



Managed Care List

Massachusetts
Genzyme Genetics
MC Info Line: (888) 202-1675
Last Update: July 1, 2010
(Information Subject to Change)

Provider TIN #: 061047163

beside Plan Name indicates unique provider number

Plan Name

| | | |
|--|---|---|
| ACS - Ancillary Care Services* | Freedom Care PPO | Neighborhood Health Plan HMO |
| Aetna 5121562 | Galaxy Health Network | New Hampshire Healthy Kids POS |
| Aetna HMO 859858 | GEHA (through PPO USA network only) | IGLA696752 |
| American CareSource* | Golden Rule/UnitedHealthcare | NPPN - National Preferred Provider Network* |
| American Medical Security/UnitedHealthcare | Great-West Healthcare/Cigna | Oxford Health Plans/UnitedHealthcare |
| AmeriChoice/UnitedHealthcare | Harvard Pilgrim Health Care 800493 | PacifiCare/UnitedHealthcare |
| Anthem BCBS of CT PPO, Indemnity, Medicaid HMO | Health Net | PHCS* |
| Anthem Blue Cross Blue Shield of Maine (BlueCard PPO only)** | Health New England 34699 | PHS(+) - Prime Health Services, Inc.* |
| Anthem Blue Cross Blue Shield of New Hampshire | HealthChoice of Connecticut PPO | PPO Next (formerly HealthStar) |
| Beech Street* | HealthSmart Preferred Care (HSPC)* | PPO USA |
| Benefit Panel Services (BPS) | HealthStar, Inc. (PPO Next) | Preferred Health Network (PHN) |
| Blue Cross Blue Shield of Massachusetts 228351 | HMC PPO/Multiplan | Preferred Plan PPO |
| Blue Cross of Rhode Island (BlueCard PPO only)** | Humana | ProAmerica Managed Care* |
| CHA - Corporate Health Admin.* | IHP - Integrated Health Plan* | PRONET - Provider Networks of America* |
| CHAMPUS | Interplan Health Group (IHG)* | PSI - Provider Select, Inc.* |
| ChoiceCare Network* | Mail Handlers/Coventry National Network | Secure Horizons by UnitedHealthcare |
| CIGNA Healthcare 6687483 | MDM - Medical Diagnostic Management.* | Select Providers PPO ANC-00-0172 |
| ConnectiCare/HIP | Medicaid of Connecticut (excludes Genetic Counseling) | Three Rivers Provider Network* |
| Consolidated Association of Railroad Employees* | Medicaid of Maine (Reproductive Services only excluding Genetic Counseling) | Tricare 061047163 |
| Coventry Health Care (National Network product only) | Medicaid of Massachusetts (Reproductive Services only excluding Genetic Counseling) | Tufts Health Plan 804002 |
| Definity Health Plan/UnitedHealthcare | Medicaid of New Hampshire (Reproductive Services only excluding Genetic Counseling) | Unicare |
| DirectCare America | Medical East (HMO Blue) 228351 | UnitedHealthcare |
| EHN - Employers Health Network* | Medicare | USA Health Network* |
| Evercare/UnitedHealthcare | Midwest Security/United Healthcare | |
| Evolutions Healthcare Systems | Multiplan* | |
| Fallon Community Health Plan | National Provider Network* | |
| First Health Network | | |
| FPN-Fortified Provider Network | | |

Participating provider with all products, including HMO, unless otherwise noted. Ask about other contracts in your area.

Genzyme Genetics will bill your patients for any applicable co-pay, deductible, co-insurance or non-covered services as directed by the patient's plan.

* Group/Employer/TPA Name and Number must be provided when submitting Genzyme Genetics requisition.

** Out of Network or Secondary Network Benefits May Apply

For the latest list go to Managed Care Organizations on
www.genzymegenetics.com