an important resource to ensure the task of taking care of people's health and implementing public health services assigned by the government.

However, according to the actual survey, the current accounting regime is still heavily focused on budget settlement, not reflecting the true nature of transactions according to the principles: accrual basis, asset control rights, obligations attached to revenue. This leads to: Revenue is not recorded at the right time, the accompanying conditions are not reflected as obligations, there is no consistency between units in the same Hanoi public hospital system. Financial reports lack transparency and comparability.

Meanwhile, the International Public Sector Accounting Standard IPSAS 23 – Revenue from Non-Exchange

Transactions has provided specific principles and guidelines on: Identifying resources / Distinguishing exchange and non-exchange transactions / Reflecting performance obligations according to conditions / Transparent presentation and explanation.

Thus, to implement VPSAS according to IPSAS in Vietnam, it is necessary to complete the method of recording untraded revenue according to international practice, especially in public hospitals that receive a large volume of sponsorship activities and state budget capital. However, there are not many studies focusing in-depth on: The subject is public hospitals in the Hanoi area, studying the direction of applying IPSAS 23 systematically, assessing the level of compliance according to each quantitative criterion and proposing an accounting model suitable for Vietnam's conditions.

2. OVERVIEW OF RESEARCH ON NON-EXCHANGE OPERATING REVENUE ACCORDING TO INTERNATIONAL REGULATIONS.

2.1. Theoretical basis and overview of non-exchange operating revenue in public accounting:

According to IPSAS 23, a non-exchange transaction is a transaction that is not an exchange transaction. In a non-exchange transaction, an entity receives value from another entity without directly returning a near-equivalent value, or transfers value to another entity without directly receiving a near-equivalent value

IPSAS 23 (IPSASB, 2018) stipulates that revenue from non-exchange transactions is recognized when an entity receives consideration without transferring an equivalent consideration. Taxes, grants and donations are considered non-exchange revenue if there is no specific obligation to the grantor. The standard highlights two important aspects:

Conditions that attach to the right to use the asset or the grant and Restrictions that limit the purpose but do not attach an obligation to repay.

The study by Robert & Colibert (2008) in the book “Les normes IPSAS et le secteur public” has provided a profound theoretical foundation on the role of IPSAS in improving the transparency and efficiency of public financial reporting. The authors argue that IPSAS 23 is a tool to help the public sector transition from budgetary accounting to accrual-based accounting, reflecting the true nature of the rights and obligations of public entities. However, they also point out that the biggest challenge is to distinguish the boundary between exchange and non-exchange transactions, especially in the health and education sectors – where public entities both provide public services and receive performance-based budgets.

Along with IPSAS 23, developed countries have issued similar standards to localize and specify guidance on public revenue recognition:

South Africa's GRAP 23 (Accounting Standards Board of South Africa, 2017) is based on IPSAS 23, providing detailed implementation procedures for “conditional transfers”, encouraging transparency of information on the objectives, conditions and results of grant implementation.

GASB Statement No. 33 (1998) and No. 36 (2001) of the United States define the mechanism for recognizing non-exchanged revenue in local government organizations, with an approach focusing on the reporting obligations of the grant recipient (recipient reporting).

IPSAS 47 (IPSASB, 2023) expands the concept of revenue, making a clearer distinction between contract revenue (exchange) and non-exchange revenue, thereby supporting the identification of performance-based payments or public health program payments that are “non-exchange conditional revenue”.

The identifying characteristics of non-exchange operating revenue at health facilities are not directly linked to the value of the health services provided. The donor (State/donor organization) does not receive equivalent economic benefits. The hospital has no obligation to repay (unless there are conditions).

Therefore, revenue recognition should be based on control of the asset.

2.2. Non-exchange revenue according to IPSAS 23

2.2. 1. Classification of non-exchange revenue according to IPSAS 23

In IPSAS 23, non-exchange revenue is classified into two main groups: unconditional non-exchange revenue and conditional non-exchange revenue.

According to IPSAS 23, unconditional non-exchange revenue is revenue that the entity receives without direct reimbursement, or reimbursement is only nominal. Typical examples are revenues from taxes, subsidies, fines and other revenues that the entity receives without providing equivalent goods or services in exchange.

According to IPSAS 23, conditional non-exchange revenue is the economic benefit that an entity receives from a non-exchange transaction in which the receiving entity has an obligation to perform an obligation without receiving any equivalent value in return from the other party (for example, some government funding sources). This revenue is recognized when the entity has the right to control the asset and it is certain that the economic benefits will flow to the entity. Core point: The condition of using the asset gives rise to the obligation to pay over time. This is the point that hospitals in Hanoi have not implemented correctly when applying the current accounting regime.

2.2.3. Regulations on recognition of non-exchange revenue under IPSAS 23 and assessment of the risk of misstatement

The conditions for recognition of revenue under IPSAS 23 include the following 4 conditions: (1.) The entity controls the asset / (2.) The economic benefits or service potential are certain / (3.) The value of the asset can be measured reliably / (4.) There is no longer a related obligation (with a conditional grant).

If condition (4) is not satisfied: then no revenue will be recognized but it must be recognized as a payable obligation. The recognition is done as follows:

Table 1: Classification and recognition of non-exchange revenue under IPSAS 23

Revenue group	Example in public hospital	How to record
Non-transferable revenue Unconditional Grants	State budget compensation for regular operations	Record revenue as soon as the hospital takes control of assets
Conditional grants Aid for purchasing ventilators	HIV drugs, etc., project-based funding	Debit payable in advance; gradually transferred to revenue upon completion of obligations

Source: collected by author

For unconditional non-exchange revenue, it is immediately recorded in revenue as soon as the hospital controls the asset without having to show any previous obligations. For conditional non-exchange revenue, at the

time of controlling the asset, the unit is not allowed to record revenue but must record it in Assets and Liabilities. After the asset fulfills its obligations, Liabilities will be gradually transferred to revenue.

2.3. International experience in applying IPSAS 23 in recording revenue from exchange activities

In Australia, the Activity Based Funding (ABF) system developed by the Independent Health and Aged Care Pricing Authority – IHACPA (2023, 2025) has become a typical model in allocating public hospital budgets. According to ABF, the budget allocated to hospitals is based on the volume of activities and the complexity of cases (case-mix). Although this mechanism has an exchange element (medical services - payment), most of the funding is considered "conditional non-exchange revenue", because the service price, service objects and scope of provision are all regulated by the State.

Applying IPSAS 23 in this context requires hospitals to determine when conditions for receiving funding (e.g., completing treatment targets) are met, rather than relying solely on budgeted cash flows. IHACPA research shows that applying international standards enhances auditability and financial transparency but also raises difficulties in measuring the fair value of public services and dealing with differences between actual costs and price levels.

In New Zealand – Casemix and Public Health Resource Allocation.

The New Zealand Ministry of Health (2019) developed The Casemix System, in which funding is allocated to hospitals based on Diagnosis-Related Groups (DRGs). This system is both a cost management tool and a basis for determining revenue. Budgetary grants based on the number and type of cases are considered untraded revenue, as hospitals do not have the power to determine prices. However, the report also points out that the casemix does not fully reflect the value of support services, research and medical education - which are funded through grants and transfers, which are directly regulated by IPSAS 23.

The Canadian Institute for Health Information (CIHI, 2022) has developed a Patient Cost Database (MIS Technical Document) to standardize the method of calculating costs in public health facilities. Research by Chapko et al. (2009) and Tan et al. (2009) shows that the two popular methods, bottom-up (micro-costing) and top-down (cost allocation), can give equivalent results in terms of total costs, but bottom-up has higher accuracy for each type of service.

When applying IPSAS 23, detailed cost data using the bottom-up method supports the measurement of the fair value of the financed services - a key factor in recognizing revenue in accordance with its economic substance. Canada is considered one of the leading countries in linking hospital cost data to public financial reporting, contributing to improved reliability in the presentation of non-trading revenues.

United States – GASB Standards and IFRS 15 Healthcare Accounting Guidance

In the United States, GASB 33 and GASB 36 regulate the recognition of non-exchange revenue in public entities, including public hospitals. These standards require a distinction between “eligibility requirements” (conditions that must be fulfilled to receive funding) and “time requirements” (time when funding is used).

In addition, RSM US LLP (2023) – “Revenue Recognition in the Health Care Industry” extends the approach to the healthcare sector, based on IFRS 15 / ASC 606. RSM emphasizes that revenue recognition in hospitals requires an assessment of the nature of the contract with the insurer, the state, or the patient to determine whether the transaction has an element of exchange. When compared with IPSAS 23, IFRS 15 focuses on contractual performance obligations, while IPSAS 23 focuses on fulfilling financing conditions.

These experiences will help the study to come up with a more feasible and realistic solution to apply IPSAS.

3. THEORETICAL FRAMEWORK AND METHODS APPLIED IN THE STUDY

3.1. Theoretical framework

To achieve the initial objectives, the study uses two theoretical frameworks: Public financial transparency theory and Accountability theory corresponding to the research role clearly shown in the table below:

Table 2: Research theoretical framework

Theory	Role in research
Theory of public financial transparency	Revenue determination must accurately reflect the nature of the transaction and its conditions.
Accountability Theory	Hospitals must demonstrate proper use of funding.

Source: collected by author

These theories are the basis for proposing an accounting model oriented towards controlling assets and obligations.

3.2. Research methods.

3.2.1. Research design

The study uses a mixed-methods approach combining: Qualitative: analysis of legal regulations, IPSAS 23 and expert interviews and quantitative descriptive: assessment of the level of compliance with IPSAS 23 using a Likert scale to both reflect the nature of the standards and compare them with the practices of Hanoi public hospitals.

3.2.2. Research objects and scope.

The research has determined the object and scope of the research, specifically according to the summary table below.

Table 3. Research objects and scope

<i>Ontent</i>	<i>Description</i>
Subjects	Accounting for non-transactional operating revenue
Research Subjects	Public hospitals under the Hanoi People's Committee
Selection Sample	Hospitals in Hanoi represented by hospital class (75 samples were sent out, 75 hospitals received 68 samples that met the requirements)
Sample grouping	BV1-HN (Grade 1 - Central level), BV2-HN (Grade II - Local), BV3-HN (Grade III - Local)
Data Time	Year 2023–2024
Research Space	Hanoi, Vietnam

Source: collected by author

3.2.3. Data collection method

To collect data, the study collected data according to the following types: Secondary and Primary. Specifically, with secondary data, the collection tools are Financial Reports, accounting data explanations of public hospitals in Hanoi/Vietnam with the source of collection being the finance and accounting department at these hospitals. To collect secondary data, the study used the collection tools from the results of expert interviews with chief accountants and accountants of public hospitals.

Table 4. Table describing data collection methods

<i>Data Types</i>	<i>Collection Tools</i>	<i>Finance and Accounting</i>
Secondary Data	Financial Statements, Notes, Accounting Data	Department of Public Hospitals in Hanoi
Primary Data	Expert Interviews	Accounting Specialist of Public Hospitals in Hanoi

Source: collected by author

Survey and expert interviews

To have authentic assessment results on the current situation of accounting for non-transaction revenue at public hospitals in Hanoi. The study conducted a questionnaire sent to 75 hospitals in the area via email and directly, and phone calls to collect information according to the survey content presented in the appendix. The results received 68 questionnaires, reaching a response rate of 90.6% of the questionnaires that were appropriate to the research content.

To get in-depth opinions, the research team directly interviewed 12 experts corresponding to 12 hospitals: 4 central hospitals, 4 grade 2 local hospitals, 4 grade 3 local hospitals, selected 03 in-depth experts corresponding to 03 hospitals with many years of experience in the field of finance - accounting, with the interview time in early 2025, with the form of direct & online interviews (by phone), documents were recorded and recorded on notebooks with data encryption (CG1-HN), the list of interview questions is presented in detail in the appendix.

3.2.4. Scale for assessing the current state of accounting according to IPSAS 23

The study uses a 5-level Likert scale: with corresponding answers from low to high: (1) Non-compliance, (2) Low compliance, (3) Average compliance, (4) Fair compliance, (5) Good compliance with the level assessment criteria: Recognition, classification, recording, presentation and explanation with a maximum total score of 20 points. The assessment results are presented in content 4

3.2.5. Data analysis method

To analyze the data, the study followed 5 steps described in the analysis as follows:

Step 1: Standardize data according to IPSAS 23 form

Step 2: Encode interview results by topic

Step 3: Cross-compare between hospitals & IPSAS international public accounting standards

Step 4: Compare the current situation & propose a complete model

Presentation by tables & charts: Summary table according to Likert scores, Bar charts comparing each criterion, Radar charts evaluating each hospital.

3.2. 6. Ensuring research reliability & validity

- Data triangulation

- Cross-checking with independent experts

- Anonymized coding process to avoid response bias

4. CURRENT STATUS OF ACCOUNTING FOR NON-TRADING REVENUE AT PUBLIC HOSPITALS IN HANOI AREA.

4.1. Overview of non-trading revenue sources at public hospitals in Hanoi

In reality, at public hospitals in Hanoi area, the main sources of revenue in non-trading activities included State budget for regular expenditure & professional tasks/International ODA aid/ Sponsorship, equipment donation/Support for target programs...

For non-exchange operating revenue, it is usually from the state budget. For hospitals with partial autonomy in regular expenditures and hospitals that have not yet implemented financial autonomy, it creates a foundation to maintain public health services and support the implementation of social security tasks under the direction of the State.

4.2. Assessing the current situation according to 4 criteria of compliance with IPSAS 23

Through collecting survey data with directly interviewing 12 accounting officers with over 15 years of experience at some typical hospitals: Central (grade 1), local grade 2 and grade 3. The collected results were synthesized, evaluated and averaged to give the following results:

The collected results are synthesized, evaluated and averaged as follows:

Table 5. Level of compliance with IPSAS 23 at the study hospitals
(Likert scale 1–5)

Hospital's code	Recognition	Classification	Recognition	Presentation	Total (20)	Rating Level
BV1-HN	4	4	3	3	14	Rather
BV2-HN	4	3	3	3	13	Average
BV3-HN	3	2	2	2	9	Poor

Source: collected by author

Comments: No hospital achieved good compliance (≥ 16 points). Presentation & Recording are the two weakest criteria in recording non-exchange revenue at public hospitals. According directly to the opinion of experts interviewed, there is an opinion as follows: "Non-exchange revenue must wait for finalization approval before recording revenue, this is a long-standing habit, but it is also due to barriers from Government regulations, especially for hospitals under the Department of Health and the sponsored assets must go through the establishment of public ownership and must go through many approval steps" - Opinion of CG2-HN, a long-time

accounting expert of a hospital under the management of the Department of Health.

4.3. Current status of revenue recognition and classification

According to the survey and interview, the criteria for revenue recognition and classification at public hospitals are mainly based on the regulations from the state budget directory. Therefore, hospitals are almost classification the same and have the same limitations, which are presented in the following table:

Table 6. Identification and classification of unexchanged revenue in public hospitals

Criteria	Current status	Restrictions on occurrence
Recognition	Recorded according to state budget or project sources	Not yet linked to the nature of the transaction
Classification	Based on state budget index	No distinction between conditional and unconditional

Source: collected by author

For aided assets, 100% of the aid is considered revenue immediately upon receipt and is not recorded in non-exchange operating revenue but recorded in other income

on the financial statement index, without determining the usage obligation, leading to distortion of the nature according to IPSAS. "Ventilator aid is part of the funding budget, but the accountant still includes it immediately in revenue." - Opinion CG1-HN

4.4. Current status of recording non-exchange operating revenue

Currently, public hospitals in Hanoi in particular and public hospitals in Vietnam in general are recorded according to the provisions of Circular 24/2023/TT-BTC - Guidance on Administrative and Career Accounting

Regime. Although this Circular has been approached according to IPSAS through VPSAS (issued by Vietnam) and has a certain harmony. However, it is still inevitable to avoid the mindset and habit of recording. Therefore, most public hospitals in Hanoi record non-exchange operating revenue as follows:

Table 7. Current accounting practices of public hospitals compared to IPSAS 23

Revenue Type	Current	According to IPSAS 23	Assessment
State Budget for Regular Operation	Recorded settlement at	Record when controlling assets	Timing error
Conditional Aid	Record revenue at the time of assignment	Record Payables, then transfer revenue each time the condition is fulfilled	Natural error
Asset Funding	Record increased revenue + assets	Record assets + obligations	Obligation not recorded

Source: collected by author

Therefore, revenue and operating results are inflated and potential liabilities that the unit is carrying are not fully recognized. This affects the planning and orientation of the future and sustainable development of public hospitals in general, and hospitals in Hanoi in particular.

Thus, the reality of revenue recognition needs to be based on asset control, not on budget settlement as currently.

Core point: The condition of using the asset gives rise to the obligation to pay over time. This is the point that hospitals in Hanoi have not implemented correctly when applying the current accounting regime.

4.5. Current status of presentation & explanation of non-exchange revenue indicators.

When analyzing financial reports, it shows that: The reports of public hospitals in Hanoi did not explain the conditions associated with revenue sources, did not analyze the risk of repayment when violating conditions and for cases of force majeure. The reporting indicator system still lacks comparison between periods.

This is clearly seen in the opinions collected from experts: "Whether there is an obligation or not is the job of the planning department. Accounting only records according to the handover records." Opinion of CG3-HN.

Thus, there is a lack of coordination between the Finance - Accounting department and the Planning - Materials department

4.6. Causes of the current situation

Table 8. Summary of causes of limitations of the current situation

Group of causes	Description
Inadequate internal/domestic legal system	VPSAS 23 is not yet mandatory
Limited training and implementation capacity	Only 20–30% of accounting staff are trained in the new standard
Un - updated software system "Budget safety" mentality	Information technology is still designed according to "budget settlement"
Un-updated software system "Budget safety" mentality	Prioritizing the correct process over the correct nature of the transaction

Source: collected by author

4.7. Impact on the quality of financial reports

The above situation has greatly affected the quality of information on the financial reports of public hospitals in Hanoi. Specifically, this impact affects the following contents:

Table 9. Impact of non-trading revenue recognition on financial reporting

<i>Impacted Content</i>	<i>Level</i>	<i>Consequences</i>
Transparency	Average	Failure to properly assess hospital performance
Accountability	Low	Risk of misuse of aid
International Comparability	Poor	Difficulty accessing international cooperation projects

Source: collected by author

5. APPLYING IPSAS 23 TO COMPLETE THE RECOGNITION OF NON-TRADING OPERATING REVENUE.

5.1. Principles of applying IPSAS 23 at Hanoi public hospital

Based on the assessment results in Part 4, the study proposes to apply the following 3 core principles:

Table 10 Principles for applying IPSAS 23 at Hanoi public hospitals

<i>Principles</i>	<i>Objectives</i>
Recognition when controlling assets	Reflect the correct timing of collection
Identify related obligations	Avoid revenue over-statement
Transparent presentation of conditions of use	Increase accountability

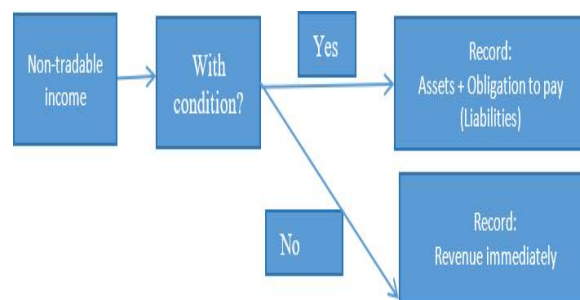
Source: Author's own construction and synthesis

These principles ensure the corresponding objectives are the change from budget accounting to accrual accounting in line with modern accounting trends.

5.2. Proposed model for classifying non-trading revenue transactions according to IPSAS 23

According to the analysis of the current situation at public hospitals in Hanoi, in order to solve the limitations in content 4 and ensure the principles and objectives in section 5.1. The model for classifying non-trading revenue transactions according to IPSAS 23 is as follows:

Diagram 1. Classification of revenue sources at public hospitals



Source: Author's own construction and synthesis

5.3. Guide to recognition according to IPSAS 23

After classifying unrealized revenue, proceed to record each type of revenue source as follows:

Table 11 Guide to recognition according to IPSAS 23

<i>Revenue Type</i>	<i>Upon Receipt</i>	<i>When condition is fulfilled</i>
State Budget for Regular Activities	Non-Exchange Revenue	Not applicable
Conditional Aid (Assets)	Assets + Liabilities	Revenue
Conditional Aid (Money)	Cash + Liabilities	Revenue
Unconditional Grant	Immediate Revenue	Not applicable

Source: Author's own construction and synthesis

This corrects the common mistake of recording revenue as soon as aid is received.

5.4. Proposed accounting entries are recorded according to the public accounting system in Vietnam.

Table 12 Proposed accounting entries for non-trading operating revenue

<i>No</i>	<i>Transaction</i>	<i>Debit account</i>	<i>Credit account</i>
1	Receive conditional funding in cash	Cash	Liabilities to be performed
	When funding conditions are met	Debt payable	Non-transferable revenue
2	Receive funding as fixed assets	Fixed assets	Liabilities to be performed
	When used for the right purpose	Debt payable	Non-transferable revenue

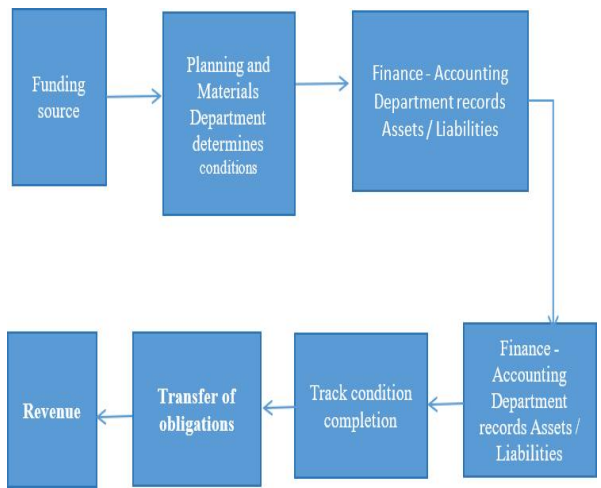
Source: Author's own construction and synthesis

Revenue is recorded according to the progress of performing obligations, regardless of budget approval, thus reflecting the true nature more accurately.

5.5. Proposed accounting information circulation diagram

To manage information closely, publicly and transparently, there must be coordination between the Finance - Accounting department and the Planning - Materials department. To do this well, it is necessary to follow the following process:

Diagram 2: Diagram of information circulation of revenue exchange operations.



Source: Author's own construction and synthesis

Implementing this process will ensure tight control over the use of funding. Transparency of obligations under the terms of revenue sources.

5.6. Conditions for applying the model at public hospitals in Hanoi

Table 13: Conditions for applying the model

<i>Solution Group</i>	<i>Contents</i>
Policy	Issuing guidance under VPSAS 23 specifically for hospitals
IT	Upgrading accounting software to record obligations
Human	Accrual accounting training - IPSAS
Process	Reviewing internal processes between finance, accounting, planning, and materials

Source: Author's own construction and synthesis

To have an effective solution, the most important condition is to upgrade the accounting software to record the accompanying obligations. Implementing this solution

will indirectly help human resources and revenue sources to be classified more easily and transparently.

5.7. Expected benefits of applying the model

According to experts' assessment, applying IPSAS to accounting for non-trading operating revenue will achieve the following benefits:

Table 14. Expected benefits of applying the model

<i>Improvement Criteria</i>	<i>Level</i>
Financial Reporting Transparency	★★★★★
Accountability	★★★★
Ability to Attract International Funding	★★★★
Ability to Attract International Funding Financial Management	★★★★★

Source: Author's own construction and synthesis

CONCLUSION AND RECOMMENDATIONS

6.1. Conclusion

The study has clarified the theoretical basis and the current status of recording non-trading operating revenue at public hospitals in Hanoi area, showing significant differences between international standard IPSAS 23 and current accounting practices.

The assessment results show that: Non-exchange revenue is still determined according to the state budget settlement mechanism, aid and conditional funding have not reflected obligations, presented in financial reports lack transparency in terms of use, the level of compliance with IPSAS 23 at hospitals is only average and below average. That leads to: Financial reports do not reflect the true nature of transactions, there is still a potential risk of misrepresentation of public financial accountability, limiting the ability to access and manage international funding resources.

On that basis, the study proposed an accounting model in the direction of controlling ownership and obligations to be consistent with IPSAS 23 and the actual conditions in Vietnam. The model included transaction classification, accounting recognition instructions, accounting entry system and information circulation diagram. The proposed model not only contributes to improving the transparency and comparability of financial statements but also supports hospitals in improving financial management in the context of autonomy and international integration in public accounting.

6.2 Recommendation

For the State and the Ministry of Finance: Accelerate the roadmap for mandatory application of VPSAS 23 in the

public service unit system. Complete the legal corridor, standardize the guidance on recording non-exchange revenue and issue criteria for assessing compliance with standards at hospitals

For public hospitals in general, public hospitals in Hanoi in particular, it is necessary to: Review and adjust internal accounting processes towards controlling obligations, invest in upgrading the accounting software system to ensure accrual-based accounting, strengthen public accounting training according to IPSAS, especially with aid

For funding agencies and international partners: Enhance sharing of information on funding conditions and closely monitor progress in implementing funding use obligations.

The authors' next research direction

Future research should be expanded to cover the entire public hospital system nationwide, integrating the funding risk assessment model and applying digital technology in the management of non-exchange revenue./.

REFERENCES

1. Accounting Standards Board of South Africa. (2017). GRAP 23: Revenue from Non-Exchange Transactions (Taxes and Transfers). Pretoria: ASB.
2. Australian Independent Health and Aged Care Pricing Authority (IHACPA). (2023). Activity Based Funding Framework 2023–2024. Canberra: Australian Government.
3. Australian Independent Health and Aged Care Pricing Authority (IHACPA). (2025). Pricing Framework for Australian Public Hospital Services 2025–2026. Canberra: Australian Government.
4. Canadian Institute for Health Information (CIHI). (2022). Management Information System (MIS) Standards – Technical Document: Patient Cost Database. Ottawa: CIHI.
5. Chapko, M. K., Liu, C. F., Perkins, M., Li, Y. F., Fortney, J. C., & Maciejewski, M. L. (2009). Equivalence of two healthcare costing methods: Bottom-up and top-down. *Health Economics*, 18(10), 1188–1201. <https://doi.org/10.1002/hec.1422>
6. Governmental Accounting Standards Board (GASB). (1998). Statement No. 33: Accounting and Financial Reporting for Nonexchange Transactions. Norwalk, CT: GASB.
7. Governmental Accounting Standards Board (GASB). (2001). Statement No. 36: Recipient Reporting for Certain Shared Nonexchange Revenues. Norwalk, CT: GASB.
8. International Public Sector Accounting Standards Board. (2006). IPSAS 23 Revenue from Non-Exchange Transactions (Taxes and Transfers). International Federation of Accountants.
9. International Public Sector Accounting Standards Board. (2023, May 31). IPSASB Issues Package of Revenue and Transfer Expense-Related Pronouncements. IFAC.
10. International Public Sector Accounting Standards Board. (2017, August). Consultation Paper: Accounting for Revenue and Non-Exchange Expenses. IFAC.
11. International Public Sector Accounting Standards Board (IPSASB). (2018). IPSAS 23: Revenue from Non-Exchange Transactions (Taxes and Transfers). New York: IFAC.
12. International Public Sector Accounting Standards Board (IPSASB). (2023). IPSAS 47: Revenue. New York: IFAC.
13. Ministry of Health New Zealand. (2019). The Casemix System for Public Hospitals in New Zealand: Framework and Implementation Guide. Wellington: New Zealand Government.
14. Robert, C., & Colibert, J. (2008). Les normes IPSAS et le secteur public: enjeux et perspectives. *Revue Française de Comptabilité*, 410(5), 25–32.
15. RSM US LLP. (2023). Revenue recognition in the health care industry: Applying ASC 606 and IFRS 15. Chicago: RSM International.
16. Tan, S. S., Rutten, F. F. H., van Ineveld, B. M., Redekop, W. K., & Hakkaart-van Roijen, L. (2009). Comparing methodologies for the cost estimation of hospital services. *European Journal of Health Economics*, 10(1), 39–45. <https://doi.org/10.1007/s10198-008-0101-x>
17. XRB Standards Navigator. (2014). Public Benefit Entity International Public Sector Accounting Standard 23 Revenue from Non-Exchange Transactions. External Reporting Board. <https://docs.google.com/forms/d/1PdKsWkrhxMltaEk10zLw5BEevxHA580z2HG7J1JWHFw/edit#responses>.