MSDA 2025 National Medicaid, Medicare and CHIP Oral Health Symposium

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Engaging Partners to Foster Excellence in Medicaid Dental Program Administration

Belle Haven Country Club ~ Alexandria Virginia May 5-6, 2025

MSDA National Medicaid, Medicare and CHIP Oral Health Symposium

New Models for Care Coordination and Case Management

Session 3

Margaret Delmore, MD, DDS
Francisco Ramos-Gomez DDS, MS, MPH
Felisha Scott, MBA

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Session 3

In Session three, entitled, New Models for Care Coordination and Case Management, three panelists will share their insight on Care Coordination and Case Management for Medicaid members. Dr. Margaret Delmore will open the session and share why the California Department of Health Care Services supports models for Care Coordination and Case Management for members. Dr. Francisco Ramos-Gomez will discuss the effectiveness of community health workers in promoting oral health; and Felicia Scott will demonstrate a new model her health plan is implementing to support and promote care management and whole person care.

Disclaimer

I, the undersigned, declare that neither I nor any member of my family have a financial arrangement or affiliation with any corporate organization offering financial support or grant monies for this continuing dental education program, nor do I have a financial interest in any commercial product(s) or service(s) I will discuss in the presentation.

MSDA National Medicaid, Medicare and CHIP Oral Health Symposium

New Models for Care Coordination and Case Management

Session 3

Margaret Delmore, MD, DDS
California Department of Health Care Services

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Session Objectives

Gain knowledge and understanding of:

- Care Coordination
- Case Management
- Whole-person Care Model
- Community Healthcare Worker Role

Let’s Be Real

Ever feel like healthcare is a bunch of disconnected apps with no Wi-Fi?

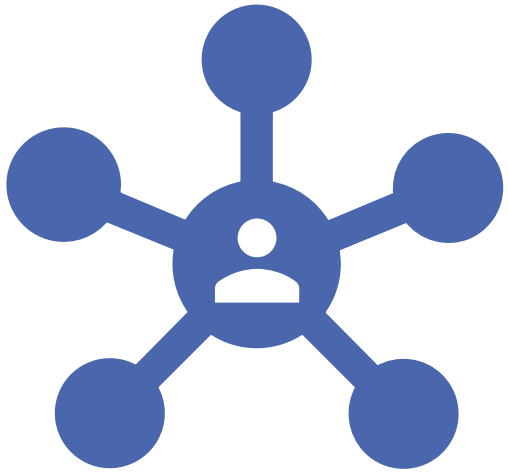
That is why care coordination isn’t just important -

It’s essential.

Why Care Coordination Matters

- True health isn't siloed - it's whole
- Dental issues can lead to ER visits, unmanaged chronic disease, and poor outcomes
- Disconnected care costs more, delivers less

Connecting the Dots:
Why Care Coordination is Vital in Medicaid



Health Happens When Systems Talk to Each Other

- **Medicaid Health Homes program** showed a **9% reduction in hospitalizations** and **6% fewer ER visits** (CMS, 2020).

🚨 Medicaid + Dental Pain = ER Visit?

- **1 in 5 ER visits for dental conditions** could be prevented with better care coordination and earlier intervention ([ADA HPI, 2022]).

487,000+

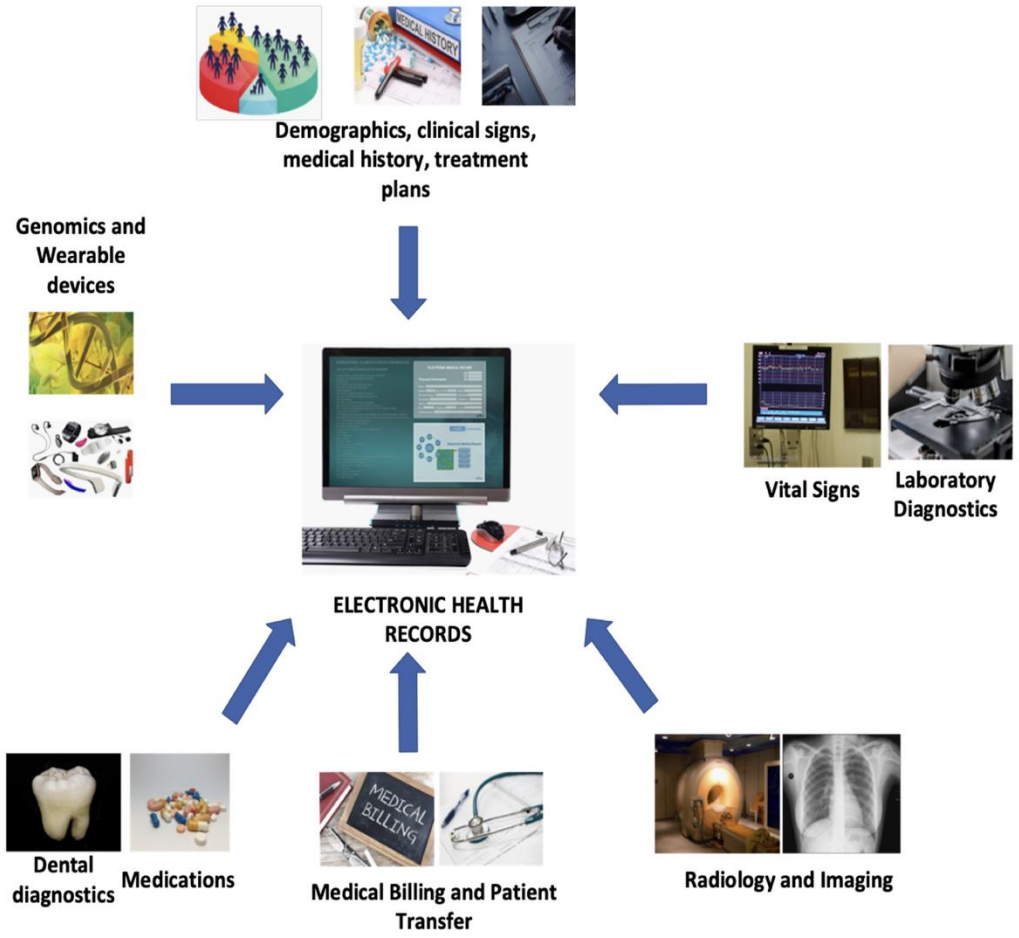
rural populations
- Uninsured or Medicaid-covered

- **Cost Impact:** The average Medicaid reimbursement for a dental-related ED visit is $500–$1,000, vs. ~$100 for an in-office visit.
- **Source:** American Dental Association – HPI Brief, 2020

ED = Not a dental home

prevented with timely dental care and care coordination.

Why It's *Empowering* for Providers
Collaboration Makes Clinical Life Easier

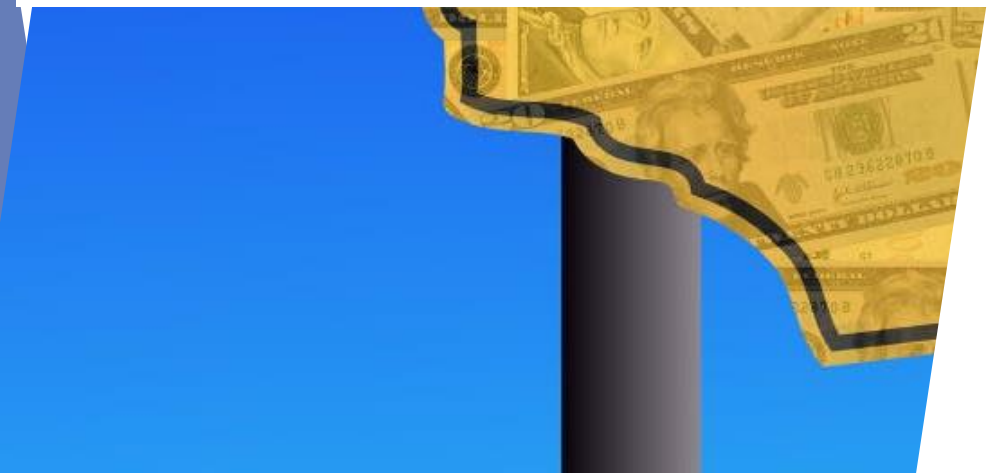


- Easier referrals and follow-up tracking
- Improves outcomes = better provider performance under value-based care
- "We are not in this alone anymore"

States Have Skin in the Game

- Avoids duplication of

- States implementing care coordination saw **cost savings of $200–$1,000 per member/year** among high-risk populations.



- Supports federal reporting, funding and waiver success

Care Coordination

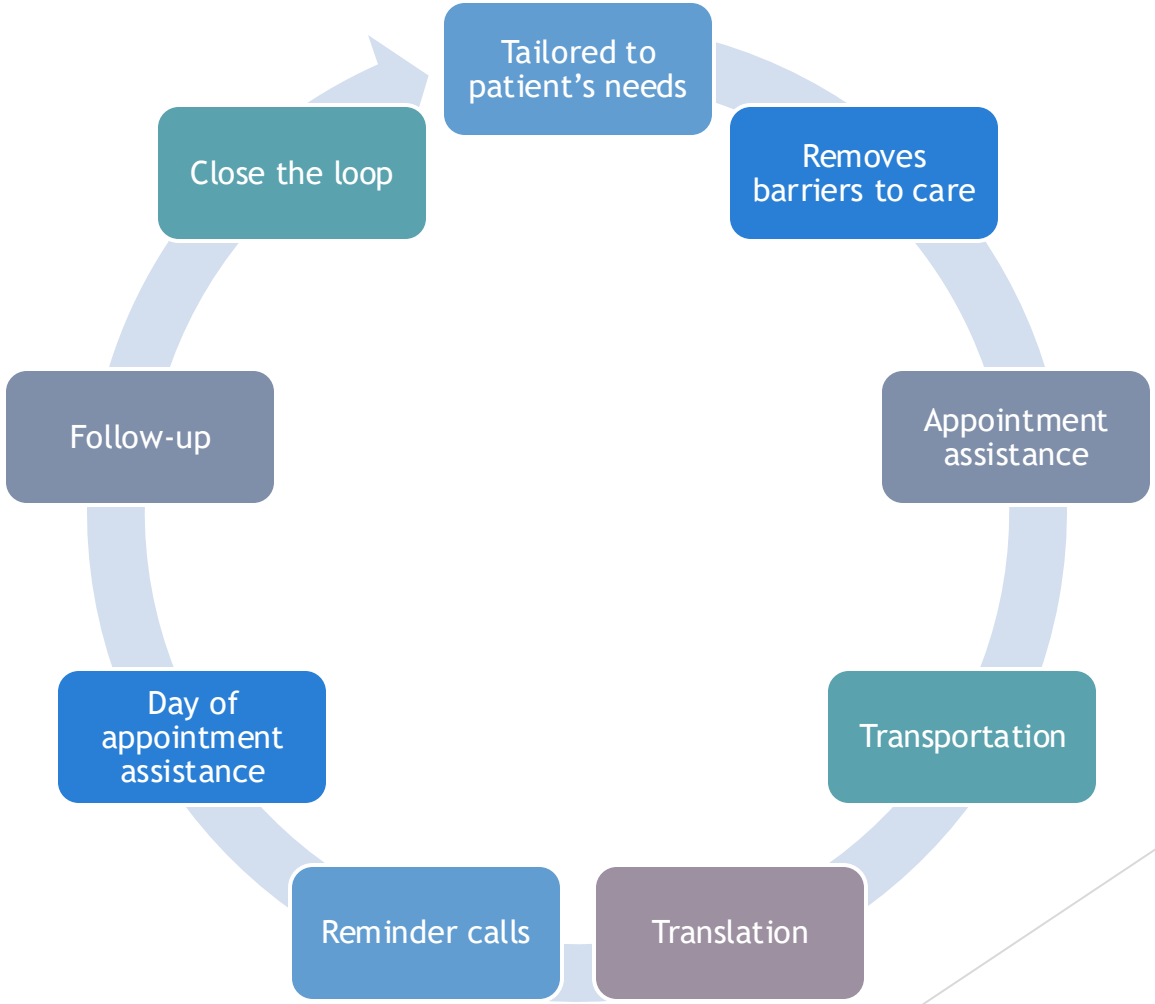
What Even is Care Coordination?

It is more than just a referral

- Have you ever had to repeat your entire medical history because no one shared info?
  - Yes
  - Too many times!
  - No, I'm lucky

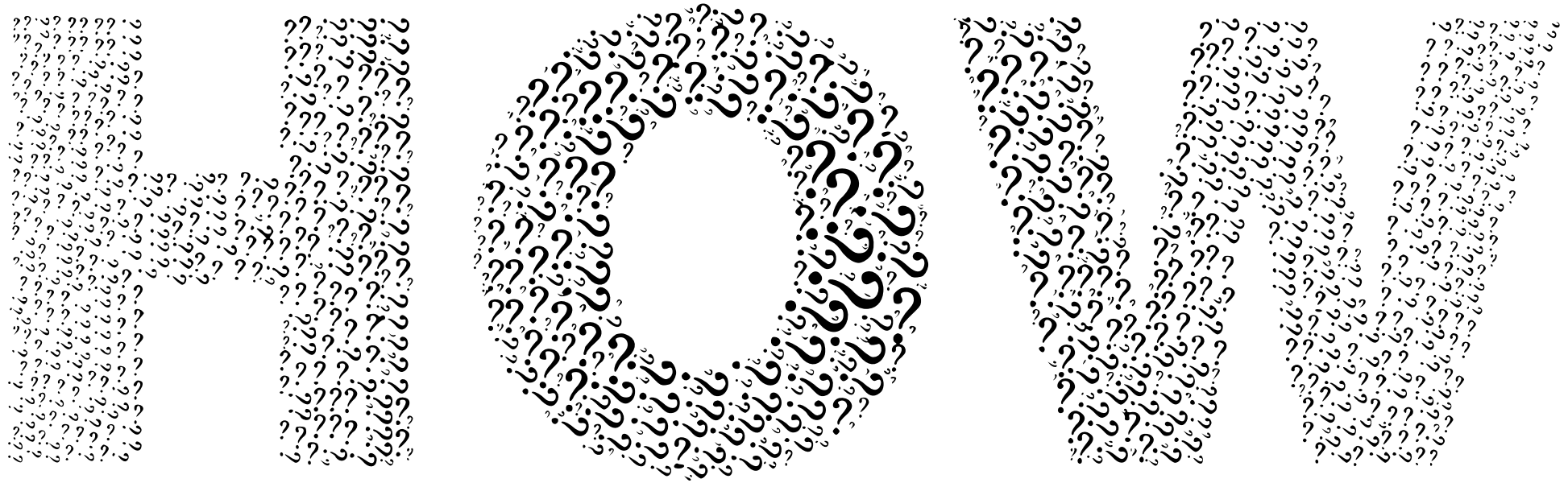
- Seamless communication between providers, payers, and systems
- Shared data = Shared insight = Better decisions
- It is about knowing the full story, not just one chapter

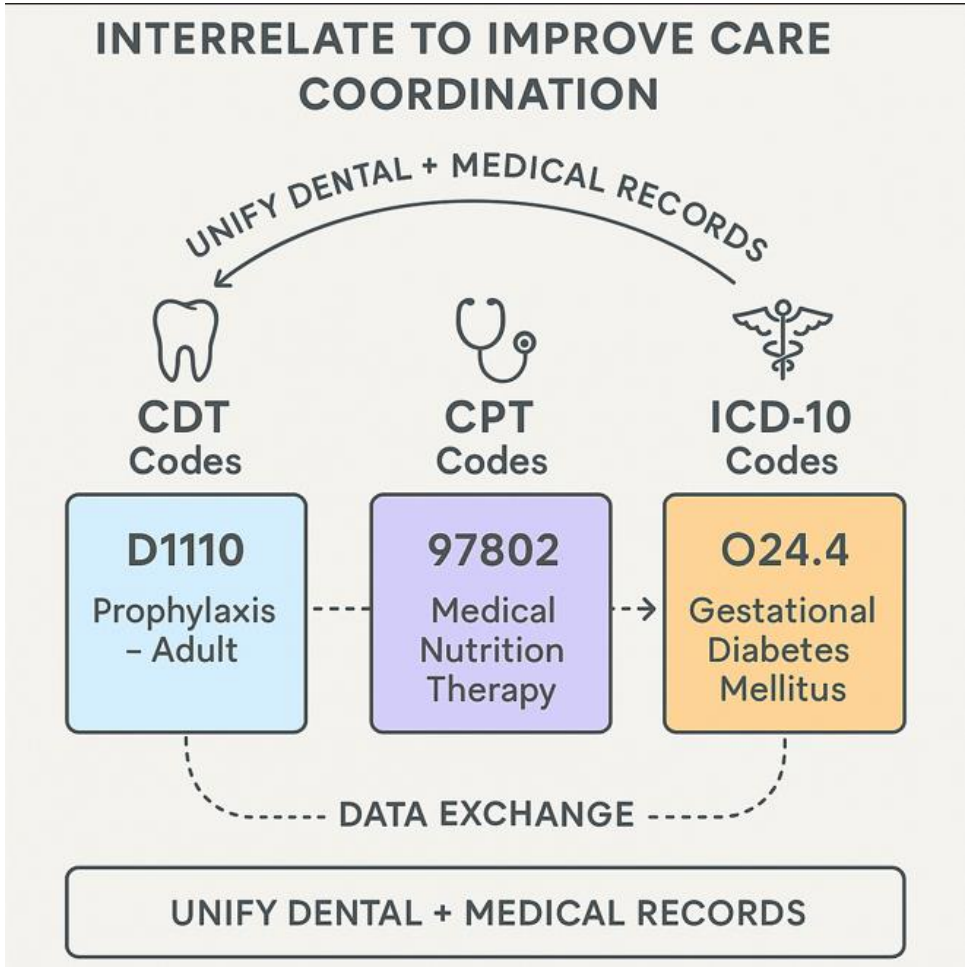
Effective and robust care coordination goes beyond a referral to a dental provider!



Maria's Story

- Maria is pregnant, has diabetes, and severe gum disease
- Without coordination: Fragmented care, missed visits, ER trip
- With coordination: integrated OB-GYN + PCP + Dentist and dental visits = healthier mom and baby




INTERRELATE TO IMPROVE CARE COORDINATION
UNIFY DENTAL + MEDICAL RECORDS
CDT Codes
CPT Codes
ICD-10 Codes
D1110
Prophylaxis – Adult
97802
Medical Nutrition Therapy
O24.4
Gestational Diabetes Mellitus
DATA EXCHANGE
UNIFY DENTAL + MEDICAL RECORDS

Use of ICD-10 Codes

- ICD-10 codes are diagnostic codes used across medical, dental, and behavioral systems.
- In **dental settings**, ICD-10 codes can:
  - Improve documentation of **underlying health conditions** affecting dental care.
  - Flag high-risk patients for care coordination (e.g., diabetes, hypertension, substance use).
  - Justify the need for additional dental services or extended appointments.
- Can be used to **track social determinants of health** (Z codes like Z59.0 for homelessness)

ICD-10 Codes: 🔗 How They Interrelate for Care Coordination:

1. Unify Dental + Medical Records

- ICD-10 codes (diagnosis codes) create a **common language** between dental and medical providers.
- Example: A patient with **diabetes (ICD-10: E11.9)** receives periodontal care (**CDT: D4341**) — the connection is clear to both providers, enabling coordinated treatment.

  - **ICD-10: K05.31 Chronic periodontitis, localized**
  - **ICD-10: K05.312 Chronic periodontitis, localized, moderate**

ICD-10 Codes

2. Linking Procedures to Diagnoses

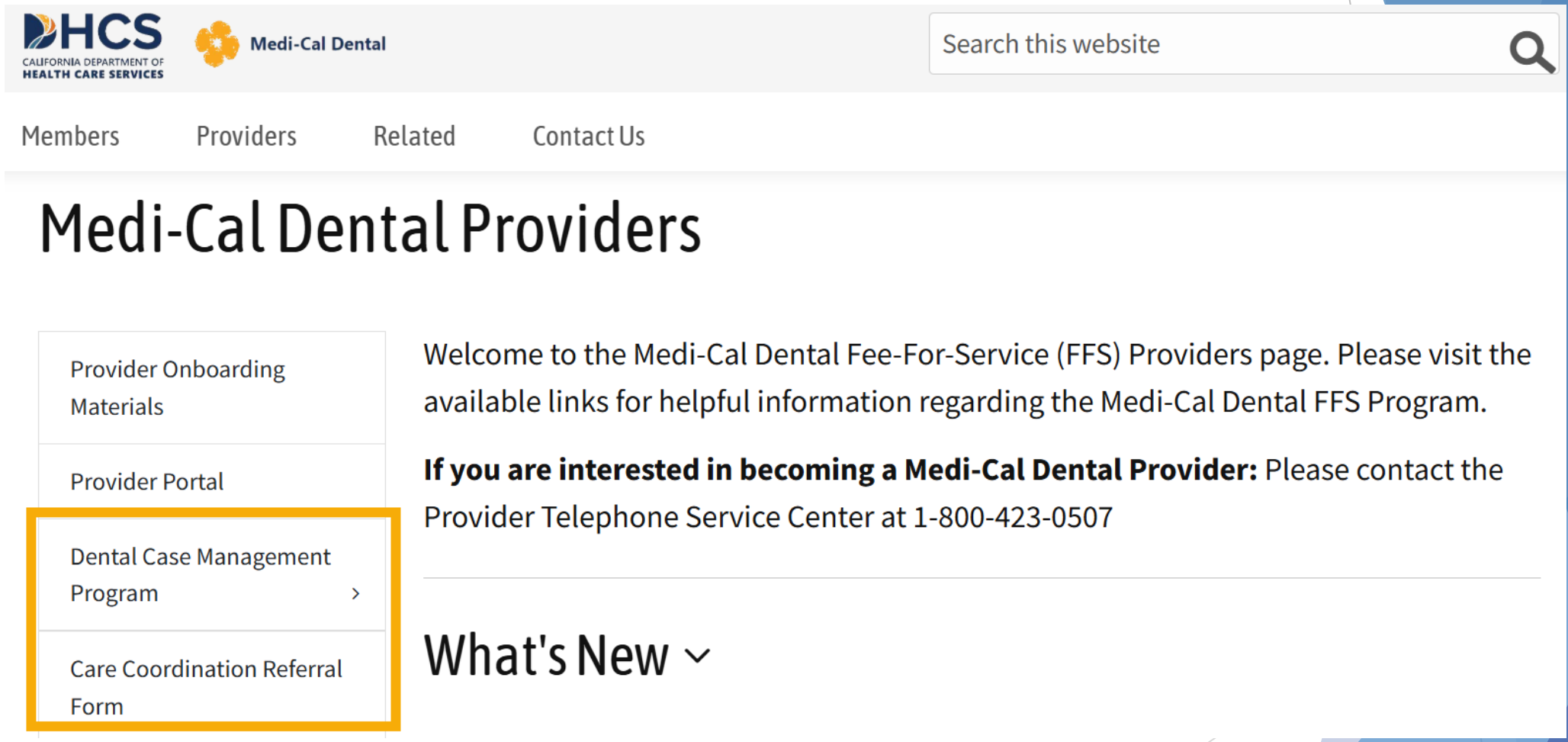
CDT and CPT codes are tied to ICD-10 codes to **justify medical necessity** and ensure reimbursement.

Care Coordination

- Locating general, specialist, or clinic that offer dental services
- Accessing appointments
- Language assistance
- Transportation assistance

Members can access care coordination services by calling the TSC at (800) 322-6384 or the Care Coordination Referral Form.

Online Referral Forms



Required Form Information

- **Member's Name**
- **Member's Legal Guardian (if applicable)**
- **Member's Medi-Cal ID (BIC Number), if known**
- **Date of Birth**
- **Specify the Needs Tier Level (1, 2, 3, or 4)***
  - Tier 1 – Orthodontic Referral - Member Has a Dental Home
  - Tier 2 – No abnormalities Noted - Member Needs a Dental Home
  - Tier 3 – Appearance of Caries and/or Other Periodontal Issues Noted
  - Tier 4 – Member is in Pain Due to Dental Needs and/or Profound Urgent Needs Visible

Requested Form Information *(Continued)*

What dental treatment does the member need?

- ❑ Diagnostic and Preventive (procedures such as x-rays, exams, and routine cleanings)
- ❑ Restorative Care (procedures such as cavity fillings)
- ❑ Endodontics (procedures such as root canals)
- ❑ Periodontics (procedures such as scaling and root planning and periodontal maintenance)
- ❑ Prosthodontics (procedures such as full and partial dentures)
- ❑ Emergency Services (emergency services if the member is in pain or immediate need of a dentist)
- ❑ Orthodontics
- ❑ Pediatric Dental
- ❑ Oral Surgery (procedures such as extractions)

Is this a member with special healthcare needs that may require general anesthesia?

- ❑ Yes
- ❑ No

If you believe this is a member with special healthcare needs that may require general anesthesia, please list the reason(s)

Items listed are not necessarily required when the member or member representative is requesting. However, the request will need to include dental needs.

Case Management

- The dental Case Management program is designed for Medi-Cal Members with special care needs.
- The dental Case Management Referral Form is available at the Medi-Cal Dental Website in the Provider Section.

Healthcare providers and case workers can refer Members for case management services using the online Case Management Referral Form.

Your HEALTH*matters*

Benefit information, tips and resources for a healthy, happy you!

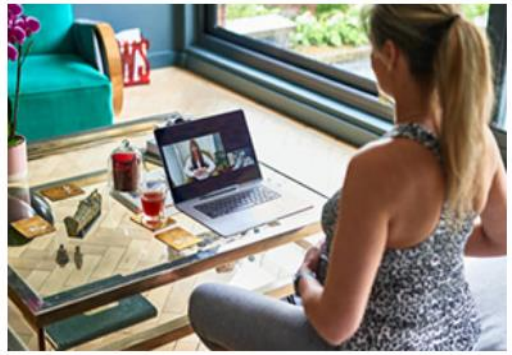
View all articles

New 2025 CareAdvantage Benefits are on the Way!

Starting January 1, 2025, CareAdvantage members will get their own Medical Alert Device at no cost! You'll also get 12 no-cost rides per

It's Not Too Late to Get the Flu Vaccine

It's the holiday season and flu season. Give yourself the gift of good health by getting the flu vaccine! Don't miss celebrating with family and friends because you're sick in bed! Learn how you can get the flu vaccine.



Get Doula Services

Doulas give emotional and physical support during pregnancy, childbirth and after the end of a pregnancy. Doulas can meet with you both online and in-person. Doula services are covered for HPSM Medi-Cal, CareAdvantage and HealthWorks members at all stages of pregnancy.

Earn $ Rewards for Cancer Screenings

Cancer screening tests save lives. And now, through a new program, CareAdvantage members can get Cinemark Prepaid Movie Tickets for getting their breast or colorectal cancer screenings. If you get both screenings, you'll earn a pair of tickets!

Enhanced Care Management – from the Medical Side

Targeted Populations	People experiencing homelessness, serious mental illness, complex chronic conditions, substance use disorders, at risk of institutionalization, or transitioning from incarceration.
Care Manager Role	Each member is assigned a **lead care manager** who serves as the central point of contact for all physical, behavioral, developmental, dental, and social services.
Whole-Person Focus	ECM doesn't just address medical care—it also coordinates social needs like housing, food, transportation, and dental care.
Community-Based	Often provided by community-based organizations who are culturally and linguistically aligned with the populations they serve.
Integrated Systems	ECM connects Medi-Cal members to multiple systems, including dental providers, behavioral health services, and public agencies.

The Road Ahead

Coordinated Care is the Future (And the Present)

- Data Sharing
- Team-based care
- Health equity
- Whole Person Care
  - DHCS Dental Transformation Initiative was just the beginning
  - CALAIM and ECM create fertile ground for integration
  - The opportunity? To lead – not lag – in systems innovation

We Need to Stop Talking……

And Start Doing

Let’s Get Real – Barriers & Solutions

It’s Hard, But It’s Doable

- **Barriers**
  - Siloed data systems
  - Fee-for-service inertia
  - Lack of training across disciplines
- **Solutions**
  - EHR integration
  - Cross-training care teams
  - Incentives for coordination

Care Coordination in Medicaid Dental Programs

Improves Access And Quality For Underserved Populations

Reduces Unnecessary And Costly ED Visits

Supports Continuity Of Care For Complex Needs

Enhances Provider Satisfaction And Efficiency

Key Takeaways

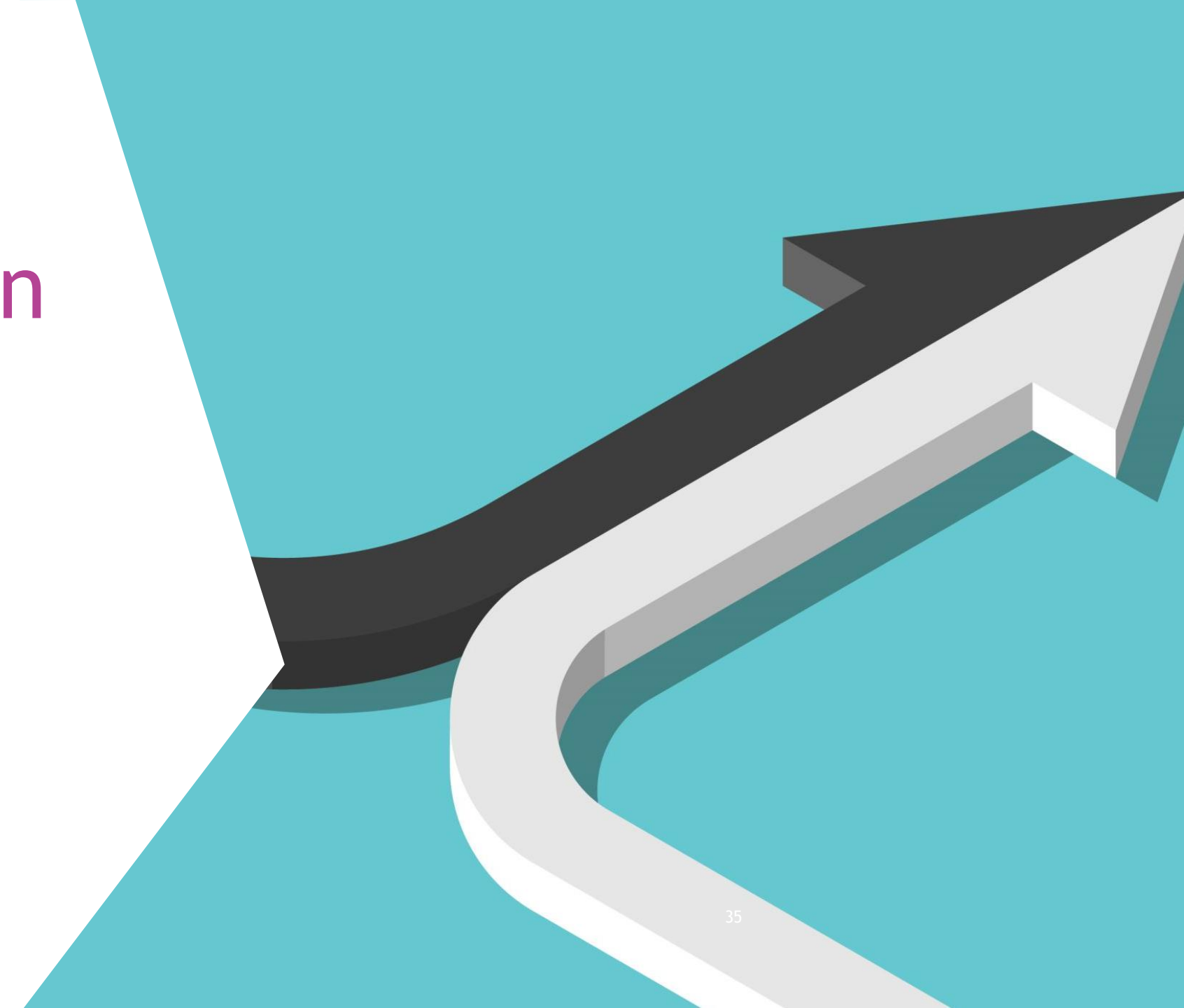
- Care coordination is not just an administrative effort—it's a **lifesaving strategy** in Medicaid.
- Improving it through tech, integration, ICD-10 usage, and human support systems pays off in **health outcomes and cost savings**.
- Empowering **dental providers** to be part of this system is a huge untapped opportunity.

Call to Action

Connect

Communicate

Coordinate



Together, We Can Build a Seamless Safety Net

- Health equity starts with coordinated care

Thank you

2025 National Medicaid, Medicare and CHIP Oral Health Symposium

Effectiveness of Community Health Workers in Reducing and Preventing Chronic Diseases

Session 3

Francisco Ramos-Gomez- DDS, MS, MPH
UCLA Professor and Chair Section of Pediatric Dentistry

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UCLA School of Dentistry

Session Objectives

Participants will gain knowledge and understanding of how CHWs:

1. May be integrated into the Medicaid Dental Workforce
2. Can boost utilization of dental services by Medicaid members through outreach.
3. Increase oral health literacy, improve care navigation, and reduce missed appointments—
4. Advance Oral Health Equity by Addressing Social Determinants
5. Close system gaps that limit access to care, improving outcomes in high-need communities.

Community Health Workers

- Why Community Health Workers/Promotoras Matter
- Core Functions, Impact, and Effectiveness
- Impact on Disease Prevention and Medical/Dental Integration
- CHWs and UCLA Curriculum Supported by DHCS
- Policy and Sustainability / Medicaid State Plan Amendment Mapping
- CHW Integration to OH -Challenges and Considerations
- Conclusion

Introduction

- CHWs are frontline public health workers.
- They are trusted members of the communities they serve.
- They serve as a bridge between health services and underserved populations.
- They are instrumental in addressing chronic diseases through education, outreach, and culturally tailored support.

Chronic Disease Burden

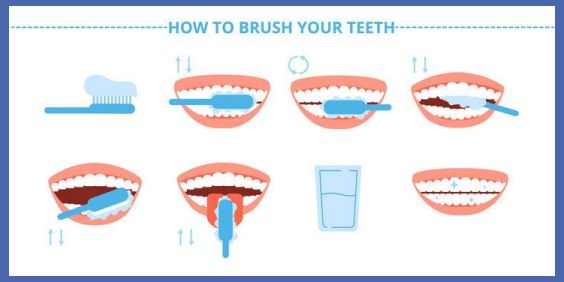
- Chronic diseases like diabetes, hypertension, and heart disease are leading causes of death globally.
- Account for 90% of the $4.1 trillion in annual healthcare costs in the U.S. (CDC).
- Disproportionately affect low-income and racial/ethnic minority communities.

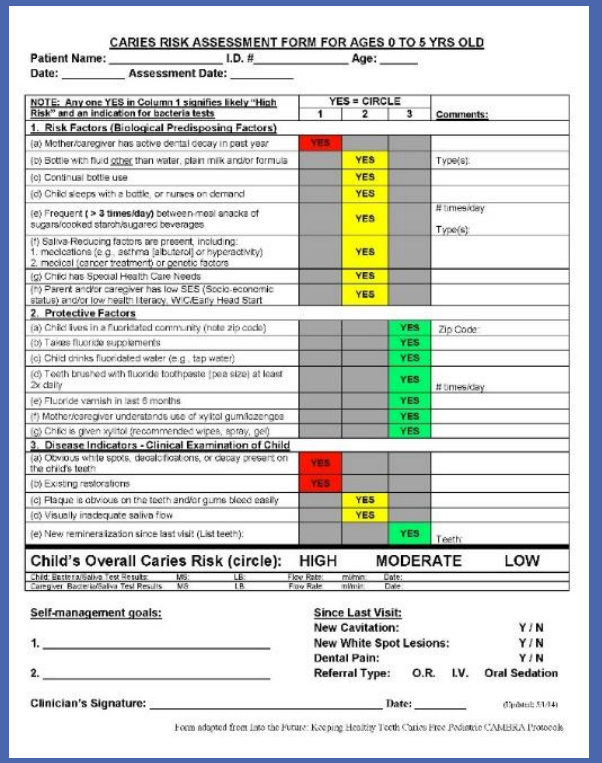
Why Community Health Workers and Promotoras Matter

- CHWs understand the cultural and linguistic needs of their communities.
- Provide accessible education, advocacy, and social support.
- Help reduce disparities and improve healthcare engagement.

Core Functions

- Health education and promotion
- Disease prevention and chronic care support
- Referral to clinical and community services
- Social determinants of health navigation





CARIES RISK ASSESSMENT FORM FOR AGES 0 TO 5 YRS OLD

Patient Name: _____ I.D. #_____ Age: _____

Date: _____ Assessment Date: _____

NOTE: Any one YES in Column 1 signifies likely "High Risk" and an indication for bacteria tests	YES = CIRCLE 1	2	3	Comments:
1. Risk Factors (Biological Predisposing Factors)				
(a) Mother/caregiver has active dental decay in past year	YES			
(b) Bottle with fluid other than water, plain milk and/or formula		YES		Type(s):
(c) Continual bottle use		YES		
(d) Child sleeps with a bottle, or nurses on demand		YES		
(e) Frequent (> 3 times/day) between-meal snacks of sugars/cooked starch/sugared beverages		YES		# times/day Type(s):
(f) Saliva-Reducing factors are present, including: 1. medications (e.g., asthma [albuterol] or hyperactivity) 2. medical (cancer treatment) or genetic factors		YES		
(g) Child has Special Health Care Needs		YES		
(h) Parent and/or caregiver has low SES (Socio-economic status) and/or low health literacy, WIC/Early Head Start		YES		
2. Protective Factors				
(a) Child lives in a fluoridated community (note zip code)			YES	Zip Code:
(b) Takes fluoride supplements			YES	
(c) Child drinks fluoridated water (e.g., tap water)			YES	
(d) Teeth brushed with fluoride toothpaste (pea size) at least 2x daily			YES	# times/day
(e) Fluoride varnish in last 6 months			YES	
(f) Mother/caregiver understands use of xylitol gum/lozenges			YES	
(g) Child is given xylitol (recommended wipes, spray, gel)			YES	
3. Disease Indicators - Clinical Examination of Child				
(a) Obvious white spots, decalcifications, or decay present on the child's teeth	YES			
(b) Existing restorations	YES			
(c) Plaque is obvious on the teeth and/or gums bleed easily		YES		
(d) Visually inadequate saliva flow		YES		
(e) New remineralization since last visit (List teeth):			YES	Teeth:

Child's Overall Caries Risk (circle): HIGH MODERATE LOW

Child: Bacteria/Saliva Test Results: MS: LB: Flow Rate: m/min: Date:

Caregiver: Bacteria/Saliva Test Results: MS: LB: Flow Rate: m/min: Date:

Self-management goals:

1. _____
2. _____

Since Last Visit:

New Cavitation: Y / N

New White Spot Lesions: Y / N

Dental Pain: Y / N

Referral Type: O.R. I.V. Oral Sedation

Clinician's Signature: _____ **Date:** _____

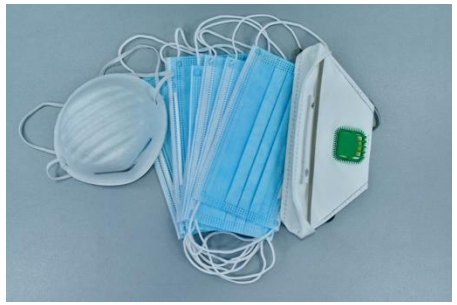
(Updated: 5/1/14)

Form adapted from Into the Future: Keeping Healthy Teeth Cavities Free Pediatric CAMBRA Protocols

Evidence of Effectiveness Medical/Dental integration

- Spencer et al. (2011): CHWs reduced HbA1c by 0.8% in Latino adults with diabetes.
- Allen et al. (2011): COACH trial showed improved BP control with CHW involvement.
- Krieger et al. (2005): CHWs reduced asthma ER visits and improved home environment.
- Project IMPACT: Better medication adherence for diabetes and hypertension patients.

Impact on Disease Prevention



- CHWs increased cancer screening uptake by >20% (Fernandez et al., 2009).
- Promoted lifestyle changes: diet, activity, smoking cessation (Viswanathan et al., 2010).
- Crucial in COVID-19 vaccine education and outreach in marginalized communities.

CHW's…

- ✓ Address food insecurity, housing, and healthcare access (Health Leads).
- ✓ Maryland CHW Project: Reduced maternal health disparities (Johnson et al., 2012).
- ✓ Improve health literacy and community empowerment.

CHWs and Promotoras Advance Health Equity

Community Health Workers, Promotoras and Oral Health Outcomes

- ✓ Ramos-Gomez et al. (2008): Reduced ECC in Latino children using CHWs + MI.
- ✓ Hinton et al. (2012): 40% increase in fluoride varnish use via CHW programs.
- ✓ Wilson et al. (2014): 27% rise in dental visits among migrant children.
- ✓ Huang et al. (2018): More dental care access for pregnant women via CHWs.
- ✓ Silk et al. (2016): ECC prevalence dropped by 8% through school-based CHW programs.

CHWs and UCLA Curriculum

UCLA School of Dentistry

- **Module 1 - Social Determinants of Health**
- **Module 2 - Introduction to Oral Health Care**
- **Module 3 - Life Course: Early Childhood, Adolescent & Adult**
- **Module 4 - Oral Health Practical Tools & Skills for Learning**
- **Module 5 - Incorporating CHWs into the Dental Team.**
- **COHW Final Course EXAM**

Supported by the California Department of Health Care Services

Funded by the California Department of Public Health, Office of Oral Health

Launch Date: June 2025

CHW Effectiveness in Communities

1. Improvement in Oral Health Knowledge and Practices

CHW-led oral health education programs have significantly enhanced participants' knowledge and behaviors.

2. Reduction in Dental Disease Incidence

Systematic reviews have shown that oral health education programs, including those led by CHWs, effectively reduce plaque levels, gingival bleeding, and caries increment.

3. Integration into Primary Health Care

Incorporating CHWs into primary health care teams has expanded access to oral health education and preventative services. Providing oral health education and navigation services.

UCLA School of Dentistry

CHW Effectiveness in Communities

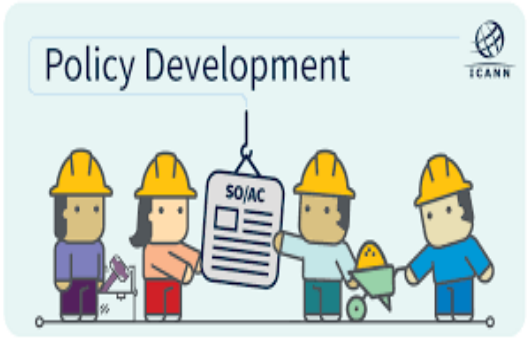
4. **Effectiveness in Diverse Settings**

   CHW-led interventions have been successful across various populations. By reducing periodontal examinations, screenings for oral diseases, and improving oral health behaviors in schools

5. **Challenges and Opportunities**

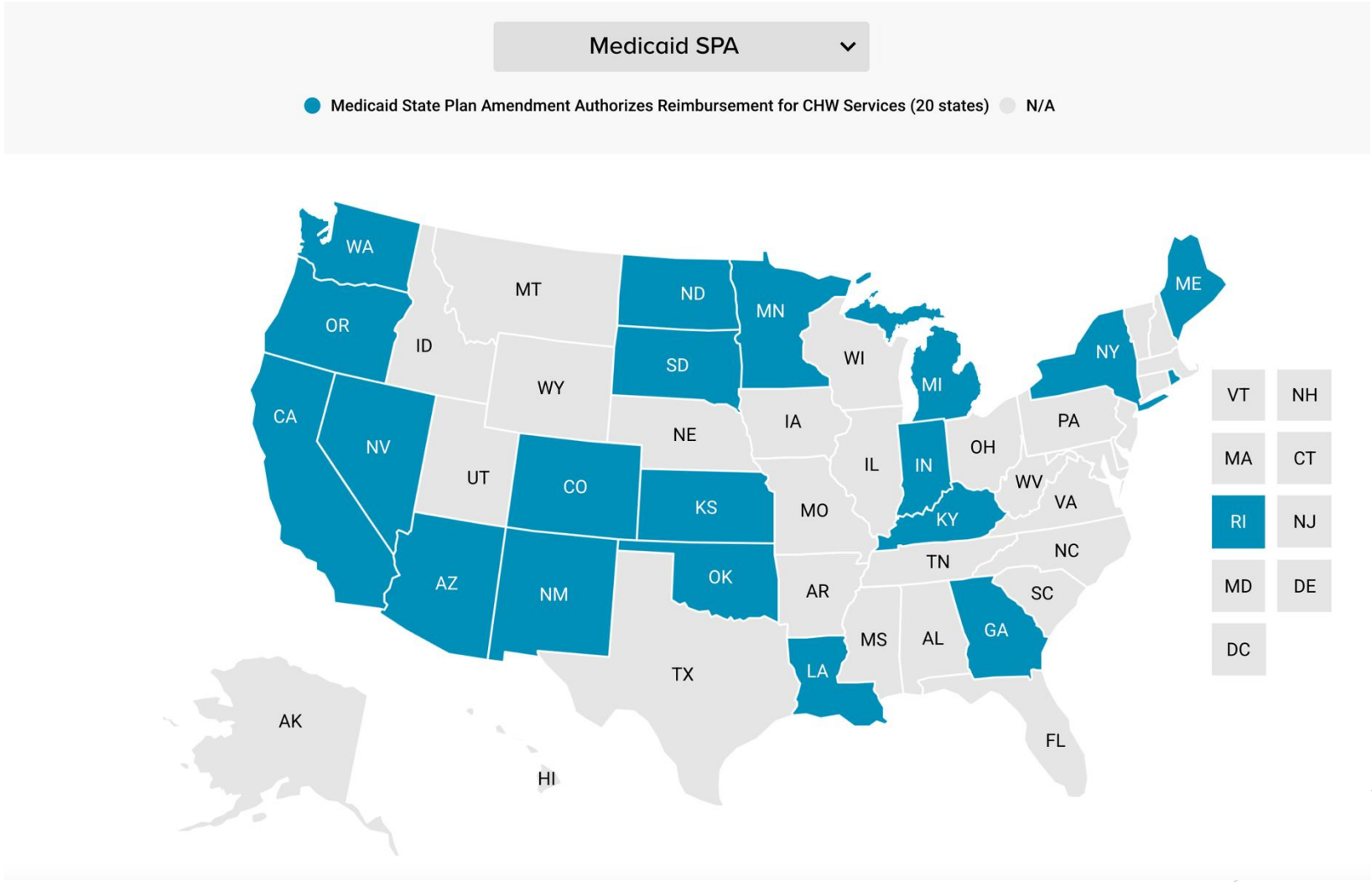
   While CHWs have proven effective in promoting oral health, challenges such as the need for standardized training, adequate supervision, and sustainable funding remain.

Policy and Sustainability



- Medicaid reimbursement for CHW services is expanding.
- CDT code D9994 – Approved in CA December 2024
- CHW certification and training standardization are increasing.
- Integration into care teams improves coordination and long-term sustainability.

Medicaid State Plan Amendment Mapping



Source: National Academy for State Health Policy

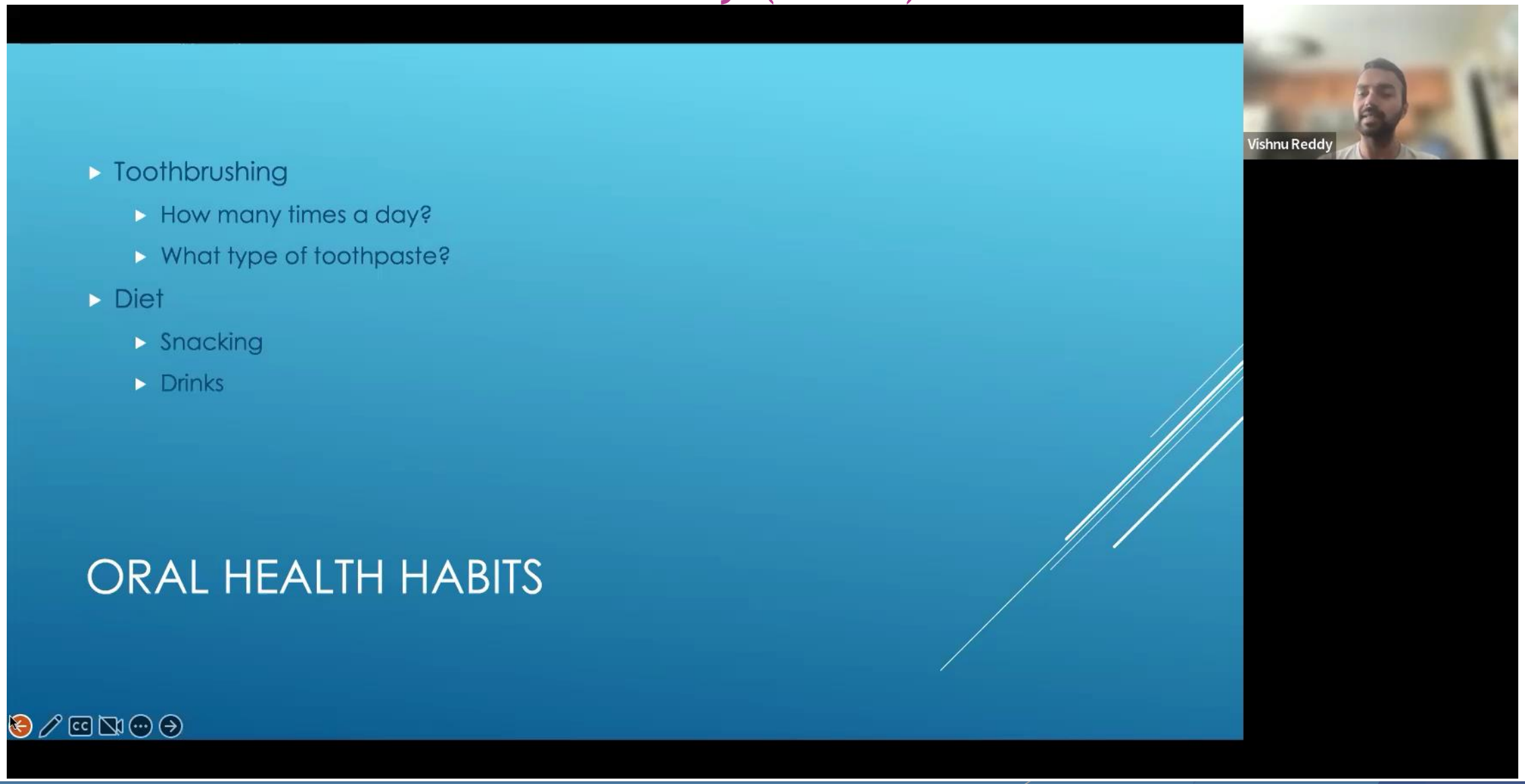
Challenges and Considerations

- Funding and reimbursement inconsistencies.
- Integration in the Dental world
- Support from the Dental team is essential
- Need for supportive supervision and role clarity.
- Workforce recruitment, retention, and burnout concerns.

Future Directions

- Expanding CHW roles in oral and behavioral health.
- Use of AI on care coordination and case management.
- Integrating digital tools and telehealth support.
- Collecting data on social determinants (social risks).
- Using CHWs in public health surveillance and community-led research.

Tele Dentistry (Video)



Conclusion: CHWs…

- Are effective in improving chronic disease outcomes and health equity
- Offer a cost-effective strategy for Medicaid programs
- Provide a culturally grounded approach that builds trust within the community
- Improve healthcare navigation
- Help to reduce no-show rates and increase provider efficiency
- Guide patients to preventive care
- Help to address social barriers
- Lower number of emergency visits

References

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Thank you

Effectiveness of Community Health Workers in Reducing and Preventing Chronic Diseases

Sesson 3

Felisha R. Scott, MBA

Operations Manager - Medi-Cal Strategic Partnership

Health Net

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Session Objectives

1. How health plans may advance care coordination and case management for Medicaid program enrollees
2. How health plans can support healthcare integration
3. How health plans can identify medical, dental, behavioral and social risk factors to effectively triage member needs

Challenge:

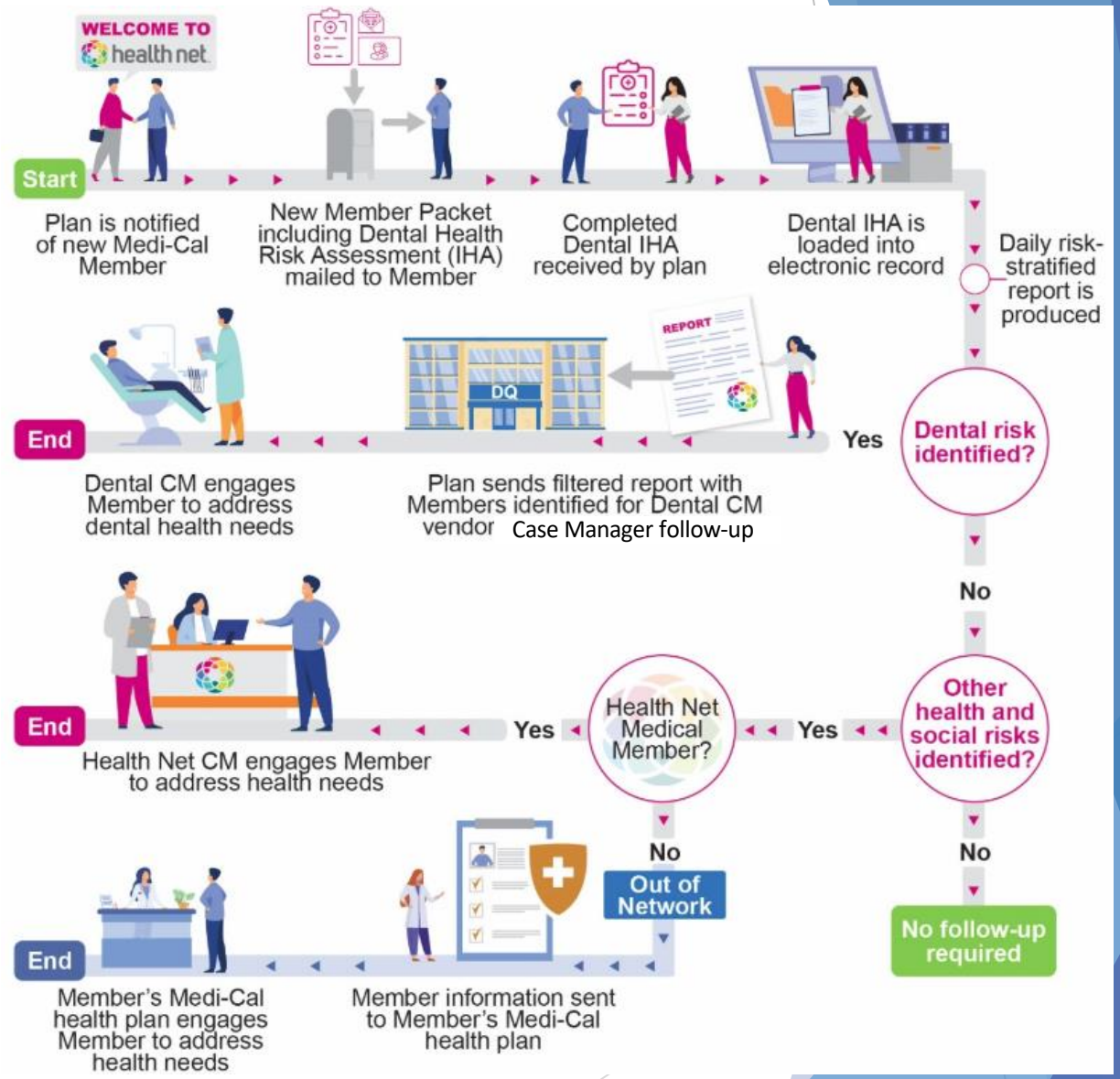
- Infrastructure to support healthcare Integration has been limited.
- Medical and dental healthcare systems have traditionally worked in silos.

Need:

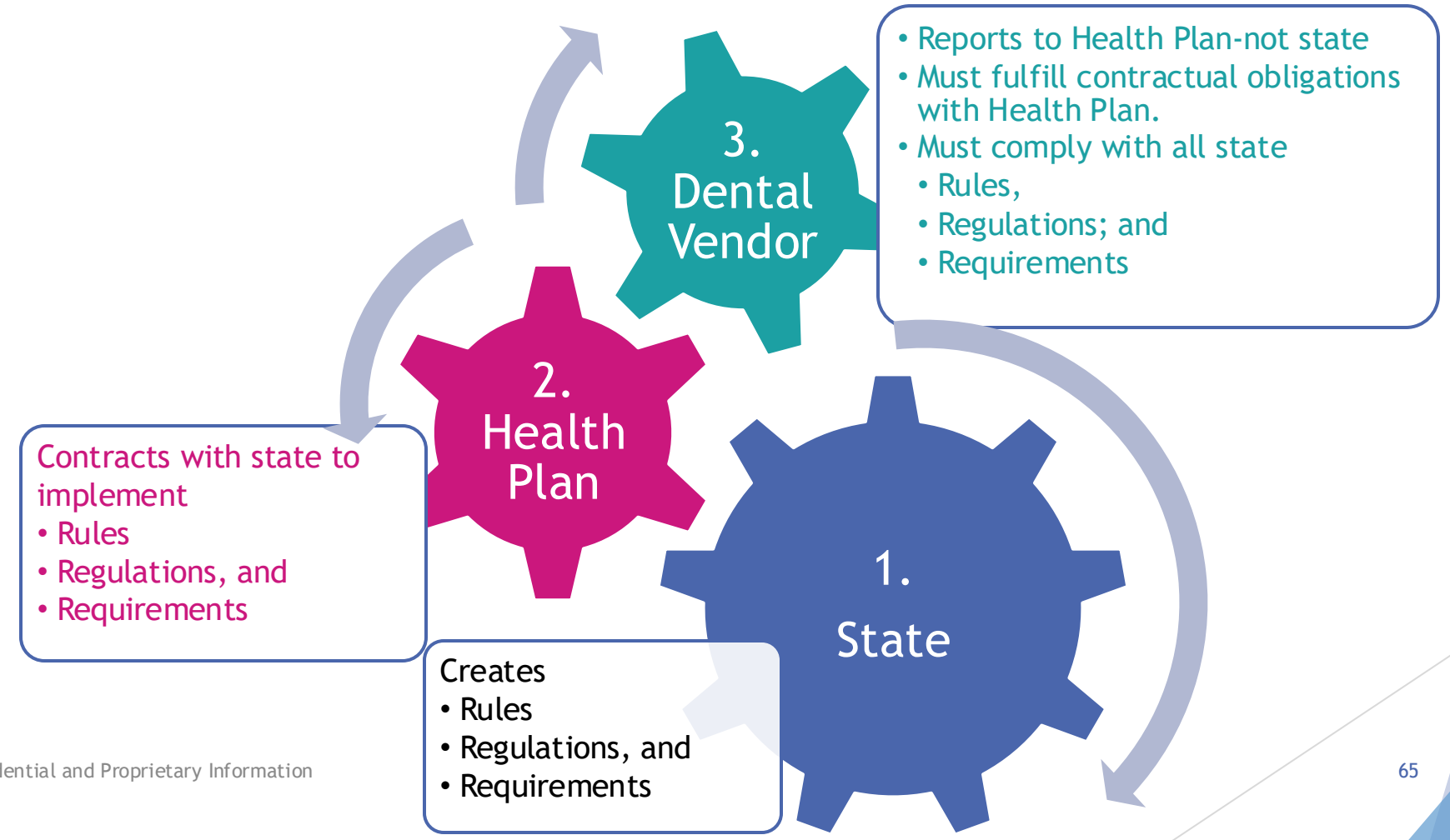
- To establish infrastructure and capacity for care coordination and case management.

Healthcare Integration at the Health Plan Level

Example:
Care Coordination and Case Management Protocol



Steps Needed to Ensure Seamless Care Coordination & Case Management between a Medical & Dental MCOs



Healthcare Integration and Care Coordination at the Health Plan Level improves:

- ✓ Operations
- ✓ Staffing
- ✓ Coordination
- ✓ Timeliness of services
- ✓ Compliance
- ✓ Accountability

Thank you

Margaret Delmore, MD, DDS

Dr. Margaret Delmore wears many hats. Triple-trained as a physician, dentist, and pharmacist, she brings over 25 years of surgical expertise to the table as a seasoned oral and maxillofacial surgeon. After leading a successful boutique practice, in Sacramento, California she launched her encore career as a public servant, now serving the state of California as a dental consultant at the Department of Healthcare Services. There, she is tackling system-level challenges and driving change – impacting more lives than ever before. She is an example of health care coordination by education.

Contact Information

Margaret Delmore, MD, DDS

Dental Program Consultant

California Department of Healthcare Services – Medi-Cal Dental Services Division

Margaret.Delmore@dhcs.ca.gov

Dr. Francisco Ramos-Gomez, D.D.S., M.S., M.P.H., is a distinguished pediatric dentist and academic leader with over 38 years of experience in clinical practice, research, and public health advocacy. He currently serves as Professor and Chair of the Section of Pediatric Dentistry at the UCLA School of Dentistry, where he also directs the UCLA Center for Children's Oral Health (UCCOH) and the Pediatric Dentistry Advanced Clinical Training Program.

Dr. Ramos-Gomez earned his Doctor of Dental Surgery (D.D.S.) from the Technological University of Mexico. He completed a Master of Science (M.S.) in Pediatric Dentistry at Tufts University School of Dental Medicine in 1988 and obtained a Master of Public Health (M.P.H.) from the Harvard School of Public Health in 1990. Additionally, he received certification in Dental Epidemiology and Dental Public Health from the University of California, San Francisco in 1992.

Dr. Ramos-Gomez is internationally recognized for his pioneering work in early childhood caries (ECC) prevention, oral disease risk assessment, and community health, particularly among underserved populations. He co-founded the Center to Address Disparities in Children's Oral Health (CAN-DO) and has been continuously funded by the National Institute of Dental and Craniofacial Research (NIDCR) for over two decades

He developed a six-step protocol for the age 1 dental visit and contributed to the creation of the Caries Management by Risk Assessment (CAMBRA) tool, both of which are widely used in preventive pediatric dentistry

Beyond academia, Dr. Ramos-Gomez founded the Infant Oral Care Program (IOCP) in 2010 to provide preventive dental care for children aged 0 to 5 from low-income families. He has held leadership roles in several organizations, including serving as the National Head Start Oral Health Consultant, a board member of the American Academy of Pediatric Dentistry (AAPD), and a past president of the Hispanic Dental Association

Dr. Ramos-Gomez has received numerous accolades, such as the Oral Health Service Award from the American Academy of Pediatrics in 2022, the Kellogg Fellowship for International Research, and the IAPD Innovation Award. He is a Fellow of the American College of Dentists and a Diplomate of the American Board of Pediatric Dentistry. Through his extensive work in education, research, and community service, Dr. Ramos-Gomez continues to be a leading advocate for children's oral health and equity in dental care.

Contact Information

Francisco Ramos-Gomez, DDS, MS, MPH

Professor And Chair Pediatric Dentistry

University California Los Angeles

Email: frg@dentistry.ucla.edu

Felisha R. Scott, MBA

Felisha Scott is a seasoned Operations Manager working with the Health Plan, Health Net, who has over a decade of dental auxiliary experience working for general dentists and specialty practices. She went on to receive her MBA degree and became involved in the management of a large DSO specialty practice in the states of California, Nevada, and Texas. She has a proven track record in optimizing business sustainability and driving operational efficiency. Her expertise includes the implementation and integration of Medicaid medical and dental managed care plans for Heath Net's Medi-Cal line of business.

Contact Information

Felisha R. Scott, MBA

Operations Manager

Medi-Cal Strategic Partnership

Health Net

21281 Burbank Blvd, Woodland Hills, CA 91367

Mobile: (818)237-0536

Email: felisha.r.fondren@healthnet.com