

Mississippi State Department of Health

**Cavity Free in Mississippi**  
**Medical Provider Application**

Provider Information		
Full Name:		
Practice Name:		
Mailing Address:		
Served County(s):		
E-Mail Address:		
Phone #:	Fax #:	
Name of Contact Person:		
Contact Person Info: Email:	Phone:	Fax:

Practice Information		
<b>Practice Type:</b> <input type="checkbox"/> Private Office <input type="checkbox"/> Rural Health Center <input type="checkbox"/> Federally qualified health center <input type="checkbox"/> Hospital or community clinic <input type="checkbox"/> Other (describe) _____		
<b>Clinicians who provide majority of well child care visits:</b> <input type="checkbox"/> Pediatricians <input type="checkbox"/> Family physicians/Internal Medicine <input type="checkbox"/> Other:		
<b>Number of Employees Across Office to be Trained:</b> ____ Medical Assistants ____ Registered Nurses (RNs) ____ Nurse Practitioners/Physician Assistants ____ MDs and DOs ____ Residents ____ Receptionists/Front desk ____ Other, please list: _____		
Has your office, or staff, received any oral health training in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Estimated number of patients served weekly for well child-care visits:</b> ____ 0- 36 months ____ Number of the above patients on Medicaid ____ Number of the above patients on Private Insurance ____ Number of the above patients without insurance		

**Clinic Systems:**

**Practices are most successful when they start implementing oral health and fluoride varnish immediately after the training. Please answer the following questions so we can help you to be prepared:**

Determine when the services will be delivered and how children will be identified:

- Oral health and fluoride varnish can be provided at well child care visits from 0 mos. to 36mos.
- Who will identify eligible children? \_\_\_\_\_
- How will the charts be flagged? \_\_\_\_\_
- Will a billing/consent form be used for parents who desire fluoride varnish but do not have insurance?  
 Yes, who will give the form to parents? \_\_\_\_\_  No

Who will provide the following services?

- Oral Health Risk Assessment Questions: \_\_\_\_\_
- Oral Evaluation and Plan (Primary Care Provider): \_\_\_\_\_
- Parent/Caregiver Education: \_\_\_\_\_
- Fluoride Varnish Application: \_\_\_\_\_

Create a plan for fluoride varnish materials and oral health information

- Who will order supplies? \_\_\_\_\_
- Where will they be stored? \_\_\_\_\_
- Where will the patient information be displayed? \_\_\_\_\_
- Who will give the information on fluoride to the parent? \_\_\_\_\_
- For the patient visit, who will get the supplies ready? \_\_\_\_\_

Establish documentation

- EMR: Who will add dental fields? \_\_\_\_\_
- EMR: Who will enter the data during the visit? \_\_\_\_\_
- Paper charts: Stickers/stamps (provided) or other prompt? \_\_\_\_\_
- Who will add the dental codes to the billing sheets? \_\_\_\_\_

How many exam rooms do you have? \_\_\_\_\_

For this program to be successful it is important to identify an office member that is willing to be the fluoride varnish contact person who helps answer questions, ensures supplies are ordered and encourages staff members to remember to promote oral health. Please indicate who in your office will fulfill this role:

Name: \_\_\_\_\_

Contact Info: \_\_\_\_\_

E mail

Phone

Fax

**Training Day**

To help staff become comfortable providing oral health services our training staff will stay for the afternoon patient session. How many ELIGIBLE patients (0 mos. to 36 mos.) do you have scheduled for this session? \_\_\_\_\_

**Cavity Free in Mississippi**  
**Oral Health Assessment and Fluoride Varnish Training**  
**Application and Flyer**

**PURPOSE**

The purpose of the Cavity Free in Mississippi Application is for the Office of Oral Health to obtain medical provider participation in being trained on how to perform oral health assessments and how to provide Fluoride Varnish Application.

**INSTRUCTIONS**

The program flyer and application will be displayed on the MSDH web-link, Oral Health staff members will also forward information directly to interested parties throughout the state. Providers will forward a completed application to the Office of Oral Health where the copy will be filed in the current fiscal year's file.

**B. APPLICANT INFORMATION**

Enter your principal place of employment. Include proof of Licensure and CPR certification.

- Type of Practice
- Physician Specialty
- Prior training in Oral Health

**C. Clinic Systems Questionnaire**

- Determine when the services will be delivered and how children will be identified
- Who will provide specific services
- Create a plan of action for oral health materials and supplies
- Documentation delegation
- Office size
- Designated person of contact

D. Training Day. The Physician will confirm the date and time of Cavity Free in Mississippi training.

**OFFICE MECHANICS AND FILING**

The MSDH Cavity Free in Mississippi applicant will print a copy of the application from the Office of Oral Health link and forward the original copy to the MSDH Office

**RETENTION PERIOD**

Applications collected will be kept for five years in the Office of Oral Health.