Care Delivery Management

Population management programs

Geisinger Health Plan

GHP offers comprehensive multidisciplinary population management programs for members, including case management and disease management programs that provide collaborative relationships between the member, Primary Care Provider (PCP) and/or Specialty Care Provider (SCP) and case management staff to assist members with chronic conditions.

Programs include, but are not limited to;

- Asthma
- Congestive heart failure
- Chronic obstructive pulmonary disease
- Coronary artery disease
- Chronic kidney disease
- Diabetes
- Hypertension
- Osteoporosis
- Weight management

Tobacco cessation as well as preventive health and lifestyle support interventions is inherent in program design.

These programs are built from nationally recognized evidence-based clinical guidelines.

Candidates for enrollment in a program are identified by the following criteria;

- Claims analysis - identifies members who are high risk and refers the member to a disease management nurse for intervention
- Self-referral – members are invited to participate via targeted and general mailings
- Physician referral
- Referral from various GHP departments, including medical management, quality improvement, appeals, customer service, etc.

Additionally, programs for oncology care and specialized condition support for conditions such as rheumatoid arthritis, Systemic Lupus Erythematosus (SLE), multiple sclerosis, etc. have been developed in collaboration with pharmacy services to provide comprehensive pharmacy/medical care management program.

Case management services are available for patients with multiple or complex chronic conditions that require special needs upon discharge from a hospital to facilitate the discharge plan of care and transition to home, skilled nursing facility or rehabilitation and/or intense management and oversight.

- Examples of conditions that benefit from case management include but are not limited to: cognitive impairment, spinal cord injury, brain injury, cancer, high-risk neonates, serious trauma, critical care admissions, transplant, multiple chronic conditions (comorbidities), high utilization, repeat admissions, exhausted benefit, out of network services, stroke, etc.

GHP aggregates pharmacy and medical claims data to provide population profiles to support disease and case management program and wellness program development.

Provider-specific reporting is used in our advanced medical home model to proactively identify members to enroll in case management.

Actuarial and clinical informatics tools are utilized to identify and risk stratify members to align with intensity of services.

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.