

# Strategic Approaches In Brazil's Supplementary Health Sector: Insights From Leading Companies

Isabela Tatiana Teixeira<sup>1</sup>, André Luiz Romano<sup>2</sup>

<sup>1</sup>(Department Of Production Engineering / Federal University Of São Carlos, Brazil)

<sup>2</sup>(Institute Of Science And Technology / Federal University Of Alfenas, Brazil)

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## Abstract:

The study aimed to identify the operational strategies of the five largest Brazilian health insurance companies, evaluating their generic competitive strategies. Using a multi-case study based on secondary sources, semi-structured interviews were conducted with experts in supplementary health to mitigate information limitations. Based on literature, including the analysis of generic competitive strategy (Porter, 2004), competitive priorities in service operations (Fitzsimmons & Fitzsimmons, 2011), and structural and infrastructural decision areas (Hayes et al., 2008), the study contributes to the advancement of research in supplementary health and service operations strategy. This study used a qualitative approach with a multi-case research design, focusing on the five largest Brazilian health insurance providers. Data was collected through secondary sources and semi-structured interviews with specialists in supplementary health. The analysis was guided by theoretical models related to competitive strategy and operational decision-making. Key aspects examined included the alignment between declared competitive strategies and operational strategies, as well as their impact on financial stability and claims volatility. The alignment of operational strategies with declared competitive strategies demonstrated a direct impact on company performance. Organizations that achieved this alignment exhibited greater financial stability and better control over claim fluctuations. The study confirmed that health insurance providers adopt distinct operational strategies concerning their competitive strategies. Even companies with similar competitive strategies displayed different competitive priorities, which influenced structural and infrastructural decision-making in unique ways. The study highlights the importance of aligning operational and competitive strategies in the supplementary health sector. Companies that strategically align their operations tend to achieve better financial stability and manage risk more effectively. Additionally, the findings emphasize that even within similar competitive frameworks, operational priorities significantly impact decision-making in structural and infrastructural areas.

**Keyword:** Competitive Strategy, Operations Management, Supplementary Health, Strategic Alignment.

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## I. Introduction

In contemporary business environments, companies strive for efficiency and innovation to remain competitive. The ability to create value for customers while enhancing their perceived benefits is crucial for achieving a strong market position (Mahasneh et al., 2020). Competitive advantage stems from an organization's ability to meet customer expectations, needs, and preferences more effectively than its rivals (Stevenson, 2015). This advantage is defined by the alignment between the values anticipated by customers, those offered by the company, and those delivered by competitors. Organizations that succeed in better aligning their offerings with customer expectations gain a competitive edge (Hosseini et al., 2018).

The supplementary health sector in Brazil consists of private companies known as Health Plan Operators (HPOs), which provide healthcare coverage through medical and dental plans (ANS, 2017; Teixeira et al., 2023). This sector plays a significant role in healthcare accessibility, covering approximately 25% of the Brazilian population. Around 80% of these contracts are linked to corporate agreements, predominantly serving upper and middle-class demographics (ANS, 2018; Gamarra, 2017).

Despite its importance, the supplementary health sector operates within a highly concentrated and regulated market. Government oversight has led to market restrictions, with some types of operators establishing regional monopolies by limiting competition from smaller providers. This structure remained stable until the economic downturn of 2014, which significantly affected corporate clients and led to shifts in customer retention patterns (Azevedo et al., 2016; Teixeira et al., 2023). Additionally, financial management challenges among healthcare institutions have further complicated revenue generation, making sustainability a critical issue (Abbas, 2001).

Across different regions and operational models, health plan operators employ distinct strategies to navigate structural and infrastructural decision-making. Some organizations pursue vertical integration by acquiring hospitals and expanding service offerings beyond regulatory requirements. Others emphasize infrastructure investments to enhance service quality, focusing on staff training and expanding provider networks. External pressures, including regulatory interventions and industry consolidation, have led to the market exit of key players and increased the trend toward verticalization.

Given the sector's significance and the internal structural variations among firms, this study seeks to answer the following research question: What operational strategies do the five largest supplementary health companies adopt in each of their respective modalities?

This study examines operational strategies within the supplementary health sector, focusing on companies engaged in private healthcare service provision. The primary objective is to identify the operational strategies employed by the five largest health plan operators in Brazil, categorized by modality.

The research is guided by three specific objectives:

- i) To determine whether the operators studied follow a generic competitive strategy of cost leadership, differentiation, or focus.
- ii) To analyze the relationship between competitive priorities and the declared competitive strategies of the selected operators.
- iii) To assess whether the structural and infrastructural decisions of these operators align with their competitive strategies.

This article is structured as follows: Section 2 reviews the literature on generic and operational strategies. Section 3 outlines the research methodology, describing the comparative approach applied to the five selected companies. Finally, the study presents findings, discussions, and conclusions based on the results.

## **II. Theoretical Framework: Competitive And Operational Strategies In Supplementary Health**

Research in healthcare management presents distinct characteristics compared to other areas of administration, considering the complexity of healthcare organizations and systems (Velooso & Malik, 2016). The concept of strategy originates from ancient Greek and has historically been associated with survival (Mattos, 2005). In an organizational context, strategy involves future-oriented decisions (Skinner, 1969; Hayes et al., 2008), focusing on differentiation and customer adaptation (Porter, 1999; Ohmae, 1999), as well as continuous improvement (Porter, 1999).

This study adopts the perspective of generic strategies to interpret how companies in the supplementary health sector structure their operations, considering that value-based strategy can provide a broader view of the relationship between organizations and customers. In the Brazilian context, analyzing trade-offs in generic strategies is a suitable tool for understanding business dynamics. Organizations can position themselves strategically through product and service segmentation, meeting the specific needs of a customer group, or differentiation based on geographic access or market size. However, sustainable positioning requires making trade-offs, as it is not feasible to invest in all adjacent markets, necessitating the definition of strategic priorities (Porter, 1999).

The competitive structure of the sector can be analyzed using the five forces model, which includes the threat of new entrants, the bargaining power of suppliers and customers, the threat of substitute products, and rivalry among competitors (Porter, 1979). Evaluating these forces allows organizations to identify their strengths and weaknesses and define strategic actions related to market positioning, influencing industry balance, and anticipating changes (Porter, 1999). Within the context of generic strategies, Porter (2004) highlights three competitive approaches: cost leadership, differentiation, and focus. Each of these strategies requires specific decisions regarding processes, organizational structure, and resource allocation, leading to strategic trade-offs.

Operations strategy has been consolidated as an extension of competitive strategies, encompassing not only manufacturing but also service and agricultural sectors (Hayes et al., 2008). Competitive priorities within operations strategy are related to key objectives for organizational success, such as reliability, speed, delivery, and innovation. Leitner's (2015) research highlights the lack of consensus on which competitive priorities should be adopted, as this choice varies by sector.

The formulation of operations strategy results from the interaction between competitive priorities and strategic decisions, requiring coherence between the chosen competitive strategy and the allocation of financial and human resources (Santos, 2006; Wheelwright & Hayes, 1985). Structural decisions involve long-term investments, such as production capacity, facility location, adoption of new technologies, and the degree of vertical integration (Hayes et al., 2008). On the other hand, infrastructural decisions concern operational policies and include human resource management, quality control, production planning, and performance monitoring

(Hayes et al., 2008). The relationship between these decisions and competitive priorities defines the market structure and the strategic positioning of companies.

In the supplementary health sector, operations strategy has particularities due to the nature of the services provided. Service operations require a different approach from manufacturing, considering the intangibility of services, the simultaneity between production and consumption, the active participation of the customer in the process, and the need for service customization (Corrêa & Caon, 2006; Santos, 2006; Aranda, 2003; Fitzsimmons & Fitzsimmons, 2011). Additionally, the perishability and heterogeneity of services make standardization and resource storage more challenging (Santos, 2006; Fitzsimmons & Fitzsimmons, 2011).

The formulation of operational strategy in this sector must consider structural decisions, such as expanding the portfolio of services and the physical structure of healthcare facilities, and infrastructural decisions, including patient flow management, queue prioritization, customer retention, and relationship improvement (Corrêa & Giansesi, 1994; Corrêa & Caon, 2002). Thus, understanding the specificities of operations strategy in the supplementary health sector is essential for the competitiveness and sustainability of organizations.

### III. Research Method

The healthcare service sector presents specific characteristics that differentiate it from other segments within the broader healthcare industry. The nature of its services differs significantly, making traditional comparisons and analytical frameworks inadequate for assessing sector-specific needs. There is also a lack of established parameters tailored to the sector, with service quality excellence being a key success factor. Other challenges include resistance to change, personal barriers where different teams do not perceive themselves as part of the same organization (as seen in the case of health plan operators and their affiliated hospitals), regulatory oversight by government agencies such as ANVISA and ANS, and the need for agility and high-quality service as critical success factors (Teixeira, 2014; Azevedo et al., 2016). In healthcare, the concept of value has multiple connotations, making it difficult to define and apply appropriately within the Brazilian context.

#### ***Key Indicators Adopted by ANS for Sector Regulation***

The role of ANS (National Supplementary Health Agency) is to ensure that contracts between health plan operators and beneficiaries are effectively fulfilled, with minimal external political interference while maintaining service quality (Gamarra, 2017). The agency's regulatory framework has evolved as government actors have increasingly analyzed and intervened in the sector.

- **Service Guarantee Monitoring Program:** This program monitors beneficiaries' access to contracted health plans, ensuring compliance with coverage and legally established deadlines. Monitoring is based on an index derived from the number of complaints received by ANS relative to the total number of plan beneficiaries. The resulting indicator, along with the operator qualification index, influences beneficiaries' decisions regarding contract maintenance or switching health plans.
- **Operator Qualification Program:** This initiative classifies health plan operators based on their adherence to actions that benefit both consumers and companies. It includes an annual evaluation of expected performance attributes across different areas of the supplementary health sector. The results are expressed through the Supplementary Health Performance Index (IDSS), which consists of four dimensions: (i) healthcare quality (IDQS), (ii) access guarantee (IDGA), (iii) market sustainability (IDSM), and (iv) process management and regulation (IDGR). The IDSS weights IDQS, IDGA, and IDMS at 30% each, while IDGR accounts for 10%. Scores range from 0 to 1, with operators classified across five levels, from low-performing providers to those with robust financial and operational structures ensuring market sustainability and customer satisfaction (ANS, 2013). The IDSS not only guides ANS regulatory actions but also serves as a decision-making tool for beneficiaries when selecting health plans (ANS, 2018).
- **Preliminary Mediation Notification Program (NIP):** Implemented by ANS, the NIP program facilitates extrajudicial conflict resolution between consumers and health plan operators (ANS, 2018). In 2019, 93,388 notifications were registered, with 65,426 related to healthcare service issues. Most cases involved health management disputes, with 60,732 resolved through mediation. ANS achieved a high success rate, resolving four out of every five complaints received in 2019 (ANS, 2020).
- **General Complaints Index (IGR):** This indicator measures how health plan operators address beneficiary complaints. It is calculated based on the average number of complaints received over the past three months, standardized per 10,000 beneficiaries.
- **Operator Accreditation Program:** In addition to performance indicators, ANS promotes quality certification programs for health plan operators. The accreditation program assesses healthcare service quality through evaluations conducted by certified accreditation entities. Accreditation certificates are issued at three levels based on scores ranging from 0 to 100. Medical cooperative operators are the primary participants in ANS's

accreditation program, with some achieving levels I and II. Other segments, such as insurers, medical groups, and philanthropic organizations, have limited participation, with only one accredited operator in each category at level I.

- **Supplementary Health Sector Chain:** The sector faces challenges such as information asymmetry, externalities, and market power concentration (Azevedo et al., 2016). Its value chain involves healthcare supply manufacturers, service providers, and plan beneficiaries. Regulatory oversight is exercised by ANVISA, ANS, and Brazil's Competition Defense System, forming a complex system subject to government interventions.
- **Regulation in Supplementary Health:** Government intervention in healthcare is justified by market failures in health service provision. In Brazil, regulatory innovations aim to prevent risk selection and unilateral contract termination. Large companies have an advantage in managing actuarial imbalances due to their financial capacity and the cost dilution effect of a broad beneficiary portfolio, unlike smaller operators (Azevedo et al., 2016; Pietrobon et al., 2008; Ocké-Reis et al., 2006).

**Health Plan Operators:** Health plan operators are legal entities—companies, associations, foundations, cooperatives, or self-managed organizations, registered and regulated by ANS. They operate in the commercial and service provision activities of medical-hospital and dental health plans. The research methodology, summarized in Table 1, presents and justifies the study's methodological choices, aligned with qualitative research approaches in production engineering.

**Table 1 – Methodological Framework**

<b>Research Approach</b>	Qualitative
<b>Research Method</b>	Multiple case study
<b>Research Objectives</b>	Identify the operational strategies adopted: competitive priorities and impacts on structural and infrastructural decision areas
<b>Units of Analysis</b>	5 large health plan operators
<b>Data Sources</b>	Primary: Interviews with consultants working in sector companies and the regulatory agency. Secondary: National Supplementary Health Agency (ANS); Brazilian Institute of Geography and Statistics (IBGE); company websites; management reports; published financial statements; Global Reporting Initiative (GRI)
<b>Case Selection Criteria</b>	Number of beneficiaries under responsibility, total revenue (2019 baseline) above BRL 1 billion, operation in a diversified set of medical-hospital activities.
<b>Theoretical Gaps Addressed</b>	Operations Strategy in Health Plan Operators

**Case Study Selection:** The selection of study cases followed criteria adapted from Saunders et al. (2019) for the supplementary health sector, including the number of beneficiaries, economic relevance, service coverage, business modality, and regulatory approval for plan commercialization. Based on these criteria, five companies were selected for analysis.

**Table 2– Companies in the Multiple Case Study**

<b>Characteristics / Company</b>	<b>“A”</b>	<b>“B”</b>	<b>“C”</b>	<b>“D”</b>	<b>“E”</b>
Modality	Group Medicine	Group Medicine	Insurance Provider	Cooperative	Self-Management
Number of Beneficiaries	2,447,103	3,098,810	3,399,767	1,266,123	655,813
Size	Large	Large	Large	Large	Large
Service Coverage (Scope)	Northern, Northeastern, and Southeastern regions	Southeastern regions, especially São Paulo and Rio de Janeiro	Nationwide, with a higher concentration in the Southeast	Regional, but emergency services available nationwide	Nationwide, with a higher concentration in the Southeast
Structure	<b>Verticalized</b> – Owns 76 clinics, 84 ambulatory centers/exams centers, 20 emergency care units, and 26 hospitals.	<b>Horizontalized</b> – Works in partnership with a wide range of laboratories, clinics, and hospitals.	<b>Fully Horizontalized</b> – Works in partnership with a broad network of laboratories, clinics, and hospitals.	<b>Mixed</b> – Owns 115 hospitals, partners with 2,506 accredited hospitals, and has 115,000 cooperative doctors.	<b>Fully Horizontalized</b> – Works in partnership with a broad network of laboratories, clinics, and hospitals.
Service Offering	Meets minimum requirements established by ANS.	Offers services beyond ANS requirements, adopting disease prevention models.	Offers services beyond ANS requirements.	Offers services beyond ANS requirements.	Offers services beyond ANS requirements.
Customer Choice	Patients are assigned to professionals/clinics designated by the	Patients can freely choose a provider for consultations or	Patients can freely choose a provider; if the provider has	Patients can freely choose a provider for consultations	Patients are attended by professionals/clinici

	operator.	procedures within the operator's accredited network.	no direct agreement with the operator, the customer is reimbursed.	or procedures within the operator's accredited network.	cs accredited by the operator.
Purpose	To be recognized as a differentiated & modern healthcare solution, ensuring excellence in service & competitive pricing.	To help people live healthier lives.	To offer a broad network and high-quality service.	To value the work of cooperative doctors, promoting humanized medicine.	To ensure effective healthcare actions for a better quality of life for beneficiaries.

**Secondary Data for Research Questions:** Table 3 presents the research protocol designed to answer the study's primary question: What operational strategies are adopted by the five largest companies in the supplementary health sector, categorized by business modality?

**Table 3– Protocol for Answering the Research Questions**

Characteristic	Definition	References	Operational Definition
Competitive Strategy	Refers to how organizations sustain themselves in their operating environment, focusing on gaining advantages to compete in their respective markets.	Porter, 2004	What is the company's competitive strategy—cost leadership, differentiation, or focus?
Competitive Priorities in Production	Instead of managing conflicting priorities, trade-offs give way to the idea that one priority serves as a foundation for the next, reinforcing competitive priorities mutually.	Hayes & Pisano, 1996	What are the company's most important competitive priorities, based on collected information and inferred insights?
Structural Decisions	Structural decisions are associated with the physical environment of a company, long-term investments, and capital-intensive requirements.	Hayes et al., 2008	What investments were made in structural decision areas?
Infrastructural Decisions	Infrastructural decisions relate to the company's operational policies and practices, involving short-, medium-, and long-term investments.	Hayes et al., 2008	What investments were made in infrastructural decision areas?
Operations Strategy	The operations strategy in services requires a specific approach that is not merely an extension of manufacturing, as the latter does not fully represent the reality of organizations in Brazil's healthcare sector.	Santos, Varvakis, & Gohr, 2004	What factors in competitive priorities, structural decisions, and infrastructural decisions indicate the operational strategies adopted by health plan operators?

**Competitive Strategy Analysis**

Strategic analysis is based on strategic planning decisions, examining organizational identity and strategic maps. Companies with competitive strategies often emphasize local differentiation, cost competitiveness, and service quality. Financial performance was assessed using claims ratios and operational results. Claims ratios are categorized as secure (below 75%), requiring attention (75%-85%), and high (above 85%), with regulatory penalties applicable to high-risk cases.

**Operations Strategy Analysis**

Competitive priorities are essential for operations strategy success, depending on decision-making processes that guide business activities. The study identified priorities by analyzing organizational identity and strategic maps, assessing recurring themes across different dimensions. The structural configuration of operations influences service availability, cost control, responsiveness, and reputation. Horizontally structured organizations rely heavily on external service providers, while vertically integrated companies internalize key activities. Strategic choices impact factors such as infrastructure investment, technology adoption, and process efficiency. In healthcare, structural decisions involve demand capacity planning, facility location, technology adoption, and vertical integration levels. Meanwhile, infrastructural decisions relate to human resource management, quality control, production planning, new product development, and performance monitoring. These decisions define operational effectiveness and long-term strategic positioning.

The study concludes that understanding the operational strategies of supplementary health operators is critical for ensuring competitive performance and sustainability in the Brazilian healthcare sector.

**IV. Results And Discussions**

The organizational context plays a crucial role in understanding strategic alignment with operations. The detailed analysis of each case, along with the competitive and operational strategies adopted by the studied health plan operators, is presented in the following sections. Companies' "B" and "C" adopt differentiation as their competitive strategy. According to the literature, this strategy requires companies to create a unique product or service with no direct substitutes in the market, where cost is not the primary concern. Differentiation

can foster customer loyalty, as offerings are often customized with exclusive features (Porter, 2004). However, this approach carries risks, particularly market volatility, which may lead customers to favor lower prices during economic crises (Leitner, 2015; Harrison, 2005).

In their operations, both companies prioritize personalization and quality. Fitzsimmons and Fitzsimmons (2011) define personalization as flexibility in customization based on customer needs, while quality refers to meeting or exceeding expectations in materials, service, and outcomes. Despite these shared priorities, their structural and infrastructural decisions differ: Company "B" has invested in physical facilities to introduce high-quality new products to the market, focusing on structural concerns (Hayes et al., 2008). In contrast, Company "C" has prioritized technology to enhance human resources and its service network, a decision more aligned with infrastructural concerns, particularly human resource management, including recruitment, training, and retention strategies (Hayes et al., 2008).

Company "A" follows a cost leadership strategy, prioritizing total cost control. This includes minimizing overhead, standardization, economies of scale, learning curve advantages, and accepting initial losses to gain market share (Porter, 2004). In operations, vertical integration, data control investments, and performance indicators are key strategies for achieving strategic goals. However, challenges may arise in adapting to market shifts and technological advancements (Harrison, 2005).

Companies "D" and "E" adopt a focus strategy, targeting a specific market segment more effectively than competitors (Porter, 2004). Both balance cost and quality, investing in technology and service improvements. Company "D" focuses on new product development and healthcare innovation, while Company "E" tailors its services to its financial institution's beneficiaries, emphasizing service planning, control, and financial recovery. Historical data shows that Companies "B" and "E" have experienced increasing claims ratios (sinistrality) over time.

Company "E" faces financial challenges as its focus on service capacity, misaligned with its niche strategy, results in liabilities. Issues in the provider network further compromise service capacity. In Company "B", a shift toward differentiated hospital services and an expanded provider network has led to higher per capita costs, contradicting its declared strategy. The supplementary health sector undergoes dynamic changes. If economic conditions remain stable and no significant external factors disrupt the market, a trend toward greater contraction is expected in the coming years. Small operators are likely to exit the market, while financially troubled companies may transfer their portfolios, leading to the formation of larger conglomerates.

The analysis was conducted under a period of relative economic and political stability, without external disruptions such as crises, pandemics, or public health issues, all of which could significantly impact both public and supplementary healthcare.

## **V. Final Conclusions**

The research highlights that the supplementary health sector in Brazil is highly concentrated, with 10 operators serving 61% of all beneficiaries. Over the past two decades, the number of active companies has declined, with fewer than 50% of those operating in 2001 still in the market today. The sector's growth is closely tied to the country's economic performance, where periods of stability drive an increase in beneficiaries, while economic crises lead to benefit reductions and a decline in the number of individuals insured. Beyond the 2015-2016 economic crisis, which affected all companies except Company "A", health plan operators have also faced increasing competition from low-cost private clinics over the past five years. These clinics operate outside ANS regulation, offering low-cost healthcare services without compliance with technical requirements or procedural deadlines. The lack of regulatory constraints gives them a competitive advantage, making it necessary for health plan operators to monitor this market, identify real competitive threats, and develop strategic barriers. However, this study did not assess the impact of these unregulated clinics. The analysis of operational strategies adopted by the largest companies in the sector, classified by business modality, has contributed to a better understanding of supplementary health research in Brazil. Each company studied implemented a unique set of operational strategies, which were either aligned or misaligned with their declared competitive strategy. Even among organizations that claimed to follow similar competitive strategies, there was no replication of operational strategies.

### ***Research Contributions and Findings***

The primary objective of this study was to identify the operational strategies of the five largest health plan operators in Brazil, classified by business modality. Achieving this goal requires an assessment of each company's competitive strategy. The study confirms that health plan operators pursue different operational strategies, even when they adopt similar competitive approaches (Table 4). This suggests that operational decision-making is highly influenced by internal company structures, market positioning, and sector-specific challenges. The findings reinforce the importance of aligning operational and competitive strategies to enhance financial stability and service efficiency. This research contributes to the academic debate on operations strategy

in the supplementary health sector and provides practical insights for business leaders and policymakers. Given the dynamic nature of the sector, future studies should consider external factors such as regulatory changes, economic downturns, and technological innovations, which may significantly impact market dynamics and corporate strategies.

**Quadro 4 – Comparison of Competitive and Operational Strategies – Multiple Case Study**

Companies	Modality	Competitive Strategy	Operational Strategy		
			Competitive Priorities	Structural Decisions	Infrastructural Decisions
"A"	Group Medicine	Cost Leadership	Cost, Service	Vertical Integration	New Products, Performance Measures
"B"	Group Medicine	Differentiation	Quality, Speed, Personalization	Physical Facilities	New Products, Quality
"C"	Insurance Provider	Differentiation	Personalization, Quality	Technology	Human Resources, Quality
"D"	Medical Cooperative	Focus	Cost, Quality	Technology	New Products, Quality
"E"	Self-Management	Focus	Availability & Convenience, Personalization	Capacity	Planning & Control

Companies' "B" and "C" adopted differentiation as their competitive strategy, prioritizing personalization and quality in their operations. However, Company "C" demonstrated the alignment between its operational and competitive strategies, whereas Company "B" experienced a strategic shift that was not reflected in its operations, leading to financial losses. Company "A" focused on cost control, maintaining alignment between operations and competitive strategy. Companies' "D" and "E" pursued a focus strategy, with Company "D" demonstrating alignment, while Company "E" experienced misalignment, ultimately leading to regulatory intervention for financial recovery. This study has some limitations. Although the analysis included five major medical-hospital health plan operators, the case study methodology restricts the generalization of findings to other large-scale medical-hospital operators or dental plan operators. Additionally, small and medium-sized operators may follow different strategic trajectories. The COVID-19 pandemic has further emphasized the importance of operational strategies in the supplementary health sector, highlighting new challenges and strategic shifts. This evolving landscape presents opportunities for a broader research agenda focused on operations strategy and competitiveness in the healthcare industry.

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