



# Managed Care List

Mississippi  
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*	IHP - Integrated Health Plan*
Advanced Health Systems PPO	Interplan Health Group (IHG)*
Aetna 5121562	Mail Handlers/Coventry National Network
Aetna HMO 859858	MDM - Medical Diagnostic Management.*
American CareSource*	Medicaid of Mississippi (Reproductive Services only excluding Genetic Counseling)
American Medical Security/UnitedHealthcare	Medicare
AmeriChoice/UnitedHealthcare	Midwest Security/United Healthcare
Beech Street*	Mississippi Physicians Care Network*
Benefit Panel Services (BPS)	Multiplan*
Blue Cross Blue Shield of Mississippi PPO	National Provider Network*
CHA - Corporate Health Admin.*	NPPN - National Preferred Provider Network*
CHAMPUS	PacifiCare/UnitedHealthcare
ChoiceCare Network*	PHCS*
CIGNA Healthcare 6687483	PHS(+) - Prime Health Services, Inc.*
Consolidated Association of Railroad Employees*	PPO Next (formerly HealthStar)
Coventry Health Care (National Network product only)	PPO USA
Definity Health Plan/UnitedHealthcare	Preferred Health Network (PHN)
DirectCare America	ProAmerica Managed Care*
EHN - Employers Health Network*	PRONET - Provider Networks of America*
Evercare/UnitedHealthcare	PSI - Provider Select, Inc.*
Evolutions Healthcare Systems	Secure Horizons by UnitedHealthcare
First Health Network	Select Administrative Services (for FirstChoice Health Plan of Mississippi only)
FirstChoice Health Plan of Mississippi*	Select Providers PPO ANC-00-0172
FPN-Fortified Provider Network	Three Rivers Provider Network*
Galaxy Health Network	Tricare 061047163
GEHA (through PPO USA network only)	Unicare
Golden Rule/UnitedHealthcare	UnitedHealthcare
Great-West Healthcare/Cigna	USA Health Network*
Health Net	
HealthSmart Preferred Care (HSPC)*	
HealthStar, Inc. (PPO Next)	
Humana	

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](http://www.genzymegenetics.com)