

IntelliCare: Outstanding service include things beyond the basic

Companies have varied criteria when they assess the performance of their HMO. The most common would include efficiency of service.

Were there no glitches in the processing of an employee's hospitalization? Did the employee patient complain about any missteps involving the HMO? Were their employees taken to or referred to the right medical facility or professionals? These are the common questions that companies ponder when crunch time comes or that point when they decide for or against another contract with their HMO.

But that's not all there is to service. Leading local HMO IntelliCare says outstanding service should include things beyond the basic and that companies should realize the necessity to ask for more without necessarily asking for too much.

With HMO costs rising, HMOs should find themselves competing for corporate attention by promoting their upgraded brand of services. IntelliCare is one step ahead. They've been at the top of their game in offering innovations long before anyone could seriously claim to be doing likewise.

For IntelliCare, reaching out to its clientele base involves the highest levels of professionalism and delivery of care with humanity and compassion.

For years, IntelliCare nurtured partnerships with big name clients. They've been partners for so long that they now conduct their affairs beyond the mere delivery of promised services.

The leading HMO's clients enjoy the added value of consultancy offered to them. This kind of relationship allows both parties to determine the ideal solutions to their unique problems. It's also the prudent way to look ahead and anticipate any evolving needs and problems so that



these may be addressed ahead of time.

Usually, the relationship between a company and an HMO starts and ends with the signing of a contract. Relationships are usually so simple that this is how the entire contract plays out: Company expects delivery of services. HMO delivers services. Company complains of glitches. HMO responds with explanations.

If the HMO is found wanting after weighing its responses, then it is replaced.

The relationship between an HMO and a company should be a partnership where they continue to grow with each other. The partnership should hold the health plan beneficiaries or cardholders uppermost in mind.

Per IntelliCare's experience, in the course of this relationship, issues inevitably arise. In the case of rising costs of medical providers, companies are forced to make a host of decisions, some of which are radical. In these cases, companies might decide to strike out a modality from the plan earlier provided for the cardholders. If the relationship between the

HMO and company/ employer is mature enough to allow the latter to ask for consultancy from the former, they should be able to suggest alternatives.

Without that relationship, an HMO would only suggest striking out a certain modality from the health plan. The company, left with little or no choice considering the costs, gives in. Period. It's left at that while the cardholders are left to accept the decision with no choice.

Consultancy should also help determine what plan package might be offered to a company's employees. This is however only possible when the HMO-company relationship has been in existence long enough for both to determine the condition of cardholders.

If the company really values the welfare of its employees, then they could ask the HMO help in determining the best health plan. The HMO of course should have the database or the health record of its cardholders. A simple run of this list should lead the HMO and the company to certain courses of action.

Consultancy allows

this kind of scenario: If a certain health condition is found dominant among a group of members, the HMO and the employer may decide to institute a preventive program to drastically reduce the incidence. Such preventive programs may include: vaccination, seminars, life style changes, etc.

For example, call center employees account for a significant number of stress-related health issues in certain hospitals. It's not surprising since they operate at odd-hours. Given this kind of situation, the HMO should be challenged by the company to come up with the best plan on top of wide health coverage. The coverage might be wide but they may not necessarily address the preventive needs of the company.

Either that or the HMO, with its roster of medical experts as consultants, can suggest tweaking a few of the work routines in the office keeping in mind the objective is to lessen stress levels in the company.

As renewal time comes companies must consider the HMO's ability to respond to their needs on a pro-active basis.