

Care Delivery Management

Proven Health Navigator® (medical home)



Proven Health Navigator® (PHN) is GHP's robust medical home model and disease management program.

A PHN case manager and health manager are embedded in a practice and available to members 24/7.

High risk members are identified, and a proactive management plan is implemented.

The managers work closely with the members' PCP to address clinical issues and offer clinical and community support geared toward the members' specific condition(s).

PHN is currently implemented in over 70 primary care sites throughout 43 counties in Pennsylvania and highly effective at producing better health outcomes.

The Heart Failure (HF) monitoring program is one example of a specific condition that requires significant member involvement. Bluetooth scales are placed in the home (free of charge) of members diagnosed with heart failure. Members weigh themselves daily, and the measurements are transmitted to a web-based portal. The nurse case managers monitor the daily weights, are able to review trending and collaborate with the provider to formulate a management care plan that is focused on weight trigger points. The outcomes have been positive – approximately a 12% reduction in overall admissions and a 20% reduction in 30 day readmissions for members with heart failure.

How to use our case management services

Call 800-883-6355 to learn how to use services, or to refer a member. Hours of operation are Monday through Friday from 8 a.m. to 5 p.m.

Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as "GHP" in this summary.

All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member's benefit document; 2) the participating provider's contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.

Publication history:

[Type here]