



## New health management programs available

### Alere focuses on cancer cases; Accordant offers assistance with variety of conditions;

In addition to Geisinger Health Plan’s existing, award-winning health management programs, we are pleased to announce an expansion of health management services through two partners, Accordant and Alere.

Health management programs have consistently demonstrated success in helping patients learn about and better manage their conditions. These programs also benefit providers by assisting with care and service coordination and patient education, as well as maintaining communication between patients and providers, ensuring that the most up-to-date information on patients is available at all times. Health management programs also offer patients an additional source of information for routine questions, thus freeing time for providers to focus on care.

#### Alere

Alere’s Oncology Care Program focuses on helping patients manage cancer treatment side effects, prevent complications and maximize functional status and quality of life.

This program offers experienced oncology nurse case managers to provide telephonic cancer care management for your Geisinger Health Plan members. This program is available to those members who are newly diagnosed with cancer, those experiencing a recurrence, those who are in active treatment for cancer or who are experiencing complications from the disease or therapy. Early enrollment in the Alere Oncology Care Program will help ensure the best outcomes possible.

If you have any questions about the program, please

#### To refer members

**Alere:** Enrollment form available at [thehealthplan.com](http://thehealthplan.com), or call (800) 883-6355

**Accordant:** Enrollment form available at [thehealthplan.com](http://thehealthplan.com), or call (800) 883-6355. Provider Relations Representative can assist with online enrollment.



call the Alere Oncology Care Program Provider Relations Representative at **(866) 537-2034**.

To refer a patient to Alere, you can complete and fax a referral form, available online at [thehealthplan.com](http://thehealthplan.com), or call the Health Plan at **(800) 883-6355**.

#### Accordant

Accordant Specialized Care Management Programs are available to patients identified with one or more of the following conditions:

- Seizure Disorders

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# Great reasons to visit thehealthplan.com

Viewing claims online. Verifying benefits. Checking if your patients are due for any tests or immunizations. All these resources and more can be accessed through the Provider Information Center at thehealthplan.com.

Some online tools, such as provider and formulary searches, are open to the public. Access to the Provider Service Center, Member Health Alerts or other secure Web resources requires registration. You can register by calling your Provider Relations Representative.

## Provider Service Center

Our Web-based capabilities will allow you to view and print information on:

- Claim status, history and payments
- Real-time member eligibility data
- Benefit plan details, including cost-sharing amounts
- Current authorizations for Health Plan members
- Explanations of payment (EOP)
- Medical and pharmaceutical policies

## Member Health Alerts

Each PCP or their office personnel can access a list of members who, based on claims data, are due for one or more of the services listed below (based on Healthcare Effectiveness Data and Information Set [HEDIS®] 2008 specifications):

- Adolescent well visits
- Well-child visits 3-6 years
- Well-child visits 0-15 months
- Colorectal cancer screening
- Breast cancer screening
- Cervical cancer screening
- Use of appropriate medications for people with asthma
- Chlamydia screening
- LDL screening for patients with cardiovascular conditions
- Comprehensive diabetes care

Member cost sharing may apply to certain services.

When services are provided and claim data is received by the Health Plan, your Member Health Alerts listing will be

Office Nbr:  Search Provider: All Providers

Member Name:  Search Clear

**X** Indicates needed HEDIS® screening based on claim data (Data thru 12/31/2007)  
(Date Listed Is Last Date of Service)

[Click here for a printer friendly PDF.](#)

[Click here to print all individual member profiles \(17 pages\).](#)

Showing: (1 - 10) of 17 members First - Previous

Member Name DOB Member ID / MRN Phone	Adol Well Visits	Well Child Visits 3-6 yrs	Well Child Visits 0-15 mos	Colorectal CA Screen	Breast CA Screen	Cervical CA Screen	Chlamydia Screening in Women	Approp Meds for Asthmatics	LDL Test for PT's w/Cardiovasc Conditions	HbA1c Test for Diabetics	LDL Test for Diabetics	Exa Dia
<input type="radio"/> click to sort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Member Health Alert page: Pointing at each "x" will show the last date a measure was completed.**

updated. If you believe this information is inaccurate or not up to date, medical record documentation can be submitted to demonstrate that a measure has been completed. Some of these measures are also included in the Physician Quality Summary (PQS) incentive payment program.

## Electronic Claim Submission

Electronic claim submission allows health care providers to bill with decreased delay and costs. Electronic billing streamlines the billing process and proves to be more accurate. Electronic billing also helps reduce paperwork.

We invite you to evaluate your current billing practices and the positive impacts of electronic claim submission. If you currently submit paper claims and decide to submit electronically, please visit thehealthplan.com/GHPCCommon/new\_privacy/privacy\_claim\_submission.cfm for more information.

## Electronic Fund Transfer

Claims payments can be made faster and easier through the Health Plan's new electronic fund transfer (EFT) system. Payments will be deposited directly into your specified bank account.

An enrollment form is available by visiting the Provider Information Center at thehealthplan.com. Once this form is received, we will validate your bank account and routing information by sending a pre-note to your bank. Once your bank account information has been verified, we will let you know when to expect your first EFT transaction.

Please note:

- Paper explanation of payment (EOP) will continue to be generated and distributed by mail; however, no check will accompany the EOP.
- EFT payments can start in as little as two weeks. You will be notified prior to this occurring.
- EFT payments for all lines of businesses except Third Party Administrator (TPA) are processed on Mondays (except bank holidays).
- TPA transfers will be made when funded. This is the same as without EFT.

Please call our Finance Department at (570) 271-5846 if you have any questions regarding EFT.

## Physician profiles

Physicians can access Health Plan personalized profile reports online. Profiles

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# Great reasons to visit thehealthplan.com

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include your semi-annual medical and pharmacy utilization reports. Future iterations of these reports will be posted directly to web and hard copy version will be available upon request. If you would like a copy of your profile, please contact your Provider Relations Representative.

## Health management program enrollment

Members can now enroll in health management programs online. Case managers work with members and providers to provide education and health care coordination. Health management programs include:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Tobacco cessation
- Hypertension
- Chronic kidney disease

- Heart failure
- Diabetes
- Heart disease
- Osteoporosis

To learn more about these programs or to enroll online, members can login to our Web site and choose *Information for Members* from the menu along the right side of the screen. The link, *Care Coordination and Case Management*, offers more information on the programs. An enrollment link can be found with each description. For more information, please call the Health Management department at (800) 883-6355.

## Tel-a-Nurse online chat

Members can now use our Tel-a-Nurse online chat service to receive general health information. Nurses can answer questions about health information and guide members to online health resources. To chat with a nurse, members should click on *Information for Members* in the member section of our Web site,

and then follow the *Chat live with Tel-a-Nurse* link.

This service should only be used for health information. Members experiencing symptoms should call Tel-a-Nurse at (877) 543-5061 or their provider. A staff of specially trained nurses is available 24 hours a day, 365 days a year to provide medical advice in both urgent and routine situations.

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If you have any questions about our online tools and services, or would like assistance registering for the Web site, please contact your Provider Relations Representative.

Danville:	(800) 876-5357
Harrisburg:	(888) 281-5338
Sayre:	(800) 734-3141
Scranton:	(800) 350-6486
State College:	(888) 669-4834

## Interactive Voice Response system is coming soon

Geisinger Health Plan is excited to announce the implementation of an IVR system, coming this fall. The Interactive Voice Response system will allow providers to access claim information, member eligibility information and member benefit information 24 hours a day, 7 days a week. The IVR uses voice recognition and/or touch tone interfaces. You can speak to a live representative at any time by saying "representative."

Member information will be available for all product lines. Providers can also initiate the precertification process through the IVR.

The IVR system will provide:

- Claim address
- Claim status (including: date of service, amount of claim, received verification, denied or paid date, paid to and amount paid)
- Member eligibility (provides plan type: HMO, Gold, TPA and PPO)
- Benefits (provides primary care provider, specialist and emergency room co-payment amounts and deductible amount)
- Pharmacy information

Below are some helpful suggestions and a list of information to have available when using the IVR system:

### Member Information

- provider's nine digit tax identification number
- member's 11-digit GHP identification number
- member's name and date of birth
- date of service of claim or use 'most recent claims' option

### Medical management information

- caller's full name and spelling of last name
- caller's telephone number
- caller's fax number
- member's 11 digit GHP identification number
- date of service
- physician's full name and spelling of last name
- hospital or clinic name
- diagnosis code and description
- procedure code and description

The IVR is a secure system that protects our member's health information. The IVR validates provider and member information prior to the IVR releasing any information.

# Important information for providers

## Models of care detail plan operations

Geisinger Gold's Special Needs Plans (SNP) offer specialized coverage to Medicare beneficiaries who are also fully eligible for Medicaid (Secure 1), or who live in a long-term care facility (Secure 2).

The models of care for these plans are now available online in the Provider Information Center, or by calling your Provider Relations Representative. The model of care describes Geisinger Gold's method of providing specialized care to SNP-eligible individuals. In addition to detailing how the plans operate, the model of care also highlights benefits available to SNP members which are not offered in

Geisinger Gold's other plans.

## Imaging studies not always required for acute low back pain

Acute low back pain (less than four weeks in duration) is generally a self-limiting condition and most patients recover within a few weeks without the need for imaging studies or aggressive care. Of patients presenting with low back pain, less than 1% have an urgent situation requiring immediate consultation and very few have clinical signs consistent with serious conditions, such as infection, malignancy or fracture.

Statistics from the National Committee for Quality Assurance (NCQA) from

2007 suggest that the rate of ordering imaging studies (plain X-rays, CT scans, MRIs, bone scans, etc.) in patients with acute low back pain and no clinical signs of a serious condition should not be more than about 20%. Subsequent research supports this finding.

The Health Plan's recently revised acute back pain clinical guideline is available for review online at [thehealthplan.com](http://thehealthplan.com). The Health Plan's medical directors recognize there are valid clinical reasons for ordering imaging studies and encourage proper health care to continue. Your feedback on the guideline is encouraged and appreciated.

If you have any questions or comments, please contact your Provider Relations Representative.

## Formulary updates

### Geisinger Health Plan, Geisinger Choice, Geisinger Health Options

The following drugs have been added to the formulary:

- Azasite (3)
  - Baraclude (2)
  - Tykerb (3) \*,t
  - Somatuline (3) \*,t
  - Tyzeka (3)
  - Tasigna (3) \*,t,\*\*
  - Intelence (2)
  - Isentress (2)
  - Selzentry (2)
  - Intal Inhaler (2)
  - Novo Nordisk Insulin Pens (2)
- () = tier  
\* = requires prior authorization under the non-tiered benefit  
t = requires prior authorization under the tiered benefit  
\*\* = quantity limits apply

### Geisinger Gold

The following drugs have been added to the Gold formularies:

- Azasite (Tier 2 for two-tier plan, Tier

- 3 for triple-tier plans)
- Tykerb (Tier 2, prior authorization required)
- Somatuline (Tier 2 for two-tier plan, Tier 3 for triple-tier plans)
- Tyzeka (Tier 2 for two-tier plan, Tier 3 for triple-tier plans)
- HIV drugs: Intelence, Isentress and Selzentry (Tier 2)
- Kuvan (Highest tier of any plan. Prior authorization required.)
- Tricor (Tier 2 for all plans)
- Levemir (Tier 2 for all plans)

The following drugs have been reviewed and will not be added to the formulary:

- Letairis
- Neupro
- Remodulin

Tasigna was deemed non-formulary

The following drugs now have a generic alternative on Tier 1 of

all plans:

- Fosamax
- Toprol XL
- Protonix
- Lotrel

Formularies are updated regularly on our Web site at [thehealthplan.com](http://thehealthplan.com). If you have any questions, please call the Pharmacy Department at (800) 988-4861.



# Policy and guideline updates

The following is a summary of new, revised and recently reviewed medical and pharmaceutical policies. The complete text of these policies can be found online at [thehealthplan.com](http://thehealthplan.com) or by contacting your Provider Relations Representative.

## Annual Reviews

The following medical policies have been reviewed with no change to the policy section. Additional references or background information was added to support the current policy.

- Ambulance transport (MP 17)
- Alternative and complementary medicine (MP 136)
- Automatic implantable cardiac defibrillator (MP 140)
- Biofeedback (MP 4)
- Biventricular pacemaker (MP 141)
- Blepharoplasty (MP 10)
- Breast MRI (MP 145)
- Carotid artery stent (MP 150)
- Cooling devices (MP 155)
- Cranial remodeling orthotic (MP 125)
- Criteria for inpatient rehab admission decision (MP 180)
- Gene expression profiling for breast cancer treatment (MP 170)
- Genetic testing for cystic fibrosis (MP 70)
- GSite<sup>®</sup> radiation therapy (MP 101)
- IDET<sup>®</sup>(MP 30)
- Injection therapy for back pain (MP 151)
- Interactive metronome training (MP 74)
- Long term acute care (MP 153)
- Management of excessive skin and subcutaneous tissue (MP 56)
- Medical policy assessment group operations guidelines (MP 08)
- Microvolt T-wave alternans (MP 193)
- Percutaneous disc decompression (Nucleoplasty<sup>™</sup>) (MP 72)
- Percutaneous laser lumbar discectomy (MP 88)
- Photodynamic therapy for head and neck cancer (MP 179)
- Prophylactic oophorectomy (MP 57)
- Prophylactic mastectomy (MP 54)
- SECCA<sup>®</sup> procedure (MP 154)

- Total parenteral nutrition (TPN) (MP 129)
- Urolume (MP 93)
- Vertebroplasty (MP 114)
- Vibroacoustic therapy (MP 137)
- Wireless capsule endoscopy (MP 112)

## Revisions

The following medical policies have been revised with a change to the policy section (e.g. criteria added, removed or revised):

- Ablation therapies for benign prostatic hypertrophy (MP 48)
- Clinical criteria for outpatient rehab MM decisions (MP 61)
- Genetic testing for BRCA mutations (MP 97)
- Janus Kinase 2 (JAK2) gene mutation analysis (MP 197)
- Low level laser therapy (MP 152)
- Ocular photodynamic utilizing verteporfin (MP 03)
- Progressive stretch devices (MP 46)
- Stereotactic radiosurgery (MP 84)
- Subcutaneous insulin infusion pump (MP 104)
- Viscosupplementation (MBP 13.0)
- Wearable cardioverter defibrillators and automatic external defibrillators (MP 121)

## New Policies

### Policies marked with \* require prior authorization.

The following medical policies have been added:

- Cardiac CT angiography (MP 215)\*
- Medical error never events (MP 209)
- Iontophoresis (MP 214)
- Polysomnography and sleep studies (MP 217)
- Ixemptra<sup>®</sup> (MBP 63.0)\*
- Solaris<sup>®</sup>(MBP 54.0)\*
- Cerezyme<sup>®</sup> (MBP 60.0) \*

## Medical Benefit

## Pharmaceutical Policies

### Policies marked with \* require prior

## authorization.

The following policies have been updated:

- Amevive<sup>®</sup>(MBP17.0) \*
- Avastin<sup>®</sup>(MP 30.0) \*
- Erbitux<sup>®</sup>(MP 31.0) \*
- Faslodex<sup>®</sup>(MBP20.0) \*
- IV Boniva<sup>®</sup> (MP 42.0) \*
- Naglazyme<sup>®</sup> (MBP 39.0) \*
- Natrecor<sup>®</sup>(MBP41.0)
- Prialt<sup>®</sup>(MBP 58.0) \*
- Tysabri<sup>®</sup>(MP 57.0) \*
- Vectibix<sup>®</sup> (MBP 50.0) \*
- Vivitrol<sup>®</sup> (MBP 51.0) \*
- Xolair<sup>®</sup> (MBP 22.0) \*

## Clinical Guideline Update

The following clinical guidelines have been recently added/updated and approved by the Geisinger Health Plan Quality Improvement Committee for use by participating providers, and have been posted on [thehealthplan.com](http://thehealthplan.com):

- Otitis media with effusion
- Adult and pediatric pharyngitis

The complete list of clinical guidelines is available online at [thehealthplan.com](http://thehealthplan.com). Providers are encouraged to contact their Provider Relations Representative for assistance in accessing the guidelines online or to request hard copy versions. Comments can be sent to [pkrebs@thehealthplan.com](mailto:pkrebs@thehealthplan.com).

## Clinical Guideline Review

The Health Plan continues to solicit physician and non-physician provider input concerning clinical guidelines. The following clinical guidelines are currently being reviewed:

- Adult Sinusitis
- Adult urinary tract infection
- Hyperlipidemia

Your feedback is encouraged and appreciated. Comments should be sent to Phillip Krebs, Medical Management 32-18, or by email to [pkrebs@thehealthplan.com](mailto:pkrebs@thehealthplan.com). Please provide your feedback by Jan.15, 2009.

# New health management programs available

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- Rheumatoid Arthritis
- Multiple Sclerosis
- Crohn's Disease
- Parkinson's Disease
- Systemic Lupus Erythematosus (SLE)
- Myasthenia Gravis
- Sickle Cell Disease
- Cystic Fibrosis
- Hemophilia
- Scleroderma
- Polymyositis
- Chronic Inflammatory Demyelinating Polyradiculoneuropathy (CIDP)
- Amyotrophic Lateral Sclerosis (ALS)
- Dermatomyositis
- Gaucher Disease

## Patients can expect:

- Routine contact and personalized attention from registered nurses who provide ongoing health assessments and help them fully understand their physician's treatment plan.
- 24-hour telephone access to a team of health care professionals knowledgeable in their condition who can answer questions, lend support and provide disease-specific education based on their needs and interests.
- Access to high quality health

information through Accordant's patient Web site ([www.accordant.com](http://www.accordant.com)), monthly newsletters and customized educational brochures.

## Physicians can expect:

- Communication from Accordant nurses outlining nursing care directions provided for your patients and individualized preventive approaches.
- Notification of pertinent changes in your patients' health (those issues that need your immediate attention).
- Access to Accordant's nationally-recognized medical advisors for complex patient and/or treatment issues.
- A reliable patient information resource, including Accordant's patient Web site at [accordant.com](http://accordant.com). To learn more about the Specialized Care Management Programs, please

visit Accordant's Web site at [www.accordant.com](http://www.accordant.com). For specific questions, call **(800) 948-2497** and ask for Physician Relations. To refer a patient to a Specialized Care Management Program, you can complete and fax an enrollment form, available online at [thehealthplan.com](http://thehealthplan.com), or call the Health Plan at **(800) 883-6355**. You can also call your Provider Relations Representative for access to an online referral system.

Accordant and Alere have been designated as business associates to Geisinger Health Plan, and are entitled to request and receive personal health information as allowed by the Health Insurance Portability and Accountability Act (HIPAA).

Members of TPA plans are not eligible for these programs. Only members over the age of 18 can enroll in the Alere Oncology Care Program.

Geisinger Health Plan's Health Management department will continue to provide health management services in the following areas:

- Asthma
- Chronic kidney disease
- Chronic obstructive pulmonary disease (COPD)
- Heart failure
- Tobacco cessation
- Diabetes
- Hypertension
- Heart disease
- Osteoporosis

For more information, please call Care Coordination at (800) 883-6355, Monday through Friday, 8 a.m. to 4:30 p.m.

## Quality and efficiencies metrics for physicians

Recent feedback from physicians regarding individual quality and efficiencies metrics is playing an important role in Health Plan projects, including the development of a refined network which will help us provide more value for the dollar to our members. Your input on appropriate and inappropriate metrics for applicable specialities is also appreciated.

Most physicians recognize board certification as a national metric used to identify quality. The Care Enhancement Resource Management System (CRMS®) reports, which outline appropriate and inappropriate utilization, are also recognized as a national metric.

As previously communicated, to meet our members' need for more information on value, we are developing a refined network that will highlight those providers who demonstrate outstanding quality and efficiency results. We will use our current data on quality and efficiency in this process. We intend to communicate scores in these metrics on our web site, [thehealthplan.com](http://thehealthplan.com), beginning this fall.

More information related to a refined network, as well as applicable metrics, will be released shortly. If you have any questions, please feel free to contact your regional Medical Director or Provider Relations Representative.

# Contact your Provider Relations Representative for assistance

It's important to be able to get answers quickly and efficiently. It's also important to be able to find out about new products and services offered by Geisinger Health Plan. Every physician and office has a dedicated Provider Relations Representative trained to assist you with your questions. Your Provider Relations Representative can assist you with the following:

- new provider orientations or continuing education for existing offices
- instruction, enrollment and navigation of the Health Plan's Web Site (i.e., Provider Service Center)
- providing education on new products and services
- initiating electronic transactions (835, 837, etc)
- assistance with physician profiles (medical and pharmacy utilization reports)
- assistance with Physician Quality Summary Incentive Program
- assistance with Member Health Alerts (preventive health listing)
- coordinating demographic and provider/office additions and/or changes
- assistance with contractual services
- and more

To ensure you have a way to reach the Provider Relations staff, we've included a full listing, which includes their e-mail and telephone number. Please reach out to your Provider Relations Representative for assistance with any of the above items. For your convenience, you are able to use the Provider Service Center at any time to verify member eligibility, claims and authorization status, as well as print EOPs. If you have a specific question on a claim, you can utilize the secure messaging feature within the Provider Service Center and a response will be provided by our Claims Department. Benefits and claim status information will also be available by phone through the new IVR system.



## North Central

Providers in Clinton, Columbia, Lycoming, Northumberland, Schuylkill, Snyder, Sullivan, Tioga and Union counties can contact their Provider Relations Representatives:

**Taunda Snyder**

tlsnyder@thehealthplan.com 800-876-5357

**Maryann Feudale**

mfeudale@thehealthplan.com 800-876-5357

## East

Providers in Bradford, Carbon, Lackawanna, Lehigh, Luzerne, Monroe, Northampton, Pike, Susquehanna, Wayne and Wyoming counties can contact their Provider Relations Representatives:

**Marian Serafin**

mserafin@thehealthplan.com 800-350-6486

**Mary Ann Chmielewski**

mmchmielewski@thehealthplan.com 800-350-6486

**Lisa Samsel**

lsamsel1@thehealthplan.com 800-350-6486

**Seana Juda**

sljuda@thehealthplan.com 800-734-3141

## West

Providers in Bedford, Blair, Cambria, Cameron, Centre, Clearfield, Elk, Huntingdon, Jefferson, Juniata, McKean, Mifflin, Potter, and Somerset counties can contact their Provider Relations Representatives:

**Kimberly Adler-Morelli**

kamorelli@thehealthplan.com 888-669-4834

**Cathy Polinchok**

cepolinchok@thehealthplan.com 888-669-4834

## South Central

Providers in Adams, Berks, Cumberland, Dauphin, Franklin, Lancaster, Lebanon, Perry and York counties can contact their Provider Relations Representatives:

**Carlene Baer**

cabaer@thehealthplan.com 888-281-5338

**Maryann Camacci**

Mcamacci1@thehealthplan.com 888-281-5338

*Briefly* is published quarterly by Geisinger Health Plan, and serves as an informational resource for participating providers and office personnel.

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A copy of this newsletter can also be found at [thehealthplan.com](http://thehealthplan.com)

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## SilverSneakers® helps keep members active

Are you looking for a good physical activity for your aging patients? Why not suggest they participate in a SilverSneakers® Fitness Program? Members enrolled in Geisinger Gold have a free fitness benefit that is designed specifically with their needs in mind.

Classes are designed to build healthy lifestyles, improve heart health, and control/manage certain chronic diseases, such as COPD, osteoporosis and diabetes. As little as 30 minutes of activity per day can help improve and maintain well being, and prevent or ease many health issues.

If you're interested in a demonstration of the SilverSneakers® Fitness Program or would like more information on the program, please contact your Provider Relations Representative.

Fitness centers are conveniently located and members find the classes promote good health and social well being.



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