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Center FACILITIES NOT LISTED ARE NON-PAR. FOR NON-PAR RE-DIRECT OR REQUEST LOA	Transplant	Туре	Wellcare by Health Net (Medicare) [Legacy Health Net – Trucare]	UC B&G	GROUP HMO, POS Tier 1	PPO/EPO	Out-of-State PPO	MEDI-CAL	AMBETTER HM0 / PPO
California Pacific Medical Center – San Francisco	Kidney	Adult (Medicare Certified)	X – Celtic	X – Celtic	X – Celtic	X – Celtic	-	X – Celtic	X – Celtic
	Kidney - Pancreas (DHCS1 Adult)	Adult	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
	Liver - (DHCS Adult)	Adult (Medicare Certified)		X – Celtic	X – Celtic				
	Pancreas	Adult (Medicare Certified)	X – Celtic	X – Celtic	X – Celtic	X – Celtic	EFF 11/1/23	X – Celtic	X – Celtic
	Liver – Kidney	Adult	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
	Heart (DHCS Adult)	Adult (Medicare Certified)	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
Cedars-Sinai Medical Center – Los Angeles	Lung (DHCS Adult)	Adult (Medicare Certified)		Non-Par	Non-Par	Non-Par	CIGNA NETWORK EFF 11/1/23		Non-Par
	Heart (DHCS Adult)	Adult (Medicare Certified)		$X - HN^3$	X – HN	X – HN		Non-par for this LOB. Must be	X – Optum
	Kidnev	Adult/Pediatric (Medicare Certified	Does not participate (non-	X – HN	X – HN	X – HN		a DHCS-approved program.	X – Optum
		Adult/Ped)	par) in this LOB2; no LOA					CTU <sup>4</sup> review is required.	
	Liver (DHCS Adult)	Adult (Medicare Certified)	is required	X – HN	X – HN	X – HN		Provider is required to accept	X – Optum
	Blood / Marrow (DHCS Adult)	Adult Autologous Allogeneic related and unrelated	is required	X – HN	X – HN	X – HN		100% MCD <sup>5</sup> . LOA <sup>6</sup> is required.	Non-Par
Children's Hospital and Research Center at Oakland 'Publicly known as UCSF Benioff Children's Hospital	Blood / Marrow (DHCS Ped)	Autologous	n/a <sup>7</sup>	X – Optum	X – Optum	X – Optum	CIGNA NETWORK	X – Covered under the MOT <sup>8</sup>	X – Optum
Oakland"		Allogeneic Related		X – Optum	X – Optum	X – Optum	EFF 11/1/23	Agreement effective 1/1/22	
	Heart (DHCS Ped)	Pediatric (Medicare Certified)		X – HN	X – HN	X – HN			X – Optum
	Intestinal (DHCS Ped)	Pediatric (Medicare Certified)		Non-Par	Non-Par	Non-Par		Non-par for this LOB. Must be	Non-Par
	Liver (DHCS Ped)	Pediatric (Medicare Certified)		X – HN	X – HN	X – HN	CIGNA NETWORK	a DHCS-approved program.	X – Optum
Children's Hospital of Los Angeles	Kidney	Pediatric (Medicare Certified)	n/a	X – HN	X – HN	X – HN	EFF 11/1/23	CTU review is required.	X – Optum
	Blood / Marrow (DHCS Ped)	Pediatric Autologous Allogeneic related and unrelated		X – HN	X – HN	X – HN	2.1 111120	Provider is required to accept 100% MCD. <b>LOA is required.</b>	X – Optum
		Pediatric			X – HN	X – HN	CIGNA NETWORK	Non-par for this LOB. Must be	
Children's Hospital of Orange County - Orange	Blood / Marrow (DHCS Ped)	Autologous	n/a	X – HN	X – HN	X – HN	EFF 11/1/23	a DHCS-approved program.	X – Optum
		Allogeneic related and unrelated		İ	X – HN	X – HN	EFF 11/1/23	CTU review is required.	
City of Hope – Duarte	Blood / Marrow (DHCS Adult/Ped)	Pediatric	X – Celtic	X – Celtic	X – Celtic	X – Celtic	CIGNA NETWORK	X – Celtic	X – Celtic
City of Hope - Buarte	,	Adult	X – Celtic	X – Celtic	X – Celtic	X – Celtic	EFF 11/1/23	X – Celtic	X – Celtic
	Blood / Marrow (DHCS Ped)	Pediatric		X – Optum	X – Optum	X – Optum	CIGNA NETWORK EFF 11/1/23		X – Optum
	Heart (DHCS Adult/Ped)	Pediatric (Medicare Certified)		X – Optum	X – Optum	X – Optum			X – Optum
	Kidney	Adult (Medicare Certified)		X – Optum	X – Optum	X – Optum		Non-par for this LOB. Must be	X – Optum
	,	Pediatric (Medicare Certified)	4	X – Optum	X – Optum	X – Optum		a DHCS-approved program.	X – Optum
Loma Linda University Medical Center – Loma Linda	Kidney - Pancreas (DHCS Adult)	Adult	Does not participate in this	X – Optum	X – Optum	X – Optum		CTU review is required.	X – Optum
· ·		Pediatric Adult (Medicare Certified)	LOB; no LOA is required	Non-Par X – Optum	Non-Par X – Optum	Non-Par X – Optum		Provider is required to accept	Non-Par X – Optum
	Liver - (DHCS Adult)	Pediatric	l .	Non-Par	Non-Par	Non-Par		100% MCD. LOA is required.	Non-Par
		Adult (Medicare Certified)	<del>-</del>	X – Optum	X – Optum	X – Optum			X – Optum
	Pancreas	Pediatric		Non-Par	Non-Par	Non-Par			Non-Par
	Heart (DHCS Ped)	Pediatric (Medicare Certified)		X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
	Intestinal (DHCS Ped)	Pediatric (Medicare Certified)	•				1		
			_	SCA <sup>9</sup> is required		SCA is required			
		Pediatric (Medicare Certified)	<u> </u>	SCA <sup>9</sup> is required	SCA is required	SCA is required		X – Celtic	SCA is required
	Heart – Lung Kidney	Pediatric (Medicare Certified)  Pediatric (Medicare Certified)		X – Celtic	SCA is required X – Celtic	X – Celtic		X – Celtic X – Celtic	SCA is required X – Celtic
Lucile Packard Children's Hospital	Kidney	Pediatric (Medicare Certified)	n/a	X – Celtic X – Celtic	SCA is required  X – Celtic  X – Celtic	X – Celtic X – Celtic	CIGNA NETWORK	X – Celtic X – Celtic X – Celtic	SCA is required  X – Celtic  X – Celtic
Lucile Packard Children's Hospital	Kidney Liver (DHCS Ped)	Pediatric (Medicare Certified) Pediatric (Medicare Certified)	n/a	X – Celtic	SCA is required X – Celtic	X – Celtic	CIGNA NETWORK EFF 11/1/23	X – Celtic X – Celtic	SCA is required  X – Celtic
Lucile Packard Children's Hospital	Kidney	Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Pediatric Autologous	n/a	X – Celtic X – Celtic X – Celtic	SCA is required  X - Celtic  X - Celtic  X - Celtic	X – Celtic X – Celtic X – Celtic		X – Celtic	SCA is required  X - Celtic  X - Celtic  X - Celtic
Lucile Packard Children's Hospital	Kidney Liver (DHCS Ped) Lung (DHCS Ped) Blood / Marrow (DHCS PED)	Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Allogeneic related and unrelated	n/a	X – Celtic	SCA is required  X - Celtic	X - Celtic		X - Celtic	SCA is required X - Celtic
Lucile Packard Children's Hospital	Kidney Liver (DHCS Ped) Lung (DHCS Ped) Blood / Marrow (DHCS PED) Heart (DHCS Ped)	Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Allogeneic related and unrelated Pediatric (Medicare Certified)	n/a	X - Celtic	SCA is required  X - Celtic	X – Celtic	EFF 11/1/23	X - Celtic	SCA is required  X - Celtic
Lucile Packard Children's Hospital  Rady Childrens Hospital	Kidney Liver (DHCS Ped) Lung (DHCS Ped) Blood / Marrow (DHCS PED)	Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Allogeneir related and unrelated Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric A	n/a n/a	X – Celtic	SCA is required  X - Celtic	X - Celtic		X - Celtic  Turn-par for this LOB. Must be a DHCS-approved program. CTU review is required. Provider is required to accept	SCA is required X - Celtic
	Kidney Liver (DHCS Ped) Lung (DHCS Ped) Blood / Marrow (DHCS PED) Heart (DHCS Ped) Kidney Blood / Marrow (DHCS Ped)	Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Allogeneic related and unrelated Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Autologous Allogeneic related and unrelated	n/a	X - Celtic X - Optum X - Optum X - Optum	SCA is required   X - Celtic   X - Optum	X - Celtic X - Optum X - Optum X - Optum	EFF 11/1/23  CIGNA NETWORK	X - Celtic C - Celtic X - Celtic C - Celtic C - Celtic Non-par for this LOB. Must be a DHCS-approved program. CTU review is required.	SCA is required X - Celtic X - Optum X - Optum X - Optum
	Kidney Liver (DHCS Ped) Lung (DHCS Ped) Blood / Marrow (DHCS PED) Heart (DHCS Ped) Kidney Blood / Marrow (DHCS Ped) Kidney	Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Allogeneic related and unrelated Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Autologous Allogeneic related and unrelated Adult (Medicare Certified)	n/a X – Optum	X - Celtic X - Optum	SCA is required   X - Celtic   X - Optum   X	X - Celtic X - Optum	EFF 11/1/23  CIGNA NETWORK	X - Celtic  X - Celtic  X - Celtic  Comparator for this LOB. Must be a DHCS-approved program. CTU review is required. Provider is required to accept 100% MCD. No LOA is	SCA is required X - Celtic  X - Celtic  X - Optum X - Optum
	Kidney Liver (DHCS Ped) Lung (DHCS Ped) Blood / Marrow (DHCS PED) Heart (DHCS Ped) Kidney Blood / Marrow (DHCS Ped) Kidney Liver (DHCS Adult)	Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Alitogeneic related and unrelated Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Allogeneic related and unrelated Adult (Medicare Certified) Adult (Medicare Certified) Adult (Medicare Certified)	n/a X – Optum X – Optum	X - Celtic  X - Optum	SCA is required   X - Celtic   X - Optum   X	X - Celtic  X - Celtic  X - Optum	EFF 11/1/23  CIGNA NETWORK	X - Celtic Non-par for this LOB. Must be a DHCS-approved program. CTU review is required. Provider is required to accept 100% MCD. No LOA is	SCA is requirer   X - Celtic     X - Optum     X -
Rady Childrens Hospital	Kidney Liver (DHCS Ped) Lung (DHCS Ped) Blood / Marrow (DHCS PED) Heart (DHCS Ped) Kidney Blood / Marrow (DHCS Ped) Kidney Liver (DHCS Adult) Kidney - Liver	Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Allogeneic related and unrelated Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Autologous Allogeneic related and unrelated Adult (Medicare Certified) Adult (Medicare Certified) Adult (Medicare Certified) Adult (Medicare Certified)	n/a X – Optum X – Optum X – Optum	X - Celtic X - Optum	SCA is required   X - Celtic   X - Optum   X	X - Celtic X - Optum	EFF 11/1/23  CIGNA NETWORK	X – Celtic  X – Celtic  X – Celtic  Non-par for this LOB. Must be a DHCS-approved program. CTU review is required. Provider is required to accept 100% MCD. No LOA is  Non-par for this LOB. Must be DHCS-approved program. CTU	SCA is requirer
	Kidney Liver (DHCS Ped) Lung (DHCS Ped) Blood / Marrow (DHCS PED) Heart (DHCS Ped) Kidney Blood / Marrow (DHCS Ped) Kidney Liver (DHCS Adult)	Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Alitogeneic related and unrelated Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Allogeneic related and unrelated Adult (Medicare Certified) Adult (Medicare Certified) Adult (Medicare Certified)	n/a X – Optum X – Optum	X - Celtic  X - Optum	SCA is required   X - Celtic   X - Optum   X	X - Celtic  X - Celtic  X - Optum	CIGNA NETWORK EFF 11/1/23	X - Celtic Non-par for this LOB. Must be a DHCS-approved program. CTU review is required to accept 100% MCD. No LOA is Non-par for this LOB. Must be DHCS-approved program. CTU review is required. Provider is	SCA is requirer
Rady Childrens Hospital	Kidney Liver (DHCS Ped) Lung (DHCS Ped) Blood / Marrow (DHCS PED) Heart (DHCS Ped) Kidney Blood / Marrow (DHCS Ped) Kidney Liver (DHCS Adult) Kidney – Liver Kidney – Pancreas	Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Allogeneic related and unrelated Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Allogeneic related and unrelated Adult (Medicare Certified) Adult (Medicare Certified) Adult (Medicare Certified) Adult Adult (Medicare Certified)	n/a  X – Optum  X – Optum  X – Optum  X – Optum	X - Celtic X - Optum	SCA is required   X - Celtic   X - Optum   X	X - Celtic  X - Celtic  X - Optum	CIGNA NETWORK EFF 11/1/23	X – Celtic  X – Celtic  X – Celtic  Non-par for this LOB. Must be a DHCS-approved program. CTU review is required. Provider is required to accept 100% MCD. No LOA is  Non-par for this LOB. Must be DHCS-approved program. CTU	SCA is required X - Celtic X - Optum
Rady Childrens Hospital	Kidney Liver (DHCS Ped) Lung (DHCS Ped) Blood / Marrow (DHCS PED) Heart (DHCS Ped) Kidney Blood / Marrow (DHCS Ped) Kidney Liver (DHCS Adult) Kidney - Liver Kidney - Pancreas Pancreas	Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Allogeneic related and unrelated Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Allogeneic related and unrelated Adult (Medicare Certified)	n/a  X – Optum	X - Celtic X - Optum	SCA is required   X - Celtic   X - Optum	X - Celtic X - Optum	CIGNA NETWORK EFF 11/1/23	X - Celtic Non-par for this LOB. Must be a DHCS-approved program. CTU review is required to accept 100% MCD. No LOA is Non-par for this LOB. Must be DHCS-approved program. CTU review is required. Provider is required to accept 100% MCD. No LOA is required.	SCA is required X - Cellic X - Optum
Rady Childrens Hospital  Scripps Health – San Diego	Kidney Liver (DHCS Ped) Lung (DHCS Ped) Blood / Marrow (DHCS PED) Heart (DHCS Ped) Kidney Blood / Marrow (DHCS Ped) Kidney Liver (DHCS Adult) Kidney – Pancreas Pancreas Blood / Marrow (DHCS Adult)	Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Allogeneic related and unrelated Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Allogeneic related and unrelated Adult (Medicare Certified) Adult (Medicare Certified) Adult (Medicare Certified) Adult Adult (Medicare Certified)	n/a  X – Optum	X - Celtic  X - Optum	SCA is required   X - Celtic   X - Optum   X	X - Celtic X - Optum	CIGNA NETWORK EFF 11/1/23	X – Celtic Non-par for this LOB. Must be a DHCS-approved program. CTU review is required. Provider is required. Provider is required to accept 100% MCD. No LOA is	SCA is required   X - Cellic   X - Optum   X
Rady Childrens Hospital	Kidney Liver (DHCS Ped) Lung (DHCS Ped) Blood / Marrow (DHCS PED) Heart (DHCS Ped) Kidney Blood / Marrow (DHCS Ped) Kidney Liver (DHCS Adult) Kidney – Liver Kidney – Pancreas Pancreas Blood / Marrow (DHCS Adult) Heart (DHCS Adult)	Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Allogeneic related and unrelated Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric (Medicare Certified) Pediatric Autologous Allogeneic related and unrelated Adult (Medicare Certified) Adult	n/a  X - Optum  X - HN	X - Celtic X - Optum	SCA is required	X - Celtic X - Optum	CIGNA NETWORK EFF 11/1/23  CIGNA NETWORK EFF 11/1/23	X – Celtic Non-par for this LOB. Must be a DHCS-approved program. CTU Non-par for this LOB. Must be DHCS-approved program. CTU review is required. Provider is required to accept 100% MCD. No LOA is required.	SCA is required X - Cettic X - Optum

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## Health Net Transplant Performance Centers

Center FACILITIES NOT LISTED ARE NON-PAR. FOR NON-PAR RE-DIRECT OR REQUEST LOA	Transplant	Туре	Wellcare by Health Net (Medicare) [Legacy Health Net – Trucare]	UC B&G	GROUP HMO, POS Tier 1	PPO/EPO	Out-of-State PPO	MEDI-CAL	AMBETTER HMO / PPO
Stanford University Hospital – Palo Alto	Heart - (DHCS Adult)	Adult (Medicare Certified)	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
	Heart – Lung	Adult (Medicare Certified)	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
	Kidney	Adult (Medicare Certified)	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
	Kidney - Pancreas	Adult	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
	Liver (DHCS Adult)	Adult (Medicare Certified)	X – Celtic	X – Celtic	X – Celtic	X – Celtic	CIGNA NETWORK EFF 11/1/23	X – Celtic	X – Celtic
	Lung (DHCS Adult)	Adult (Medicare Certified)	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
	Pancreas after Kidney transplant	Adult (Medicare Certified)	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
	Blood / Marrow (DHCS Adult)	Adult Autologous Allogeneic related and unrelated	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
Sutter Medical Center Sacramento	Heart - (DHCS Adult)	Adult (Medicare Certified)	Does not meet Celtic criteria	Does not meet Celtic criteria	Does not meet Celtic criteria	Does not meet Celtic criteria	CIGNA NETWORK EFF 11/1/23	X – Celtic	Does not meet Celtic Criteria
	Blood / Marrow (DHCS Adult)	Adult Allogeneic Adult Autologous	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
	Kidney	Adult Cadaveric and Adult Living (Medicare Certified)	X – Optum	X – HN	X – Optum	X – Optum		X – HN Agreement; not covered under the MOT	X – Optum
UC Davis – Sacramento	Liver (DHCS Adult)	Adult (Medicare Certified)	X – HN effective 2/21/24	Non-Par	Non-Par	Non-Par	CIGNA NETWORK EFF 11/1/23	Covered under the MOT Agreement effective 8/8/24	Non-Par
		Adult	X – Optum	X – HN	X – Optum	X – Optum		Covered under the MOT	у о .
	Blood / Marrow (DHCS Adult)	Autologous	X – Optum	X – HN	X – Optum	X – Optum		Agreement effective 1/1/22	X – Optum
		Allogeneic related and unrelated	X – Optum	X – HN	X – Optum	X – Optum		=	
	Kidney	Adult (Medicare Certified)	X – Optum	X – HN	X – Optum	X – Optum		X – HN Agreement	X – Optum
	Heart (DHCS Adult)	Adult (Medicare Certified)	X – Optum	X – HN	X – Optum	X – Optum		Covered under the MOT Agreement effective 1/1/22	X – Optum
	Liver (DHCS Adult)	Adult (Medicare Certified)	X – Optum	X – HN	X – Optum	X – Optum			X – Optum
	Lung (DHCS Adult)	Adult (Medicare Certified)	X – Optum	X – HN	X – Optum	X – Optum			X – Optum
	Heart – Lung	Adult (Medicare Certified)	X – Optum	X – Optum	X – Optum	X – Optum	CIGNA NETWORK EFF 11/1/23		X – Optum
UC San Diego - San Diego	Kidney - Liver	Adult	X – Optum	X – Optum	X – Optum	X – Optum			X – Optum
	Kidney - Pancreas	Adult	X – Optum	X – Optum	X – Optum	X – Optum			X – Optum
	Pancreas	Adult (Medicare Certified)	X – Optum	X – Optum	X – Optum	X – Optum			X – Optum
	Blood / Marrow (DHCS Adult)	Adult Autologous Allogeneic related and unrelated	X – Optum	X – HN	X – Optum	X – Optum			X – Optum
	Heart (DHCS Adult)	Adult (Medicare Certified)	Non-Par	Canopy members: X – HN	X - Optum	X - Optum	CIGNA NETWORK EFF 11/1/23	Covered under the MOT Agreement effective 1/1/22	X – Optum
		Pediatric	Non-Par	Canopy members: X – HN	Non-Par	Non-Par			Non-Par
	*Heart – Lung	Adult (Medicare Certified)	Non-Par	Canopy members: X – HN	X - Optum	X - Optum			X – Optum
		Pediatric	Non-Par	Canopy members: X  – HN	Non-Par	Non-Par			Non-Par
	Kidney	Adult (Medicare Certified)	Non-Par	Canopy members: X  – HN	X - Optum	X - Optum		X – HN	X – Optum
UCSF – SAN FRANCISCO		Pediatric (Medicare Certified)	Non-Par	Canopy members: X  – HN	X - Optum	X - Optum		X – HN	X – Optum
	Kidney - Pancreas (DHCS Adult)	Adult	Non-Par	Canopy members: X  – HN	X - Optum	X - Optum			X – Optum
	Liver (DHCS Adult/Ped)	Pediatric	Non-Par	Canopy members: X  – HN	X - Optum	X - Optum			X – Optum
		Adult (Medicare Certified)	Non-Par	Canopy members: X  – HN	X - Optum	X - Optum		Covered under the MOT Agreement effective 1/1/22	X – Optum
	Kidney – Liver	Adult/Pediatric	Non-Par	X – Optum	X - Optum	X - Optum			X – Optum
	Lung (DHCS Adult)	Adult (Medicare Certified)	Non-Par	Canopy members: X  – HN  Canopy members: X	X - Optum	X - Optum			X – Optum
	Pancreas	Adult (Medicare Certified)	Non-Par	Canopy members: X  – HN  Canopy members: X	X - Optum	X - Optum			X – Optum
	*Pancreas Autologous Islet Cell	Adult	Non-par	Canopy members: X – HN	Non-Par	Non-par			Non-Par
	Blood / Marrow (DHCS Adult/Ped)	Adult Pediatric Autologous Allogeneic related and unrelated	Non-Par	Canopy members: X – HN	X - Optum	X - Optum			X – Optum

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## Health Net Transplant Performance Centers

Center FACILITIES NOT LISTED ARE NON-PAR. FOR NON-PAR RE-DIRECT OR REQUEST LOA	Transplant	Туре	Wellcare by Health Net (Medicare) [Legacy Health Net – Trucare]	UC B&G	GROUP HMO, POS Tier 1	PPO/EPO	Out-of-State PPO	MEDI-CAL	AMBETTER HMO / PPO
	Heart (DHCS Adult/Ped)	Adult (Medicare Certified)		X – HN	X – Optum	X – Optum	-	Non-par for this LOB. Must be a DHCS-approved program. CTU review is required. Provider is required to accept 100% MCD. LOA is required.	X – Optum
		Pediatric (Medicare Certified)		X – HN	X – Optum	X – Optum			X – Optum
	Kidney	Adult (Medicare Certified)		X – HN	X – Optum	X – Optum			X – Optum
		Pediatric (Medicare Certified)		X – HN	X – Optum	X – Optum			X – Optum
	Heart – Lung	Adult (Medicare Certified)		X – Optum	X – Optum	X – Optum			X – Optum
	Kidney – Pancreas	Adult	<u></u>	X – HN	X – Optum	X – Optum	CIGNA NETWORK EFF 11/1/23		X – Optum
	Liver (DHCS Adult/Ped)	Adult (Medicare Certified)		X – HN	X – Optum	X – Optum			X – Optum
	Liver (DRCS Addit/Ped)	Pediatric (Medicare Certified)		X – HN	X – Optum	X – Optum			X – Optum
Ronald Reagan UCLA Medical Center	Lung (DHCS Adult)	Adult (Medicare Certified)	Does not participate in this	X – HN	X – Optum	X – Optum			X – Optum
Ronald Reagan OCLA Medical Center	Pancreas	Adult (Medicare Certified)	LOB; no LOA is required	X – HN	X – Optum	X – Optum			X – Optum
	Small Bowel (DHCS Adult)	Adult (Medicare Certified Adult/Ped)		X – HN	X – Optum	X – Optum			X – Optum
	Blood / Marrow (DHCS Adult/Ped)	Adult				X – Optum			
		Pediatric		X – HN	X – Optum				X – Optum
		Autologous		X - HIN	X – Optum				X – Optum
		Allogeneic related and unrelated							
	Liver – Kidney	Adult		X – HN	X – Optum	X – Optum			X – Optum
		Pediatric		X – HN	X – Optum	X – Optum			X – Optum
Keck Hospital of USC	Heart (DHCS Adult)	Adult (Medicare Certified)	X – Celtic	X – Celtic	X – Celtic	X – Celtic	CIGNA NETWORK EFF 11/1/23	X – Celtic	X – Celtic
	Heart - Lung	Adult (Medicare Certified)	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
	Kidnev	Adult (Medicare Certified)	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
	Liver (DHCS Adult)	Adult (Medicare Certified)	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
	Kidney - Liver	Adult	X – Celtic	X – Optum	X – Optum	X – Optum		X – Celtic	X – Optum
	Lung (DHCS Adult)	Adult (Medicare Certified)	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
	Kidney - Pancreas	Adult	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
	Blood / Marrow (DHCS Adult)	Adult	X – Celtic	X – Celtic	X – Celtic	X – Celtic		X – Celtic	X – Celtic
UC Irvine – Irvine	Kidney (DHCS Adult)	Adult (Medicare Certified)	Does not participate in this	Non-Par	Non-Par	Non-Par	CIGNA NETWORK EFF 11/1/23	Non-par for this LOB. Must be	X – Optum
	Pancreas (DHCS Adult)	Adult (Medicare Certified)		Non-Par	Non-Par	Non-Par		a DHCS-approved program.	X – Optum
NON-PARTICIPATING	Kidney - Pancreas (DHCS Adult)	Adult	LOB; no LOA is required	Non-Par	Non-Par	Non-Par		CTU review is required.	X – Optum
	Blood / Marrow - (DHCS Adult)	Adult		Non-Par	Non-Par	Non-Par		Provider is required to accept	Non-Par

## Abbreviations

"DHCS = Department of Health Care Services

2LOB = Line of business

3HN = Health Net

<sup>4</sup>CTU = Centralized Transplant Unit

<sup>5</sup>MCD = Medicaid

<sup>6</sup>LOA = Letter of Agreement

<sup>7</sup>n/a = not applicable

<sup>8</sup>MOT Agreement = Major Organ Transplant Agreement <sup>9</sup>SCA = Single Case Agreement

## Color Legend

Blue = Separates the listed centers

Orange = Non-participating (non-par) providers Yellow = Column K shows yellow for Optum to differentiate from orange for non-pa

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