

THE EFFECT OF HOSPITAL X'S PARTICIPATION IN BPJS PROGRAM ON ITS SERVICE QUALITY AND FINANCIAL PERFORMANCE

Yudi Her Oktaviono ¹, Damelina Basauli Tambunan ²

Ciputra University, Surabaya
INDONESIA

E-mail: ¹ yhoktaviono@yahoo.com, ² damelina@ciputra.ac.id

ABSTRACT

Hospital X has joined BPJS program since September 2016. The existence of BPJS program can affect Hospital X's service quality and financial performance. This study aims to determine Hospital X's outpatient service quality for non-BPJS patients and its financial performance before and after participating in the BPJS program. This research adopted cross sectional design with quantitative and qualitative approach. Data on service quality are obtained through conducting survey to 81 patients who are selected using accidental sampling and interviewing 5 patients selected using snowball sampling. The data gained are analysed using gap score. Meanwhile, data on financial performance are obtained from calculating the liquidity ratio, solvency ratio, profitability ratios, and economic value added (EVA) as well. The results show that the level of patient satisfaction on the outpatient service quality decreases after Hospital X joined BPJS, where the most decreasing aspect is responsiveness. Three indicators show the lowest gap score, namely queue time, responsiveness of registration staff, and staff's skills to provide easy-to-understand explanations. Furthermore, regarding its financial performance, Hospital X also shows unfavourable score on its financial ratio. In addition to that, Hospital X also shows a negative EVA value, which means that Hospital X is unable to create value added of the capital already invested into the company, either before or after participating in the BPJS.

Keywords: *BPJS, Service Quality, Financial Performance*

INTRODUCTION

It is a responsibility of the government to ensure every citizen's health. For its effort, the government has organized Indonesian National Health Insurance program (JKN) issued by the Social Insurance Administration Organization (BPJS). In Surabaya, the number of participants participating in the JKN program has reached 273.634 people (BPJS, 2017). BPJS Health Insurance cooperates with 20.739 first-class health facilities and 5.257 secondary referral health care facilities in Indonesia (BPJS, 2017). Until 2017, there has been 37 secondary referral health care facilities in Surabaya that cooperate with BPJS Health Insurance, one of them is Hospital X (Kominfo, 2017).

BPJS exists to facilitate patients in obtaining health facility without having to pay every time they receive treatment. This causes the number of patients attending hospital increases

(Djarmiko, 2015). However, the increased number of patients is imbalance with the availability of adequate human resources in hospitals, resulting in increased workload and decreased service quality provided in hospitals (Mujiati & Yuniar, 2016). Furthermore, bills payment bureaucracy to BPJS Health Insurance seems inefficient and too inflexible, leading to bills accumulation that must be paid by hospitals (Tampi *et al.*, 2016). This condition, unfortunately, can cause financial loss for hospitals so it is not surprising that this condition affects service quality provided to the patient (Aryani & Rosinta, 2010). Another problem most hospitals face is related to hospital rates, namely BPJS rate determination that uses Indonesian-Case Based Groups (INA-CBGs), which is perceived to be a disadvantage to hospitals since the rates set are below the real cost spent by hospitals (Mawaddah & Tasminatun, 2016).

Hospital X is one of the private hospitals that have cooperated with BPJS since September 2016. Based on the problems explained in the preceding paragraph, it can be assumed that BPJS can either be an opportunity or a threat to hospitals, especially to private hospitals (Djunawan & Yusuf, 2017). So far, there has been no research found to study the impact of Hospital X's participation in BPJS on its service quality and financial performance. Therefore, this study aimed to analyze the service quality and financial performance of Hospital X's before and after participating in BPJS program.

LITERATURE REVIEW

Social Insurance Administration Organization (BPJS Health)

Based on Law No. 24 Year 2011, BPJS Health is a provider of public health insurance that succeeds Askes Indonesia Company. BPJS Health issues its health insurance program commonly known as JKN. In the JKN system, patient must follow treatment flow starting from PUSKESMAS (community health care) as the primary health care facility. If patient needs further examination, the patient is referred to secondary health care facility such as hospital (Putri & Kartika, 2017). Financial system in BPJS health is divided into three standard rates, namely capitation, non-capitation, and INA-CBGs charge (Kemenkes, 2014).

Service Quality

Service quality is the ability of an organization to meet customer expectations (Parasuraman *et al.*, 1990). Service quality can be assessed using the Servqual method which is measured through five aspects, namely tangible, reliability, responsiveness, assurance, and empathy (Markovic & Raspor, 2010). These five aspects are analyzed using Perception Gap Model by calculating the difference between perception score and customer expectation score regarding service quality provided by a company (Parasuraman *et al.*, 1990).

Economic Value Added (EVA)

EVA is operating profit of a company after deducting taxes and capital costs (Felisia, 2011). The formula of EVA calculation is as follows:

$$\text{EVA} = \text{Net Operating Profit} - \text{Taxes} - \text{Cost of Capital}$$

If EVA is greater than (>) 0, it can be said that company's financial performance is in good condition, whereas if EVA is less than (<) 0, it means company's financial performance is in poor condition.

Financial Ratios

Financial ratio describes a company's financial condition (Jumingan, 2006) which can be grouped into liquidity ratio, solvency ratio, and profitability ratio (Riyanto, 2010).

1. Liquidity Ratio is a ratio that provides information on how far a company can meet short-term financial obligations (Zions Bank, 2005). Liquidity ratio is divided into three kinds which are explained as follows:
 - a. *Current Ratio* is a ratio to determine a company's ability to meet its short-term debts using current assets owned (Kahar, 2016).

- b. *Quick Ratio* is the ratio to find out a company's ability to meet its debts regularly using liquid assets (Zions Bank, 2005).
- c. *Cash Ratio* which measures the company's ability to use available and stored cash in a bank to meet its short-term debts (Kahar, 2016).
2. Solvency Ratio is the ratio used to measure how far a company is financed with debts. Solvency ratio is divided into two types as follows:
 - a. *Debt to asset ratio* is the ratio of total debts to total assets (Kahar, 2016). The higher its percentage, the greater its financial risks for creditors and shareholders
 - b. *Debt to equity ratio* illustrates the comparison of debts with equity in corporate funding which aims to determine the amount of a company's financial leverage that guarantees company debts (Kahar, 2016).
3. Profitability ratio is used to measure the final outcomes of a company's policies and decisions. There are two kinds of this ratio, namely:
 - a. *Net Return On Assets* (ROA) which is able to measure a company assets' ability to generate profits (Zions Bank, 2005)
 - b. *Net Return On Equity* (ROE) which shows a company capital's ability to generate net profit. The higher the ROE value, the better a company is in using its capital efficiently (Kahar, 2016).

RESEARCH METHODS

This research was conducted in Hospital X for two months, starting from September 2017 to October 2017. This research is a cross sectional research with quantitative and qualitative approach. The data collected in this research include:

1. Service Quality
 - a. Quantitative data on this aspect were obtained from filling-in Servqual questionnaire with seven point Likert scale. The sample size was 81 respondents, selected using accidental sampling technique.
 - b. Qualitative data on this aspect were gathered from in-depth interviews to 5 respondents, selected using snowball sampling technique.
2. Financial Performance
Data on this aspect were gathered from interviewing the Head of Financial Department of Hospital X, and by studying secondary data in form of Hospital X financial report. The performance was measured using EVA and financial ratio.

Data Analysis

1. Quantitative Data Analysis
For service quality, the data were obtained from the respondents' identity of general aspects, such as sex, age, education, and occupation. The data were analyzed by calculating the percentage of all respondents to get the composition of respondents' characteristics, and processing Servqual data on questionnaires using gap score method. Gap score is calculated by the difference between the score of customer's perception about the service which were given to them and the score of customer's expectation of service quality. If the gap score > 0 , it means that the customers is satisfied to the hospital's service, and if the gap scores < 0 , it means that the customers is not satisfied.
In order to assess financial performance, the data were analyzed using EVA and financial ratios. EVA and financial ratios of Hospital X before participating in BPJS Health were compared with EVA and financial ratios after participating to find out its differences.
2. Qualitative Data Analysis
Qualitative data in form of in-depth interviews on service quality were analyzed in transcription stages (transcribing interview results into text), content analysis (coding), and themes arrangement (categorizing some into conclusions).

RESULT AND DISCUSSION

Result of Data Analysis

Characteristics of Respondents

There are four characteristics of respondents in this research, namely sex, age, education and occupation. The respondents were mostly male with 53 people (65.4%) while the females were 28 people (34.6%). The dominant age group for the respondents was 51-60 years old with 34 people (42%), while 17 people were between 41-50 years old (21%), 15 people were between 31-40 years old (18.5%), 13 people were above 60 years old (16%), and 2 people were between 21-30 years old (2.5%). Next, the respondents' education background (arranged from the highest to the lowest) was dominated by university graduates as many as 36 people (44.4%), 24 academy graduates (29.6%), 17 high school graduates (21%), and 4 junior high school graduates (4.9%). Last, the respondents' most dominant occupation was self-employed as many as 27 (33.3%), followed by 21 housewives (25.9%), 18 civil servants (22.2%), 10 private company employees (12.3%), and others as many as 5 people (6.2%).

Quality of Outpatient Services Hospital X

Service quality of Hospital X after participating in BPJS, viewed from aspects of tangible, reliability, responsiveness, and empathy has decreased when compared to its service quality before participating in BPJS. The highest decrease occurred in responsiveness aspect. Chart 1 below shows the patients' satisfaction of Hospital X patients before and after participating in BPJS.

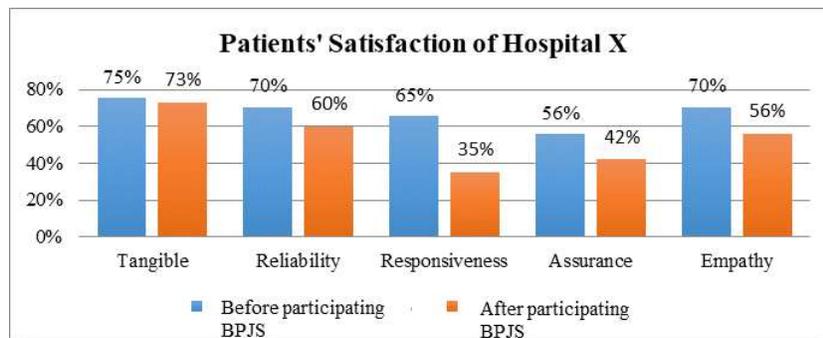


Figure 1. Patient's Satisfaction of Hospital X

Based on gap score calculation, all aspects of service decreased. The highest decreasing indicator was duration of queue time length. Queue length is waiting time from patient begins registration for health service to patient is being served either by the doctor or by the pharmacy. The interview results showed that after participating in BPJS, the queue length became longer than before due to the significant increased number of patients while the number of health workers remained the same. Therefore, it is reasonable for Hospital X to experience such a performance decrease due to the high increase in the number of patients, since being participating in BPJS caused the health workers to serve more patients, thus decreasing their speed and responsiveness negatively. This condition is also felt by respondent who is interviewed by researcher. He said:

“In my opinion, the queue time is so long. I think it's because the increasing number of BPJS patients who come to this hospital.”

Another respondent recommended to differentiate between the queue number of patients who want to meet the doctors and patients who want to pay the bills:

“Generally it's good. But I have been complaint when there are many other people who grabbed for pay. The hospital have to differentiate the queue number or the counter for patients who want to meet the doctors from those who want to pay.”

These findings support Hazfiarini and Ernawaty’s research results (2016) which also claim that it is reasonable to have low satisfaction score on the service speed indicator since the number of BPJS patients who desire to be immediately served increases and the queue gets longer. These findings also support Mujiati and Yuniar’s research results (2016) which state that an increase of workers’ workload can lead to a decrease in service quality provided. Another factor that may cause a decrease in service quality is the fact that Hospital X is resulted from the acquisition of Budi Mulia Hospital by Lippo Group. This acquisition keeps old workers including the medical workers. Therefore, there are many aged medical workers in Hospital X who tend to remain conservative and less agile. Considering this situation, worker regeneration is required to improve service quality, in particular the aspect of responsiveness. In the other hand, there are some indicators which have meet the patient’s satisfaction. One of them is the hospitality of health workers and other staffs. Respondent commented that the staffs treat them respectfully:

“All of them are respectful, including the registration staff, nurses, and also the doctors.”

Table 1 shows the gap score of all aspects in this research.

Table 1. Gap Score Quality of Hospital X Service

Indicator	Gap Score Before BPJS	Gap Score After BPJS
Responsiveness		
Speed and accuracy of patient admissions procedures	0.160 (Satisfied)	-0.148 (Not satisfied)
Readiness of staffs in serving patients	0.309 (Satisfied)	0,000 (Satisfied)
Queue length	-0,247 (Not satisfied)	-1,259 (Not satisfied)
The speed and responsiveness of registration staffs in overcoming patient complaints	-0.593 (Not satisfied)	-0.543 (Not satisfied)
Doctor’s quick response to patient complaints	0,000 (Satisfied)	0.049 (Satisfied)
Nurse’s quick response to patient complaints	-0,049 (Not satisfied)	0.062 (Satisfied)
Assurance		
Doctors and nurses are qualified	0.222 (Satisfied)	0.247 (Satisfied)
Doctors and nurses are skilled in performing the task	0.802 (Satisfied)	0.840 (Satisfied)
Doctors, nurses, and other workers create a sense of security and trust	0.358 (Satisfied)	0.457 (Satisfied)
Registration staffs explain about service quality clearly and easily understood	0.049 (Satisfied)	-0.284 (Not satisfied)
Nurses explain the procedure clearly and are easily understood	0.235 (Satisfied)	0.148 (Satisfied)
Doctors explain examination result clearly and are easily understood	0.543 (Satisfied)	0.235 (Satisfied)
Treatment rates are quite affordable and correspond to the quality of services obtained	0.358 (Satisfied)	0.222 (Satisfied)
Empathy		
Registration and payment systems make patients at ease	0.012 (Satisfied)	-0,247 (Not

		satisfied)
Staffs and workers always put patient's interests first	0.099 (Satisfied)	0.198 (Satisfied)
Registration staffs show hospitality in serving patients	0.049 (Satisfied)	0.148 (Satisfied)
Nurses show hospitality in serving patients	0.296 (Satisfied)	0.346 (Satisfied)
Doctors show hospitality in serving patients	0.346 (Satisfied)	0.296 (Satisfied)
Doctors give sufficient time for patient consultation	0.049 (Satisfied)	-0,247 (Not satisfied)
Workers pay special attention to patients and family complaints	0.296 (Satisfied)	0.148 (Satisfied)
Equal service is provided regardless of patients' social and economic status	0.395 (Satisfied)	0.049 (Satisfied)
Good communication between workers and patients	0.099 (Satisfied)	0,000 (Satisfied)
Reliability		
Easiness of patient registration procedure	0.309 (Satisfied)	0.247 (Satisfied)
Simple outpatient procedures	0.247 (Satisfied)	-0,062 (Not satisfied)
Accurate outpatient scheduling service	0.210 (Satisfied)	-0.198 (Not satisfied)
Clear doctor schedule	0.395 (Satisfied)	0.333 (Satisfied)
Doctors are reliable in giving action	0.346 (Satisfied)	0.235 (Satisfied)
Nurses are reliable in giving action	0.346 (Satisfied)	0.444 (Satisfied)
Registration staffs are reliable in providing explanation needed by patients	-0.210 (Not satisfied)	-0,099 (Not satisfied)
Nurses are reliable in providing explanation needed by patients	0.321 (Satisfied)	0.519 (Satisfied)
Doctors are reliable in providing explanation needed by patients	0.556 (Satisfied)	0.407 (Satisfied)
Tangible		
Registration staffs' appearance are neat	0.198 (Satisfied)	0.049 (Satisfied)
Nurses' appearance are neat	0.346 (Satisfied)	0.210 (Satisfied)
Doctors' appearance are neat	0.593 (Satisfied)	0.259 (Satisfied)
Lounge area is clean and comfortable	0.198 (Satisfied)	0.160 (Satisfied)
Examination room is clean and comfortable	0.160 (Satisfied)	0.111 (Satisfied)
Equipment/medical facilities are complete	-0.543 (Not satisfied)	-0,247 (Not satisfied)
Information board is clear	-0.148 (Not satisfied)	-0.123 (Not satisfied)

Financial Performance of Hospital X

Based on Hospital X's financial report as secondary data, there has been an increase in total liabilities and total equity. It is seen in the balance sheet that most of the assets owned by Hospital X were due from related parties, and there was also an increase due from related parties when Hospital X participated in BPJS. The data show the amount of assets owned by Hospital X from its related parties, such as fund transfer from other companies as Lippo Group subsidiaries. Later, based on the secondary data, the AR average also shows increase when Hospital X participated in BPJS. This average AR shows the amount of company accounts receivable (Gorczyńska, 2011). The amount of accounts receivable may be caused by the duration of BPJS claim process. For that reason, it is necessary to coordinate with BPJS

in order to save the hospital from loss. As for the value of financial ratios and EVA, all decreased after Hospital X participated in BPJS which are shown in Table 2.

Table 2. Hospital X Financial Data Comparison Before and After Participating in BPJS

	Before participating in BPJS	After participating in BPJS
	Jan-Aug 2016	Sep 2016-Jun 2017
Due from Related Parties	228,545 *	278,038 *
Average AR	24682 *	30,745 *
Current Ratio	675.6%	611.9%
Quick Ratio	660.3%	599.7 %
Cash Ratio	9.5%	7.5%
Debt to Asset Ratio	8.7%	7.1%
Debt to Equity Ratio	11.2%	9.1%
ROA	12.6%	8.9%
ROE	16.1%	11.5%
EVA	-1.846 *	-11.082 *

* Unit in IDR Mio

1. Liquidity Ratio

a. Current Ratio

Current ratio value decreased after Hospital X participating in BPJS. Despite the decrease, the value still exceeded the recommended current ratio. According to Kahar (2016), the recommended current ratio is 200% or 2:1 and current ratio value that exceeds the standard value shows good guarantee on a company's short-term debts (Agustina, 2016). On the other hand, this very high current ratio value indicates many inactive assets, causing their use less efficient (Sawir, 2009; Agustina, 2016).

b. Quick Ratio

Quick ratio value of Hospital X after participating in BPJS was lower than before the participation. This decrease reflects that the ability of Hospital X to meet its short-term financial obligations with using its most liquid assets also decreased. However, the quick ratio value still exceeded the recommended standard, which should be above 100% (Kahar, 2016). Similar to the current ratio, this extreme quick ratio value shows the number of unused current assets (Sawir, 2009).

c. Cash Ratio

Cash ratio value also decreased after Hospital X participating in BPJS program than before. The value, either before or after joining BPJS, was still under the recommended ratio, which should be above 100% (Kahar, 2016). A low cash ratio indicates a less favourable size for creditors since this is a sign of weak guarantee of a company to pay short-term liabilities (Kuranta *et al.*, 2016). Meanwhile, from the shareholders' point of view, this cash ratio is very profitable because it indicates no unused cash funds since the funds have been used for company's operation affairs (Kuranta *et al.*, 2016).

2. Solvency Ratio

a. Debt to Asset Ratio

This ratio of Hospital X before participating in BPJS was low, and after it participated in BPJS the ratio even decreased. This decrease is due to the reduced debts of Hospital X while its number of assets is increasing. Brigham and Gapenski (1997) argue that smaller debts will reduce risks of shareholders and add a company's potential return. Conversely, this theory does not apply to Hospital X's financial situation. Therefore, this low debt to

asset ratio is not an assurance that the company's financial life will be fine. This analysis result supports research of Julliumursyida *et al.*, (2008) and Widayanti (2012) which also show that the debt to asset ratio does not significantly affect the return obtained by a company.

b. Debt to Equity Ratio

This ratio of Hospital X before and after participating in BPJS was also low. This value shows that Hospital X's capital structure employs more of its own equity than debts. Small percentage of debt to equity ratio shows that the company's dependence on outsiders is decreasing (Erari, 2014). According to Brigham and Gapenski's theory (1997), small proportion of debts will increase a company's obtained return rate. However, this does not happen in Hospital X where the decrease in debt to equity was not followed by an increase in return. This analysis result supports the research from Farkhan and Ika (2012) as well as Malintan and Herawati (2013) which also show that debt to equity ratio has no significant effect on a company's return.

3. Profitability Ratio

a. ROA

The ROA of Hospital X before and after participating in BPJS was low. This low ROA value describes the ineffectiveness of the company in employing its assets to generate profit (Erari, 2014). The decrease in ROA value has been caused by smaller profit gained by Hospital X during its participation because, in the case of certain diseases, the rates paid by BPJS are actually lower than the real costs spent by the hospital. Yuniarti *et.al.*, (2015) reveal that INA-CBGs rates are lower than hospital rates, causing loss for the hospital. Meanwhile, this result contradicts to Suhartiyas' result (2014) that shows ROA of Hospital X in Mojokerto increased after implementing JKN. Therefore, it cannot be generalized that the existence of BPJS has negative impact on hospital's ROA value.

b. ROE

The ROE value of Hospital X was low. This low value reflects the low effectiveness of employing the hospital's equity to obtain profit (Erari, 2014). This has been due to the low number of profits generated as a result of the low rates set by BPJS. This result also supports opinion from Wang *et al.* (2015) who claim that in a case of certain diseases, the rates paid by Health Insurance are lower when compared to hospital rates.

4. EVA

Hospital X's financial performance, shown in the EVA value, can be said as poor since the value was less than 0. This indicates that Hospital X was not able to create economic value added for the company, either before or after participating in BPJS.

CONCLUSIONS

1. BPJS program affects some aspects in Hospital X' service quality. There was a decrease of satisfaction level on the five aspects of outpatient service quality after Hospital X participating in BPJS. Responsiveness is the aspect with the highest decrease, while tangible was the lowest decrease. Several indicators must be improved since they have yet met patients' satisfaction. The indicators are completeness of the equipment or medical facilities, clear information board, complicated procedure of outpatient service, schedule accuracy of outpatient service, reliability of registration staffs in providing required explanation by patients, speed and accuracy of patient admission procedure, too long queue, speed and responsiveness of registration staffs in handling patients' complaints, ability of registration staffs in explaining service process clearly and easily understood, registration and payment system, and time allocation for doctor consultation.

2. Based on the financial ratios, the Hospital X's financial performance decreased after participating in BPJS, since the company's assets and large capital have not been employed optimally which is resulting poor profit. Moreover, a negative EVA value, either before or after participating in BPJS, also shows that Hospital X is unable to create economic value added. The condition will affect the management negatively, since poor financial performance can reduce investors' interest to make investment. In addition, based on the due from related parties' data, there is a possibility of involvement of other companies as Lippo Group subsidiaries in form of transferring assets to Hospital X.

SUGGESTIONS

1. Suggestions for Hospital X
 - a. Hospital X should employ various assets and capital it has, such as regenerating physical facilities, completing medical facilities, adding hospital capacity, changing queue system from manual to IT-based system, establishing new department for preventive and rehabilitative disease activities, and many more. The optimal use of assets and capital will improve hospital profitability in the future.
 - b. Hospital X must measure its revenue in each department to find out which department generates high revenue and which one is not.
 - c. The financial management of Hospital X must be separated from the financial management of other Lippo Group subsidiaries.
2. Suggestions for further research
 - a. This research is limited to studying the cardiac patients who did not use BPJS or other health insurance, so the sample did not represent whole patients who are served in Hospital X. Thus, it is suggested for further research to conduct research on similar topic by involving larger respondents to get more thorough view on service quality in all service aspects of Hospital X, both outpatient and inpatient services.
 - b. This research is limited to assessing service quality using Servqual method and assessing financial performance from its financial ratio indicators and EVA. Therefore, further research that uses other methods and indicators is needed to get different views and to become a reference to compare the results obtained from various methods and indicators.

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