IntelliCare signed a three-year contract with Medilink Network Inc. for its Outpatient and In-patient Eligibility Services.

Medilink is an electronic claims network company that aims to provide state-of-the-art technology solutions to the healthcare industry. Their system will allow our accredited providers to have 24-hour access to our members’ data via the swipe system.

Starting this year, IntelliCare will be using Medilink’s electronic eligibility system for our accredited providers to determine member’s status, and extent of benefit prior to service avalement.

All IntelliCare members (new and renewed accounts) whose effectivity date of coverage started on January 01, 2006, will be issued a new card. This new card has a magnetic strip and when swiped in any Medilink POS terminal, can generate an instant electronic approved or declined response. An LOE (Letter of Eligibility) printout would mean that the patient is an active member of IntelliCare.

Among the benefits of using this system include: accessibility of POS terminals 24/7, shorter waiting time for verification of member’s status prior to consultation/admission, ease in tracking member’s confinements, fraud detection and non-issuance of new card every year (since dynamic data is stored in database and not in the card).

Vice President Jeremy G. Matti, Asst. Vice President Norman Amora and Senior Manager Mark Gamir of Marketing & Sales Department have a mandate from the IntelliCare Management. That is how to maintain (or preferably surpass) the gains earned by the Company through many years of exemplary sales performance. They have to adhere to the highest levels of performance standards, staying centered and single minded in the Company’s vision of being the HMO of FIRST CHOICE!

These three marketing movers, together with their staff and the vigorous support of other departments, know that there is simply too much at stake. They have to reemphasize service per se, creating an atmosphere of confidence, a dominating market presence and consequently, growth. Our core values of integrity, honesty and transparency need to be redefined. At the same time, IntelliCare has to continue to provide top grade, highly superior and a well fortified nationwide delivery system and subsequently nourish our well-known, highly-regarded medical personnel.

Our resources are geared toward achieving their goal and IT IS THE WINNING MOVE.

By: Jinky Recto, Associate Editor
PREVENTION OF ACCIDENTAL POISONING

A. Swallowed poisons

Most accidental poisonings are the result of swallowing liquid or solid toxic substances. Drugs and chemicals present the most serious hazard. Aspirin, barbiturates, and tranquilizers can be found in many homes, often accessible to unsuspecting young children. The accessibility of the container producing condition in the home is a hazard. Aspirin, barbiturates, and tranquilizers can be found in many homes, often accessible to unsuspecting hands, they present a serious poisoning hazard. While the elimination of all poisonous substances commonly found in the home is obviously impractical, the danger of poisonous substances must be recognized and measures must be taken that will afford maximum protection to oneself and others. Accidental poisoning from drugs and chemicals would be virtually eliminated in the home environment if people would merely read and heed the directions and warnings on container labels and control the accessibility of these items so that young children could not get to them.

All drugs and medicines are potentially poisonous when not taken according to instructions or the instructions on the label. An overdose can interfere with the normal function of one or several of the body’s systems and produce a reaction that may range in severity from dulling of the senses to death. If a manufactured household product presents a poison hazard, a warning or caution about this hazard is usually printed on the container. The ease or simplicity of use, as often demonstrated by advertisements of the product, is no excuse for failure to read and heed such warnings. Perhaps the most dangerous poison, from the point of view of the parent, is the accessibility of the container and its contents to an unwatched, unsuspecting person. Accidental handling and swallowing is particularly likely to occur with young children. Container, chemical, and pharmaceutical manufacturers are in constant search for attractive design features that will prevent or discourage the opening of bottles and other drug or chemical containers by unsuspecting young children. The control of accessibility to the contents of containers that harbor poisonous substances is an important aspect of poison prevention.

When adequate safeguards do not exist for controlling accessibility to the contents of a container of poison, then the accessibility of the container itself must be controlled. If there are members of a household who are ignorant of the harmful effects of any poisonous substance, and accessibility to the contents of a container cannot be absolutely controlled, there is no preventive alternative but to store these items under lock and to keep them locked up except during the very moment when they are being used. It is equally important that poisonous substances not be transferred from their original container to another container, such as a cup or bowl, and then left in the second container. This type of careless action occurs frequently with laundry and cleaning products and presents a hazard to young children or unsuspecting adults. The swallowing of poisons is more common in the home, but it also contributes to the accident problem in one’s pursuit of outdoor leisure-time activities.

B. Inhaled poisons

Aside from the more common gas poisoning, there are various poisonous sprays and vapors that contaminate the air we breathe. Glues or bases used to build plastic models, sprayed paints, pesticides, weed killers and hair sprays are a few such items. Hazards created by toxic fumes, sprays, and vapors often can be avoided if ample ventilation is provided. In some cases the danger may be great enough to require that sprays or fume-producing resins be used outdoors. Manufactured products that present a toxic inhalation problem are labeled with warnings and instructions for controlling the hazards involved. Many such products require the use of protective masks in order to give protection against poisoning. Read container warnings and protective instructions carefully, and follow the advice offered right down to the small print. Remember, accessibility to both the contents and the container must also be controlled in the case of these items.

CUSTOMER SERVICE CHAMPION (CSC) TRAINING SERIES COMMENCES

By: Sheryl Camarines, HRMD

Customer Service culture cascade jump started with the conduct of the Customer Service Training. Fortyfive participants have completed the first batch of Customer Service Champion (CSC) Training last June 30, 2007. 22 participants have successfully completed the Telephone Customer Service and 23 for Face to Face Customer Service training. The said training was spearheaded by the Human Resource Management Department (HRMD) in partnership with May-K Learning Center who conducted a 5-Day workshop. The said sessions were conducted last June 2, 9, 16, 23 and 30 respectively. The training was not lecture based, but, used a variety of methodologies like group discussions, skills practice to brain-based learning, and applied improvisation. There were also games that were not merely energizers, but allowed the participants to recall information/ knowledge in a manner where learning is entertaining. Among others, the participants role play as a culminating activity to highlight what they have learned from the training sessions and received feedback as to what important skills are being demonstrated and need to improve.
HMOs FACE TOUCH CHALLENGE

A tough challenge faces the health maintenance organization (HMO) industry this year: Costs are set to go up by a percentage that will surely be met with skepticism and a heady dose of resistance, particularly from the industry’s clients. This was confirmed by our President, Mario Silos.

The rise in the cost is of course not without a justifiable reason, as stipulated by him. The cost push is being attributed to the rising prices of HMO suppliers and its related industries. Medical professionals as well as facilities have earlier indicated this trend. “It’s a domino effect. If a related industry (such as the big medical facilities) indicates its intentions of raising its costs, the others have to take the same course if they want to be able to continue their services and to offer these with the same quality,” he said.

Health maintenance organizations rely on medical professionals and facilities such as clinics and institutions to deliver the health care package subscribed to by its clients. So if a hospital raises its prices, the HMO follows suit.

By: EMR

Management Training Program, Batch 2

By: Man Libo-on (Consultant)

“State two or three lessons in the Management Training Program that you think are very important. Why? How do they apply to you? To Intellicare!”

“Member client A has a confirmed APE (Annual Physical Exam) in November. new client B wants the APE via our mobile clinic too, on the same day, at a higher rate in Las Banos. Who will you serve, client A or B? Why? On what principle will you base your decision?”

“We need excellent ROI so that we can improve our services and reach more people. All things being equal, where do we get a better ROI, TPA or HMO? Explain by giving a sample computation.”

These are three sample questions that trainees try to answer. They respond not in the silence of their brains or test papers but orally before panel members. From a distance, the questions are easy to answer. The Senior Officers who compose the panel are eager to hear not only answers but also the rationale behind. Thus, incisive follow-up questions follow.

The trainees who compose the MTP Batch 2 were stars in their own right while training. In alphabetical order they are:

1. Yvette Alvarez = Accounts Processing
2. Troy Aguila = IT
4. Toper Baer = Claims Processing
5. Vicky Castro = Membership Services
6. Annie Fababero = Billing
7. Ed Jose = Medical Relations
8. Edwin Medina = Accounting
9. Dave Muñoz = Marketing
10. Cris Ranoco = Treasury
11. Bershnd Quierez = Clinic Admin
12. Eric Trinidad = FAD
13. Julie Tampuangco = HR (resigned)

At present, local HMOs serve over three million Filipinos. This number has long relied on the quality services of medical professionals and facilities for years. Intellicare alone maintains its accreditation in over 500 hospitals and is affiliated with over 8,000 medical doctors, all offering quality services.

By year’s end, most of which will have raised their prices.

Surviving the challenge can be tricky. Mr. Silos asserts. If these were any other industry, the natural course for a company to take is to give in to the inevitable demand of lowering of costs, especially when faced with the threat of clients shifting to other HMOs. Instead, HMOs must tackle the problem by upgrading the quality of their services.

The HMO industry is unlike any other industry that has relied on a massive base of consumers whom its players can simply charm with low price offerings in the hope of retaining their patronage and gaining, considerable numbers.

The HMO industry must be wary enough not to fall into the trap of engaging in a price war with its peers for the stakes are very high.

If an HMO decides to lower its costs, it has no choice but to face the challenge of offering services that are proportionate to it. In the long run, the HMO will imperil its own existence. End users who used to take comfort in a certain health plan provided to them by their employers are going to end up disappointed. There is no greater threat to an HMO’s business than a dissatisfied and disgruntled clientele.

The trainees who compose the MTP Batch 2 were stars in their own right while training. In alphabetical order they are:

1. Yvette Alvarez = Accounts Processing
2. Troy Aguila = IT
4. Toper Baer = Claims Processing
5. Vicky Castro = Membership Services
6. Annie Fababero = Billing
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12. Eric Trinidad = FAD
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At the end of June 2007, six trainees are through with the revision. A Back-to-the-job project proposal is now part of the process. Trainees will do a couple of projects viable in three months. The plan will review the results and signal another round if results prove very good. With many lessons learned, added motivation and top management support, the trainees respond to the call: CARPE DIEM!
**Testimonial**

Dear Joy and Mabel,

Gerry Ilagan of CPI would like to extend thank you for your wonderful assistance to Ambassador Antonio at St. Luke’s yesterday. According to Ambassador, the service was great.

Thank you.

MARLON B. BUMANGLAG
Marketing Asst. - Employee Benefits Division
TAISHAN INSURANCE BROKERS PHILS., INC.
Subject: Amendment to PhilHealth Circular No. 26, s-2006

In order to strengthen hospital verification of PhilHealth member/dependent information and to reduce Return to Sender (RTS) and doubtful claims, the Member Data Record (MDR) shall now be considered a primary document in claim applications. All NHIP members including those employed are now required to submit and attach clear copy of MDR to PhilHealth Claim Form 1 in availing of NHIP benefits for his/her or his/her dependent’s confinement.

The member may secure copy of their MDR from any PhilHealth Regional/Service Offices nationwide. In cases of discrepancy between the MDR and member/dependent’s information provided in PhilHealth Claim Form 1, or when the dependent is not reflected in the MDR, the member shall submit/attach to Claim Form 1 properly accomplished Member Data Amendment Form (M2) (form is available from any PhilHealth Regional/Service/Office/hospitals) together with clear copy of supporting document/s and/or as proof of dependency (for dependent patients) as enumerated in PhilHealth Circular No.26, s-2006, Matrix 2 “Types of Dependent and Corresponding Proof/s of Dependency”.

This Circular shall take effect on all claims with admission dates starting June, 2007.

For strict compliance.

(Sgd.) LORNA O. FAJARDO, CESO III
Acting President and CEO

PhilHealth

Cerebral Malaria

Cerebral Malaria is the most severe form of malaria that affects the brain and the central nervous system. Complications include coma, seizures and renal failure.

In severe cases, neurological dysfunction can manifest suddenly following a seizure or gradually over a period of hours. Patients with cerebral malaria commonly have anemia and jaundice as well. Convulsion occurs in 50 percent of adult cases and an even higher proportion among children. Around 10 percent of Children with cerebral malaria, particularly those with hypoglycemia - low blood sugar -, had repeated seizures or went into deep coma with evidence of brain damage when they regain consciousness. Cerebral malaria is caused by the infection of a parasite known as Plasmodium Falciparum which is transmitted to humans through the bites of infected female mosquitoes. Other parasites causing malaria are Plasmodium Vivax, Malariae and Oval. According to the Department of Health there are around 100,000 victims of malaria everyday.
S  mashing! Running! Even diving! As rackets send shuttlecocks screaming back and forth at break neck speed, sweat pours down all over and drenching the very soul of a player hungry for victory. Truly, badminton is the hottest and most competitive sport today! Many people used to think that badminton is just a simple sport. However, I found out was like the Black, Brown and White belts in Judo. (Also, different clubs and different martial arts like Karate and Aikido have Green, Purple and Yellow belts). So what is it about this sport that makes people tick? How come people find such enjoyment smashing feathered shuttlecocks back and forth! Do they hate chickens or something?

Well, basically it is the same with why ten thousand men run about all over the court to shoot one ball. It is fun! Mr. Gabby started playing in 2003. According to him, badminton is easy to play and the physical pressure is not that heavy. It is a fun game for all ages. There is proper matching and it attracts persons from all walks of life. ‘I’ve always thought that this sport is also expensive with the price of rackets displayed on sporting goods stores. But the price of an hour’s rent averages about Php180. The game is really fun to play and according to him, it is an economic way to relieve stress, Gabby stressed.

I have also learned from Yvette of Accounts Processing that teamwork is also essential in badminton. Though there may be only one or two players in the court, the other teammates from your squad cheer you on. It doesn’t matter whether you win or lose. It is your willingness to give your best even if you lose. Ed Jose from our Medical Relations Department, started playing late 2004, with friends. It gave him a good exercise for cardio and for toning his muscles. It also gives a challenge as you try and develop your skill. Being in the Medical Relations, the sport has done him a favor professionally as there are a lot of our accredited doctors who play the game. Badminton has helped him develop camaraderie and strengthen the relationships among our accredited doctors. He also told me that for those who are still having second thoughts about trying the sport, they should be decisive. If you have no exercise, then badminton is a good affordable alternative. It will develop competitiveness in you giving you a “do not quit” attitude in life.

Badminton is indeed a great sport. Sports is a good way to keep ourselves physically fit. Sports also help us cope with our problems by providing a diversion. A sensei taught us that before we practice, we should first remove our day’s burden like problems, work or school load and even our emotional pains and put it aside. Then we can go back to it after our practice and we will see that it is much easier to find the solution or to accept whatever it is that has befell us. That is the impact of sports. It not only benefits the body through exercise but it stimulates the mind as well. So develop a sport! And badminton is a good sport. Find a group, get your rackets ready and start smashing!
A patient asked his doctor quite frankly what was wrong with him. “Well”, said the doctor, “You eat too much, drink too much and sleep too much”. “Thanks doc.” Said the patient. “But would you please be kind enough to put that in Latin?” “Why?” asked the doctor surprisingly. “So I can have a week off from the office”.

A young, sexy wife was consulting a doctor. “I am suffering from cold feet, Doc, especially at the middle of the night”. “In that case I’ll give you a bottle of medicine.” “But doctor, the cold feet are not mine”.

“Doctor, if this swelling gets any bigger on my leg, I won’t be able to get my trousers on!” “Here, take this.” “What is it?” “The address of a nudist colony.”

**Father to child:** Now ask your last question. I am a busy man.

**Child:** When the doctor gets sick another doctor doctors him, does the doctor doing the doctoring by the doctor being doctored have to doctor the doctor the way he should be doctoring the doctored doctor or will he doctor the doctored doctor the way the doctored doctor should be doctored in his own way?

**Mommy:** Son, you have to go to school.

**Son:** I do not feel well.

**Mommy:** Where do you not feel well?

**Son:** In school.

**Doctor:** Now, you said your nose was punched by a policeman.

**Patient:** Yes, I think it is broken.

**Doctor:** Do not worry. That can be remedied. But where is your nose?

**Patient:** The policeman took it as an exhibit and evidence.

**Patient:** Nurse, you know that I like very much a hug and sweet kisses when I woke up in the morning.

**Nurse:** There is no problem with me on that. I can arrange it with the night duty watchman.

**Man to Nurse:** I came over to visit my friend who was run over by a steamroller yesterday.

**Nurse:** Oh, that man. He is now in Rooms 105, 106, 107, 108 and 109.

**Patient:** Doc, you have to help me. I think I am a dog. I bark all night, scratch all over and run after cars.

**Doctor:** Well, come here and lie on the couch. Patient: I am not allowed on the couch.

**Doctor:** I have bad news and good news. The good news is you only have 24 hours to live.

**Patient:** What could be worse than that?

**Doctor:** I have been trying to call you since yesterday.

A patient goes to the doctor to complain. He has a cucumber up his nose, a carrot in his left ear and a banana on his right ear. “Doc, what is wrong with me?” The doctor replied, “You are not eating properly.”

**Doctor:** I could not be quite sure what is wrong with you. I think it must be the hangover.

**Patient:** Well Doc, I’ll be back when you are sober.

**Man:** You have to help me Doc, I have become forgetful.

**Doctor:** Since when did you have this?

**Man:** Had what, Doctor?

“Doctor, you have to help me with my snoring. I snore so loud, I wake up. Because of this, I am losing sleep already. “What do I do?” “Transfer to another room”.

**Doctor:** I do not see anything wrong with your left ear Mrs. Larson. But I think there is a suppository in there.

**Patient:** Oh, I see, at least I now know where my hearing aid went.

**Wife of Patient:** Doctor, you have to help my husband. He thinks he is a lawn mower for eight months already.

**Doctor:** Oh, but why did you not bring him sooner?

**Wife of Patient:** Our neighbor returned him just this morning.

**Patient:** Help me, please. Every time I point my finger on my head, it hurts. I point it on my shoulder, it hurts. I point it on my back, it hurts. What is wrong with me?

**Doctor:** You have a broken finger.

**Man:** Doctor, you have to help me. I am shrinking!

**Doctor:** That’s alright, you only have to be a little patient.

**Wife to Doctor:** You have to see my husband. He thinks he is a chicken.

**Doctor:** Is that so? Why did you not bring him earlier?

**Wife:** We can’t do that. We needed the eggs.

**Doctor:** After that, what happened?

**Man:** I felt so depressed, doctor. I took 1000 aspirins. Doctor: After that, what happened?

**Man:** After the two tablets, I felt better.

**Patient:** You are in perfect health. You will live up to 65 years old.

**Doctor:** But I am 65 years old!

**Patient:** See! What did I tell you!

My doctor tried kidnapping for a while, but it did not succeed. Nobody can read his ransom notes.

**Doctor:** Thanks to microsurgery, I can now stitch back your fingers after that accident with the power saw. But I need your fingers. Where are they?

**Patient:** Sorry doc, I could not pick them up.

**Nurse:** What happened to that nun who came from your clinic? She looked pale & terrible.

**Doctor:** I told her she was pregnant.

**Nurse:** How did she take it?

**Doctor:** Nothing, but it sure cured her of her hiccups.

**Husband with pregnant wife:** Hello Doctor, you have to help my wife. Her contractions are only two minutes apart.

**Doctor:** Is this her first child?

**Husband:** No, this is her husband.

**Doctor:** I have a bad news and good news. The bad news is that we have to amputate your other leg.

**Man:** What is the good news?

**Doctor:** Well, the man in the other room has a very good offer on your shoes.

**Doctor:** Did you give your husband the prescription I made for him, one tablet before meal and a little whisky after.

**Wife of patient:** Well, he is a few tablets behind, but he is one month advance on the whisky.

**Doctor:** Did you see anyone before you came to see me?

**Patient:** Yes, the corner druggist.

**Doctor:** And what foolish advice did he give you?

**Patient:** He told me to see you.

“What’s that bump on your head?”

“It’s from my tonsil operation.”

“You must be kidding. How on earth could you get a bump on your head from a tonsil operation?”

“The doctor ran out of anesthesia.”

“Doctor, I feel like a yo-yo. What do you suggest?”

“Sitdown, sitdown, sit down.”

“Doctor, I feel like a pack of cards.”

“Okay, but I will deal with you later.”

“Doctor, I am so sick. I feel I only have fifty seconds to live.”

“Relax, I will be with you in a minute.”

By: The Staff
IntelliCare Opens Clinic at Metropolitan Medical Center

The Metropolitan Medical Center has been the premier hospital in Chinatown for 39 years, enjoying very strong patronage from the Chinese and Filipino communities in the area. The Metropolitan is fully equipped with extensive diagnostic equipment and a fully automated diagnostic laboratory. Staffed with over 300 doctors in various specialties, this institution prides itself in being a referral center for challenging cases in internal medicine, endoscopy, and surgery, as well as in having centers of excellence for the fields of obstetrics and gynecology, dermatology, and physical rehabilitation.

Our Main Health Services includes:

- Clinical Specialties. Medicine, Obstetrics and Gynecology, Pathology, Pediatrics, Radiology, and Surgery.

Ancillary Services. Dental Center, Endoscopy Services, ENT Unit, Heart Station, Laboratory Services, Physical Med. & Rehabilitation, Pulmonary Services, Radiology Services, Renal Center, Stone Treatment Unit, Women’s Health Center, Neurology Center.

Dr. Louie J. Agregado of IntelliCare (right) cuts the ceremonial ribbon to open the clinic.

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**Benefit Availment Procedures**

Out-Patient

1. OP POS terminal in an accredited clinic or hospital.
2. (Letter of Eligibility)
3. Go to Coordinator of accredited hospital.
4. Present IntelliCare Card and LDE.

- *Sign-off RCS after your medical consultation.*
- *File PhilHealth if needed.*
- *For procedures done in specified areas/services.*

In-Patient

1. IP POS terminal in an accredited hospital.
2. (Letter of Eligibility)
3. Go to融创Care Customer Service for assistance.
4. Present IntelliCare Card and RCS to accredited doctor or area where the procedure will be done. Dual consultation diagnostic test list.

- *Care Call IntelliCare for assistance.*
- *RBC 1 or RCS 2 prior to any consultation/diagnostic test or diagnostic/medical procedures.*

**IMPORTANT NOTICE:**

- For qualified hospitals/clinics without POS terminal-Go to IntelliCare Hospital Coordinator or call IntelliCare Customer Service for assistance.

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**DENTAL**

1. Go to Accredited Dental Clinic.
2. Present IntelliCare Card during dental visit.

- *Call dentist to find out if they implement FIRST-COME, FIRST-SERVE or BY APPOINTMENT policy.*
- *Check out list of IntelliCare Accredited Dentists.*
- *Sign-off dental referral control sheet after consultation/treatment.*

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**EMERGENCY**

1. Go to Emergency room (POS terminal).
2. If treated in a non-accredited hospital, you may file for reimbursement of medical bills upon discharge.

- *If admitted, notify IntelliCare Customer Service within 24 hours.*
- *Occupancy allowed room, incremental charges will apply if you upgrade your room category.*

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**ASalus Corporation**

Trunkline: (02) 992-0334 Mobile: 0917-8052202 (Globe) 0920-9518452 (Smart)

For feedback/inquiries - email to info@asalus.com.ph

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Alessandra's Healthcare: 24/7 Customer Service Numbers

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IntelliCare 24/7 Customer Service Numbers

Trunkline: (02) 992-0334 Mobile: 0917-8052202 (Globe) 0920-9518452 (Smart)

For feedback / inquiries - email to info@IntelliCare.com.ph

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