

Healthy Smiles Ontario Operational Guide for Dental Providers

Population and Public Health Division
Ministry of Health and Long-Term Care

January 1, 2018

ontario.ca/healthysmiles

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Ce document est aussi disponible en français

Copies of this report can be obtained from: ontario.ca/healthysmiles

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Eligibility and Enrolment

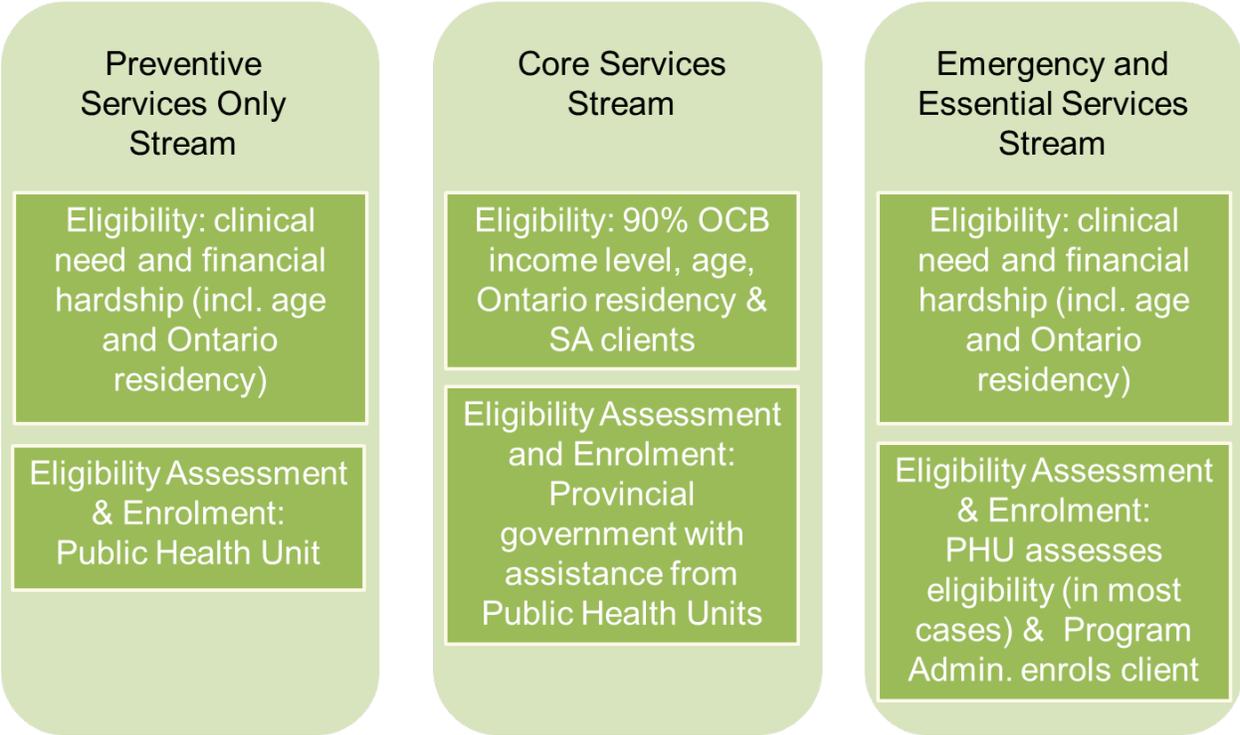
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Eligibility and Enrolment

Healthy Smiles Ontario provides free dental care for eligible children and youth aged 17 and under. Children/youth and/or families with other insurance are not excluded; however they are required to access their other dental insurance prior to accessing Healthy Smiles Ontario, with some exceptions.

Healthy Smiles Ontario has three streams:

- The Core Services Stream;
- The Emergency and Essential Services Stream; and
- The Preventive Services Only Stream (delivered through Public Health Unit clinics).



Core Services Stream

What is the benefit period?

Under the Core Services Stream, children and youth will have access to services during a set benefit period. The benefit period is standardized – August 1st to July 31st with a few exceptions¹.

Who is eligible?

Children and youth from low-income families are eligible for the Core Services Stream if they meet the following criteria:

- 17 years of age or younger; and
- Resident of Ontario; and
- Adjusted Family Net Income at or below the level at which they would qualify for at least 90% of the maximum Ontario Child Benefit.

Children of families with other insurance are not excluded; however they are required to access their other dental insurance prior to accessing the HSO Program.

Income eligibility is based on a household's Adjusted Family Net Income (AFNI), as is the case for the Ontario Child Benefit (OCB), and adjusts based on the number of dependent children. Please visit ontario.ca/healthysmiles for the current AFNI eligibility thresholds.

Social Assistance Recipients

Social assistance recipients, or children from families in receipt of social assistance benefits 17 years of age and under, will be automatically enrolled in Healthy Smiles Ontario starting January 1, 2016. Specifically, this includes children aged 17 and under in receipt of:

- Basic financial assistance or extended health benefits under Ontario Works (including Temporary Care Assistance but excluding Emergency Assistance);
- Income support or Extended Health Benefits or Transitional Health Benefits under the Ontario Disability Support Program; or

¹ Exceptions: those that turn 18 years of age within the benefit year. Processes will be in place to ensure that they are deemed ineligible by the Program Administrator, and notified.

- Assistance for Children with Severe Disabilities (child in receipt of the benefit only).

How to apply?

Applications may be submitted at any time during the benefit year. To apply for the Core Services Stream, applicants (parent/guardian/youth applying on their own behalf) must complete and submit an application to the Ministry of Health and Long-Term Care.

There are two ways to apply:

1. Through an online application portal at ontario.ca/healthysmiles (English) or ontario.ca/beauxsourires (French). To complete the application, a signed Consent Form must also be completed and mailed.
2. Mailing an HSO application form. Applicants can download application forms from the HSO website at ontario.ca/healthysmiles (English) or ontario.ca/beauxsourires (French) or obtain application forms from their local Public Health Unit or ServiceOntario locations. Completed applications must be mailed to:

Healthy Smiles Ontario
33 King Street West
PO Box 645
Oshawa ON
L1H 8X1

Applicants will receive a notification by mail once an application form has been processed. Once a child or youth is enrolled, their eligibility will be automatically assessed each benefit year and annual notices will be sent to the client regarding their enrolment status.

Emergency and Essential Services Stream (EESS)

What is the benefit period?

Under the Emergency and Essential Services Stream (EESS), children and youth will have access to services for 12 months from the date of enrolment, with a few exceptions². The expiry date will be noted on the front of the HSO dental card.

Who is eligible?

Healthy Smiles Ontario includes the Emergency and Essential Services Stream (EESS) to address emergency and/or essential dental needs. Children and youth from low-income families are eligible for the EESS if they meet the following criteria:

- 17 years of age or younger; and
- Resident of Ontario; and
- Meet both clinical and financial eligibility criteria (see below).

Clinical Eligibility:

A child/youth is identified with an emergency or essential dental condition, where:

Emergency: The patient presents with pain, infection, haemorrhage, trauma, or pathology that requires immediate clinical treatment.

Essential: The patient presents with lost restorations, caries into the dentine, periodontal conditions, or pathology that, without treatment, will lead to haemorrhage, pain or infection requiring immediate clinical treatment.

Where:

² Exceptions: those that turn 18 years of age within the benefit year. Business rules and processes will be required to ensure that they are deemed ineligible by the Program Administrator and notified.

- Pain is defined as a condition(s) which is/are presently causing pain or have/has caused pain in the week immediately preceding (excluding pain related to exfoliation and/or eruption of teeth);
- Infection is defined as abscesses and/or acute gingival conditions requiring immediate clinical treatment (e.g. necrotizing ulcerative gingivitis);
- Haemorrhage is defined as a sudden or serious loss of blood associated with trauma to the orofacial tissues;
- Trauma is defined as injury to the orofacial tissues that requires clinical treatment;
- Caries is defined as open carious lesions into the dentine. The lesions should be obvious enough that the parent or guardian can easily see them. Lesions would be equivalent to the International Caries Detection and Assessment System (ICDAS) codes 5 or 6³;
- Periodontal conditions are defined as a condition of the periodontium which is not reversible by adequate oral hygiene, and require clinical treatment; and
- Pathology is defined as any specific pathological condition of the orofacial tissues where investigation is required for diagnosis and clinical treatment⁴.

Financial Eligibility:

The child/youth or family's income is equivalent to a level at which they would be in receipt of the Ontario Child Benefit:

OR

The child/youth or family would suffer "financial hardship" if providing the necessary dental care would result in any one of the following:

- Inability to pay rent/mortgage;
- Inability to pay for household bills;
- Inability to buy groceries for the family; or

³ ICDAS Foundation. International Caries Detection and Assessment System (ICDAS) [Internet]. Leeds, UK: ICDAS Foundation; c2017 [cited 2017 Dec 29]. Available from: www.icdas.org

⁴ Regezi JA, Sciubba JJ, Jordan RCK. Oral pathology: clinical pathologic correlations. 6th ed. St. Louis, MO: Elsevier; 2012.

- The child/youth or family will be required to seek help from a food bank in order to provide food.

How to apply?

To apply for EESS, a child and/or youth must meet clinical and financial hardship criteria (defined above), which will be assessed in most cases, by the local Public Health Unit (PHU).

Families, and/or youth applying on their own behalf, can apply for EESS either through a public health unit or at a dental provider's office. However, MOHLTC recognizes that some dental providers may not wish to assume this responsibility. Where this is the case families and/or youth can be referred to the local public health unit (in non-emergency situations) for help applying and enrolling in EESS; this is similar to current processes through which public health units enroll children in the current Children in Need of Treatment Program.

PHUs and/or providers are asked to assess the child/youth for clinical eligibility and to assist the child/youth and/or family to complete the EESS application form which includes attesting to financial hardship. Providers assessing clinical eligibility for EESS will be reimbursed for an emergency or specific examination whether the child is ultimately deemed eligible or not. The provider must have the child or parent/guardian complete and sign the EESS application form.

PHUs and/or providers will be asked to support clients and/or families to submit a completed application to the Program Administrator.

Eligibility will be assessed and confirmed by the Program Administrator as quickly as possible. Application forms submitted that do not require any clarification, follow-up and/or additional information will be processed within 15 minutes when received by fax during Accerta's Contact Centre business hours (Monday to Friday 8am-8pm). If an EESS application form is received outside of regular business hours, the application will be processed when regular business hours resume and a response will be provided to the provider with an eligibility determination within one business day.

The provider may proceed with treatment once enrolment has been confirmed by fax or telephone to the provider. An HSO dental card will be mailed to the client. Children and youth enrolled in the EESS will not be automatically re-assessed on an annual basis but

can re-apply to Healthy Smiles Ontario.

EESS application forms will be available as of January 1, 2016 online at:

<http://www.health.gov.on.ca/en/pro/programs/dental/> (English) or

<http://www.health.gov.on.ca/fr/pro/programs/dental/> (French)

EESS application forms must be mailed or submitted via secure fax to Accerta for processing:

AccertaClaim Servcorp Inc.
Healthy Smiles Ontario Contact Centre
Station P, P.O. Box 2286
Toronto, ON
M5S 3J8
Secure Fax: 416-354-2354 or toll-free at 1-877-258-3392

See Appendix A for detailed instructions on completing an EESS form.

After-Hours Emergency Visits

An after-hours emergency situation occurs when a child or youth not enrolled in HSO presents at a dental clinic with an emergency dental condition outside of the Program Administrator's Contact Centre business hours (Monday to Friday 8am-8pm).

If the child meets the clinical eligibility requirements for EESS, the provider must have the child (parent/guardian) complete and sign the EESS application form. This includes attesting to financial hardship as defined on the application form. This ensures that the eligibility criteria for the EESS have been met and the child (parent/guardian) has provided consent for the collection, use and disclosure of their information for purposes of delivering and administering the HSO program. A list of services and limitations covered after-hours and prior to a child being fully enrolled in the program is included in the fee/service schedule.

The following business day, providers must submit the completed and signed application form to Accerta. Accerta will notify the provider the following business day to confirm whether the child has been successfully enrolled onto the EESS and to provide the child's unique HSO number. The provider will then submit any claims for emergency services performed during the visit using the client's HSO number. Once enrolment has been confirmed, the provider may also proceed with any subsequent treatment of emergency or essential dental conditions. An HSO dental card will be mailed to the

client. The dental provider may also choose to notify the client of the result of their application.

If the child does not meet the clinical eligibility for EESS, the provider must have the child (parent/guardian) complete and sign Sections 1, 2, and 4 only in the EESS application form.

The following business day, providers must submit the application form to Accerta. Accerta will notify the provider the following business day to provide the child's unique HSO number. The provider can then submit a claim for an emergency or specific examination.

Please note: for children/youth already enrolled in HSO (presents with a valid HSO dental card), providers will be reimbursed for any services within the limitations described in the service schedule.

Preventive Services Only Stream (PSO)

What is the benefit period?

The preventive services stream involves the delivery of preventive oral health services only. This stream will be delivered almost exclusively by local public health units.

Who is eligible?

Children and youth from low-income families are eligible for PSO if they meet the following criteria:

- 17 years of age or younger; and
- Resident of Ontario; and
- Meet both clinical and financial eligibility criteria (as described in the *Oral Health Protocol, 2018*, or as current).

How to Apply?

The Preventive Services Only Stream is delivered through public health unit clinics only. Children are identified as being clinically eligible for the Preventive Services Only Stream through public health unit screening activities. Public health units will notify parents/guardians that their child is eligible and will assist with enrolment into the PSO stream. Only professionally applied topical fluoride, pit and fissure sealants, scaling, and

interim stabilization therapy are covered under the PSO stream. Children and youth enrolled in the PSO stream will not be *automatically* re-assessed on an annual basis but can re-apply to Healthy Smiles Ontario.

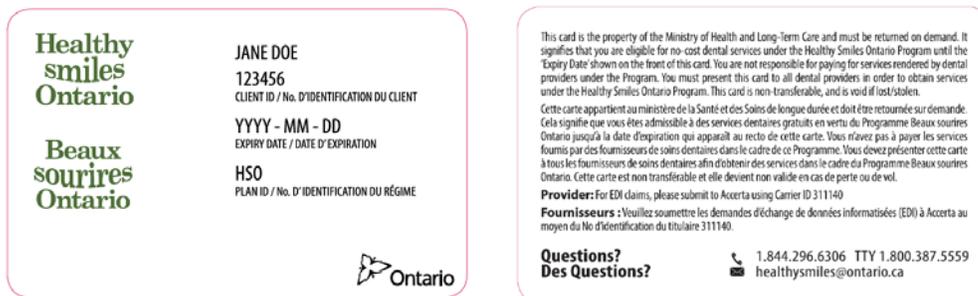
Dental Cards

There is a HSO dental card for all clients in the Core Services Stream and Emergency and Essential Services Stream. Clients receiving Preventive Services Only through their public health unit will not receive a HSO dental card.

All cards will display an expiry date clearly.

All clients will have a standard benefit year – August 1st to July 31st, except clients in the Emergency and Essential Services Stream who are eligible for 12 months from their date of enrolment.

The HSO Dental card:



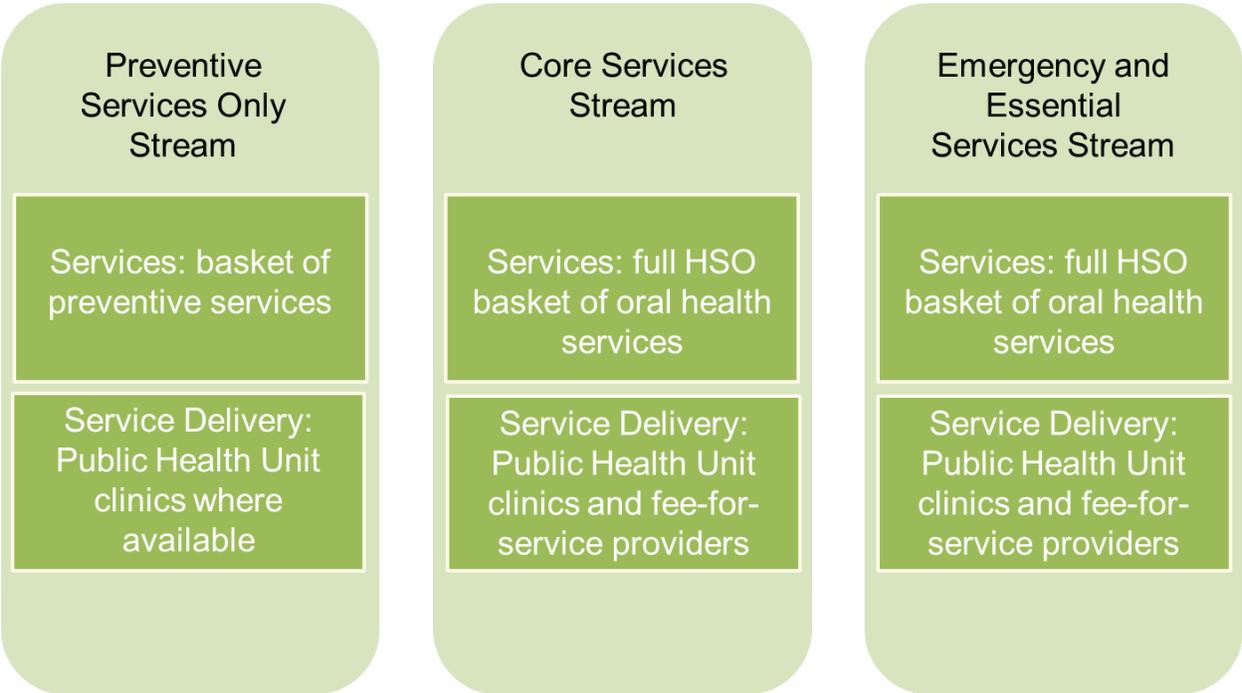
Services and Delivery

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Services and Delivery

Once enrolled in HSO, clients will be able to access oral health services through private dental providers' offices and at public health clinics, and other community clinics.

Public Health Units will continue to implement population-oriented oral health promotion and awareness activities; undertake oral health screening; provide case management for children and youth identified through public health screening; deliver preventive and other oral health services (as they do in the current state); and work collaboratively with dental providers to promote awareness of public programs, as well as assist clients to access a participating provider.



Schedule of Services

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Schedule of Services

There are two fee and service schedules for the new Healthy Smiles Ontario Program:

1. Schedule of Dental Services and Fees for Dentist Providers; and
2. Schedule of Services and Fees for Non-Dentist Providers (i.e., dental hygienists, denturists and physician anaesthetists).

HSO covers services in the following categories:

- Diagnostic
- Preventive
- Restorative
- Endodontic
- Periodontal
- Fixed and removable prosthetics
- Oral and maxillofacial surgery
- Adjunctive services

Pre-authorization

Pre-authorization will be required for additional units of scaling, additional units of general anaesthesia and certain major restorative services, such as crowns, posts and cores. Providers will also be required to submit additional information on claim forms for certain services, including: dentures; bridges, and periodontal surgery services, or where special circumstances for restorative and/or endodontic services apply (e.g., delayed eruption, trauma).

The Ministry is currently working to ensure that providers are able to submit pre-authorization criteria and/or additional information to the Program Administrator. Full electronic submission of claims and other information is expected to be in place early in 2016. Until then, pre-authorizations and claims requiring the submission of additional information can be sent to the Program Administrator via secure fax or mail.

Dental Special Care Plan

The new service schedules will include services for the Dental Special Care Plan (DSCP). The DSCP provides coverage for additional services and/or limitations for Ontario Disability Support Program (ODSP) and Assistance for Children with Severe Disabilities (ACSD) clients whose medical and/or psychosocial condition, or prescribed

medication or medical treatment impacts their oral health and/or dental treatment; or whose oral health impacts their medical and/or psychosocial condition and/or their medical treatment.

DSCP services and limitations are denoted in a bolded, shaded box within the schedule marked "DSCP". DSCP services include additional recall examinations; additional units of polishing and scaling (debridement)/root planning; additional fluoride; custom fluoride appliances; periodontal appliances; crowns; and periodontal surgery. Dentists can submit a request to enrol a child in the DSCP using a standard dental pre-treatment form clearly marked "DSCP". Dental hygienists can submit a request to enrol a child in the DSCP using a standard claim form clearly marked "DSCP".

Coordination of Benefits

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Coordination of Benefits

Clients with other dental insurance are no longer excluded from the HSO program. However they are asked to utilize other insurance first, with some exceptions.

The MOHLTC is implementing a “Coordination of Benefits to Billed Amount” approach where benefits are coordinated up to the amount billed by the dental service provider. The MOHLTC will act as the last payer and any existing dental insurance coverage for clients must be utilized – where possible - before resorting to the HSO Program.

Under this approach, dental service providers will seek payment from the clients’ other insurer first by asking clients at the point of service if they have access to other insurance that includes dental benefits. If the client has access to other insurance, the provider will claim from the other insurance first. The dental service provider will then submit a claim for any outstanding balance owed by the client to the HSO Program Administrator, along with an Explanation of Benefits showing payment by the other insurer. The HSO program will pay the remaining balance up to the fee listed in the HSO Program Service of Schedules on behalf of the client.

If a specific service is not covered in the other insurer’s fee schedule (e.g., the patient has exhausted the total value of their coverage, or their plan offers a specific service at a lesser frequency/volume than HSO), the client is eligible to receive the service in accordance with the HSO Program Schedule of Services.

The MOHLTC recognizes that under this approach some clients may still be left with an outstanding cost for their treatment, meaning they may not be able to afford to use their other insurance. Therefore, EESS clients who declare that they cannot afford to access other insurance first may be exempted from the requirement to do so. EESS clients can attest at the point of service that they cannot afford to use their other insurance and providers are asked to treat these clients according to the HSO Program Schedule of Services with HSO acting as the first payer. Clients who declare that they cannot afford to use their private insurance can also be referred to a publicly funded dental clinic.

MOHLTC recognizes that this program attribute will have impacts for dental providers. Where possible, program clients who cannot afford to access other insurance before resorting to the HSO program will be directed to a public clinic. Where a public clinic is not available, participating dental providers are asked to treat these clients as HSO clients without any coordination of benefits.

Coordination of Benefits for First Nations Clients

The MOHLTC has agreed to enter into discussions with First Nations Communities and the federal government regarding how benefits will be coordinated with the federal Non-Insured Health Benefits (NIHB) program. In the interim, the Ontario government will act as the first payer for all NIHB-eligible HSO clients.

Providers should ask all clients if they have access to another form of insurance and indicate to the HSO Program Administrator if a client is NIHB eligible by either indicating this on the claim form or phoning the HSO Program Administrator to tell them that a client is eligible for NIHB. The HSO Program Administrator will pay the claim and record on the client's record that they have access to the NIHB program.

Submission of Claims

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Submission of Claims

Treating providers must submit a claim form to Accerta to obtain payment for services rendered under Healthy Smiles Ontario. By submitting a claim for services under HSO, the provider is assumed to have accepted the terms and conditions set out in the service schedule. Claims may be mailed, sent via secure fax, or submitted electronically (EDI) to Accerta:

Accerta
Healthy Smiles Ontario Contact Centre
Station P, P.O. Box 2286
Toronto, ON
M5S 3J8

Secure Fax: 416-354-2354 or toll-free at 1-877-258-3392
Accerta Carrier Code: 311140

Paper-based Claims Forms

Dentist Providers

For mailed paper-based claims forms, the treating dentist must sign, or stamp [using Ontario Dental Association (ODA) issued “Office verification stamp”] each claim form submitted. Additionally, treating dentists must list their unique identification number under the “Unique No” field of the Dentist section of the form. The “Patient Signature” section does not apply to the HSO program, and therefore should not be signed by the patient.

If using the “Standard Dental Claim Form”, the client’s identification number located on the front of their HSO dental card should be listed under the “Patient ID No” field of the “Patient Information” section of the form. In the “Employee/Plan Member/Subscriber” section of the form, the “Group Policy No” should be listed as “HSO”. Accerta’s carrier code 311140 should be listed under the “Division/Section No.” The name of the program (Healthy Smiles Ontario) should be listed under “Name of Insuring Agency or Plan” field.

Non-Dentist Providers

For mailed paper-based claims forms, the treating provider must sign each claim form submitted. Additionally, treating providers must list their unique identification number or

CDHO registration number under the “Unique No” or “CDHO Registration #” field of the form. The “Patient Signature” section does not apply to the program, and therefore should not be signed by the client. The client’s identification number located on the front of their HSO dental card should be listed under the “Client/Patient ID or “certificate#/SIN#/ID#” field on the claim form. The name of the program (Healthy Smiles Ontario Program) should be listed under the “Insurer/Administrator” field.

EDI Claims Submission

For EDI submission of claims, transmission types include:

- Dental Claim Submission
- Dental Claim Reversal

EDI responses include:

1. Explanation of Benefit (EOB)
 - a. Results of adjudication.
 - b. Partial or full reimbursement notices.
2. Acknowledgements (ACK)
 - a. Response status message indicates the reason for the response:
 - i. Claim is rejected because of errors (please call Accerta at 416-363-3377 or toll-free at 1-877-258-2658 for assistance); or
 - ii. Claim is received successfully by the carrier and is held for further processing.

The Primary Policy/Plan Number is HSO. Please use Accerta’s carrier code 311140 by adding it under the Instream network.

Claim forms must be completed using Fédération Dentaire Internationale (FDI) nomenclature and tooth charting codes (i.e., international tooth numbers). Incomplete forms include forms with incorrect, illegible, or missing information and will be returned for clarification and/or correction. If it is necessary to re-submit a claim form, it must be clearly marked “duplicate”.

Important: Providers should endeavour to submit claims for initial processing within 30 days from the date the services were provided. Claims are to be sent in as treatment occurs except for multiple appointment procedures such as root canals which should be

submitted on completion of the treatment.

Claims Processing and Payment

In order to ensure that the correct practitioner is reimbursed and that reimbursement is sent to the correct practice address, the following information is required on all claim forms:

- The treating provider's name;
- The treating provider's unique identification number (or CDHO registration number); and
- The treating provider's address.

Accerta will provide payment for most approved claims to the treating provider within thirty (30) days of receipt of claim or invoice. Payment will be made by electronic funds transfer (EFT) or by cheque (mail) – depending on provider preference. Providers who prefer payment by EFT must contact Accerta to register. Claims will be bundled for payment—weekly payment for EFT payees, or twice monthly payment for cheque payees.

Reimbursement Rates

The maximum payable fees for HSO covered services are set out in the Schedule.

Specialists recognized by the Royal College of Dental Surgeons of Ontario will be reimbursed at the specialist rate with or without a referral from another dental or health practitioner.

Terms and Conditions

6

Terms and Conditions

Starting January 1st, 2016 providers can participate by treating Healthy Smiles Ontario clients and submitting claims to the Program Administrator, AccertaClaim Servcorp Inc. (Accerta). There is no required registration or enrolment for providers participating in the Healthy Smiles Ontario Program. By submitting a claim for services under HSO, the provider is assumed to have accepted the terms and conditions set out in the service schedule.

The following are the terms and conditions of the HSO Program.

- In order to participate in HSO, a provider must be:
 - A dentist in good standing with the Royal College of Dental Surgeons of Ontario (RCDSO); or
 - A registered dental hygienist in good standing with the College of Dental Hygienists of Ontario (CDHO); or
 - A registered denturist in good standing with the College of Denturists of Ontario (CDO); or
 - A physician anaesthetist in good standing with the College of Physicians and Surgeons of Ontario.
- The Program will not provide reimbursement for services not listed in the Healthy Smiles Ontario Schedule of Dental Services and Fees for Dentist and Non-Dentist Providers (“The Schedule”).
- Any existing public or private dental insurance coverage for client(s) listed must be utilized before resorting to the Program; with some exceptions.
- If any client(s) listed have other insurance coverage, providers may be asked to send further information regarding this coverage to Accerta.
- Providers agree to repay to Accerta, or the Ministry of Health and Long-Term Care, on demand, any amounts that may be paid in respect of: inaccurate claims, claims for which reasonably requested supporting information is not provided, or payments that may be made in error. Inaccurate claims include claims that are not submitted in accordance with any of the terms set out in the Schedule or claims for services that are inaccurately reported.
- Accerta, on behalf of the Ministry of Health and Long-Term Care, reserves the right to require the submission of further information to substantiate a claim, in accordance with applicable law (including, for greater certainty, claims for which payment may have already been made at the time of the request).

Key Contacts



Key Contacts

Program Administrator

AccertaClaim Servcorp Inc.
Healthy Smiles Ontario Contact Centre
Station P, P.O. Box 2286
Toronto, ON
M5S 3J8

Accerta Carrier Code: 311140
Telephone: 416-363-3377 / 1-877-258-2658
Secure Fax: 416-354-2354 / 1-877-258-3392
Email: HSOInfo@accerta.ca

For more information on claims, pre-authorizations and payment under HSO, please visit Accerta's secure web portal AccertaWorX at accertaworx.accerta.ca. AccertaWorX also provides access to electronic copies of the HSO Schedule(s), program forms and newsletters. To gain access to AccertaWorX, providers must complete and sign an application form. Application forms can be obtained by contacting Accerta.

Public Health Units

For a list of contact information for all public health units in Ontario, please visit: ontario.ca/healthysmiles.

Ministry Webpage for Professionals

Further information relating to service schedules, claims administration, forms, and other operational details are available online at:

<http://www.health.gov.on.ca/en/pro/programs/dental/> (English) or
<http://www.health.gov.on.ca/fr/pro/programs/dental/> (French)

Ministry Webpage for the Public

Information about HSO, including eligibility requirements and enrolment processes is available on the Healthy Smiles Ontario website: ontario.ca/healthysmiles (English version) or ontario.ca/beauxsourires (French version) or by contacting any local Public Health Unit.

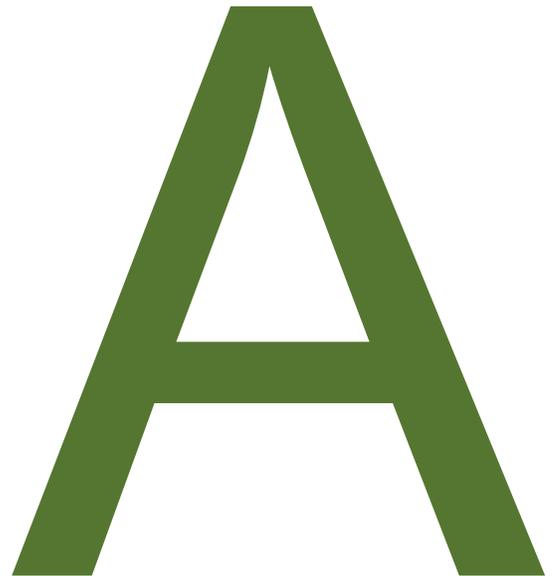
For other questions, clients can call the ServiceOntario INFOline:

Toll-free: 1-844-296-6306

TTY toll-free: 1-800-387-5559

TTY Toronto only: 416-327-4282

Appendix A: Detailed Instructions for Completing an EESS Form



Appendix A: Detailed Instructions for Completing an EESS Application Form

The cover page for the EESS application form contains information on the EESS program stream, who may be eligible for the stream, and instructions on how to submit the application form. The second page of the application form must be completed by the provider. The remaining sections are to be completed by the applicant (i.e., parent/guardian or youth applying on their own).



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Ministry of Health
and Long-Term Care

AccertaClaim Servcorp Inc.
Healthy Smiles Ontario Contact Centre
Station P, PO Box 2286
Toronto ON M5S 3J8
Fax: 416 354-2354
Toll-free: 1 877 258-3392

Healthy Smiles Ontario Emergency and Essential Services Stream (HSO-EESS) Application Form

[Print Form](#)

[Print Instructions](#)

Healthy Smiles Ontario – Emergency and Essential Services Stream (HSO-EESS) provides access to free emergency and essential services for eligible children and youth.

Children and youth may be eligible for HSO-EESS if they are:

- 17 years of age or under;
- A resident of Ontario;
- A member of a household:
 - with an income that is equivalent to a level at which they would be in receipt of the Ontario Child Benefit; or
 - that can attest to financial hardship.
- Assessed by a dental provider as having a clinical need that meets the clinical eligibility criteria for the Emergency and Essential Services Stream as described in the Healthy Smiles Ontario Schedule(s) of Services and Fees.

Note: Children 17 and under are automatically enrolled in Healthy Smiles Ontario and do not need to apply when they or their family receive(s) Ontario Works, Temporary Care Assistance, Ontario Disability Support Program, or Assistance for Children with Severe Disabilities.

For more information, please visit www.ontario.ca/healthysmiles

If you have additional questions, please contact the ServiceOntario INFOline:

Call ServiceOntario toll-free: 1 844 296-6306

Call ServiceOntario TTY toll-free: 1 800 387-5559 or 416 327-4282 (TTY Toronto only)

For Providers:

To enroll a child or youth in the Emergency and Essential Services Stream of the Healthy Smiles Ontario Program:

1. Complete and sign the Emergency and Essential Services Stream Application Form.
2. Fax (or mail) this completed form to the fax number or address listed at the top of this page.
3. You will receive a response once the form has been processed. Treatment can be initiated as soon as enrollment is confirmed by Accerta. Once a child or youth is enrolled in the Program, they will receive a dental card and can receive treatment under the Program for up to 12 months from the date of enrolment or up until their 18th birthday, whichever date is earlier.

Please note: For children/youth that present after Accerta's regular business hours (8am-8pm Monday-Friday); treatment can be initiated before enrollment has been confirmed. These children can receive a limited basket of emergency services as indicated in the HSO Schedule of Fees and Services.

If you have additional questions please contact Accerta:

Local: 416 363-3677

Toll-free: 1 877 258-2658

Situation #1:

The child is assessed and meets the clinical eligibility requirements as defined in the Healthy Smiles Ontario Schedule(s) of Services and Fees.

Step 1: For the question “Does the client meet the clinical eligibility requirements for HSO-EESS as defined in the HSO Schedule(s) of Fees and Services?” indicate “Yes”.

Step 2: For the question “Did the client present after-hours?”, if the client presents during Accerta’s Contact Centre business hours (Monday to Friday 8am-8pm) please indicate “No”. If the client presents outside of Accerta’s Contact Centre business hours, please indicate “Yes”.



Ministry of Health
and Long-Term Care

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Healthy Smiles Ontario Emergency and Essential Services Stream Application Form

To be Completed by the Dental provider

Does the client meet the clinical eligibility requirements for HSO-EESS as defined in the HSO Schedule(s) of Fees and Services?*

Yes No

If yes, please instruct the applicant to complete **Sections 1, 2, 3, and 4**.

If no, please instruct the applicant to complete **Sections 1, 2, and 4 only**. For the clinical eligibility assessment, you will be remunerated for an emergency or specific examination only.

Did the client present after-hours?*

Yes No

After-hours emergency visits occur when a child presents at a dental clinic with an emergency dental condition outside of Accerta’s contact centre business hours (Monday to Friday 8am-8pm).

If yes, you as the dental provider are indicating acknowledgement of the following conditions:

- Treatment for emergency dental condition(s) will be covered when the child presents with pain, infection, haemorrhage, trauma or pathology. Please refer to the Healthy Smiles Ontario Schedule(s) of Dental Services and Fees for a complete definition of clinical eligibility for HSO-EESS and for the list of covered emergency services and limitations.
- Prior to beginning treatment the applicant (or parent/guardian) must complete and sign the Emergency and Essential Services Stream Application Form.
- Providers must submit the application form to Accerta on the next business day.
- Accerta will acknowledge receipt of the HSO – EESS application form and notify you regarding the status of the child’s enrolment, client identification number, and expiry date.
- Providers must then submit claims for any emergency services performed using the client identification number provided by Accerta.

If no, once enrollment has been confirmed, the client is eligible for all required services in the Schedule(s) of Services and Fees and the dental provider may proceed with additional treatment.

Step 3: Complete all the fields in the “Dental Provider Information and Declaration” section of the second page and sign in the space provided.

Dental Provider Information and Declaration			
Dental Provider's Last Name*		Dental Provider's First Name*	
<input type="text"/>		<input type="text"/>	
Dental Provider's Unique ID #*			
<input type="text"/>			
Dental Provider's Address (including Telephone Number)			
Unit/Apt/Suite* Street Number and Name (PO Box, Rural Route, Postal Station)*			
<input type="text"/>			
City/Town*		Province* Postal Code*	
<input type="text"/>		<input type="text"/>	
Dental Provider's Phone Number*		Dental Provider's Fax Number*	
<input type="text"/>		<input type="text"/>	
Declaration of Dental Provider – I verify that the information provided is correct to the best of my knowledge.			
Signature of Dental Provider		Date (YYYY/MM/DD)	
X <input type="text"/>		<input type="text"/>	

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Section 2 Client Information (Child/Youth)

Last Name*

First Name*

Middle Name

Date of Birth* (YYYY/MM/DD)

Sex*

Male

Female

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Section 3A Financial Hardship Attestation

Would your household suffer financial hardship if you were required to pay for the required dental treatment?

Yes No

If yes, you are declaring that:

Your household income is equivalent to a level at which you would be in receipt of the Ontario Child Benefit;
OR

Paying for the necessary dental care would result in any one of the following:

- Inability to pay rent/mortgage;
- Inability to pay for household bills;
- Inability to buy groceries for the family; and/or
- The child/youth or family will be required to seek help from a food bank in order to provide food.

Please note that lack of dental insurance does not automatically qualify as financial hardship.

Section 3B Declaration of Inability to Access Other Insurance First

Families and/or youth with other insurance are required to access it first – where possible – prior to seeking payment by the Healthy Smiles Ontario Program. Families and/or youth who are unable to afford to access other insurance first may be exempted from this requirement and may be treated by the Healthy Smiles Ontario Program as first payer.

Does the client have insurance coverage that includes dental benefits? *

Yes No

Are you able to afford to access other insurance first? *

Yes No

Section 4 HSO-EESS Terms and Conditions and Consent

I declare that:

- The client for whom this Healthy Smiles Ontario – Emergency and Essential Services Stream (HSO-EESS) Application is being completed meets the eligibility requirements for the HSO-EESS set out on this form;
- I have not misrepresented information about the client, myself or my household and understand that any misrepresentation may result in the immediate removal of the client from HSO-EESS;
- I understand that the information on this application may be subject to audit and verification and that I must immediately report any changes that may affect the eligibility of the client to the Ministry of Health and Long-Term Care;
- I understand that the mailing address provided in Section 1 of this Application form will be the mailing address used for the client listed;
- I understand that only certain dental procedures are covered under HSO-EESS, as listed in the Healthy Smiles Ontario Program Schedules of Dental Services and Fees;
- I am responsible for paying for services not covered or paid for under HSO-EESS, and for any services rendered after the end date of the client's eligibility;

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- I understand that where possible any existing public or private dental insurance coverage for the client listed must be utilized before resorting to HSO-EESS;
- I understand that if the client listed has other insurance coverage, I may be asked to send further information about that coverage from the insurance carrier;
- I understand that if I am unable to afford to access my other insurance first, I can be treated under the HSO-EESS as first payer;
- I understand that the Healthy Smiles Ontario dental card is valid for up to 12 months starting from the registration date and will expire either at the end of the 12 month period or on the 18 birthday of the client listed, whichever date is earlier;
- I understand that my child may be re-screened for dental conditions requiring treatment;
- I consent to the collection, use and disclosure of any of the information included on this form or submitted in connection with this form by and among my dental service provider(s), the relevant board of health (public health unit) and the Ministry of Health and Long-Term Care; and
- I also consent to the collection use and disclosure of related treatment information among my dental service provider(s), the relevant board of health (public health unit) and the Ministry of Health and Long-Term Care for the purpose of follow up and case management; program administration, and evaluation.

X

Step 5: If the client presents during Accerta's Contact Centre business hours, please fax (or mail) the completed form to Accerta at the fax number listed at the top of the cover page. Application forms submitted that do not require any clarification, follow-up and/or additional information will be processed within 15 minutes when received by fax during Accerta's Contact Centre business hours (Monday to Friday 8am-8pm).

If the client presents outside of Accerta's Contact Centre business hours, please submit the application form to Accerta on the next business day.

Step 6: Once the application is processed, Accerta will notify the provider who submitted the application with the status of enrolment, the HSO Client ID, and the expiry date.

Step 7: The provider can proceed with treatment and submit claims for the services provided using the HSO Client ID. Clients will receive a welcome package and their dental card in the mail once they are successfully enrolled.

Situation #2:

The child is assessed and does not meet the clinical eligibility requirements as defined in the Healthy Smiles Ontario Schedule(s) of Services and Fees.

Step 1: For the question “Does the client meet the clinical eligibility requirements for HSO-EESS as defined in the HSO Schedule(s) of Fees and Services?” indicate “No”.

Step 2: For the question “Did the client present after-hours?”, if the client presents during Accerta’s Contact Centre business hours (Monday to Friday 8am-8pm, please indicate “No”. If the client presents outside of Accerta’s Contact Centre business hours, please indicate “Yes”.



Healthy Smiles Ontario Emergency and Essential Services Stream Application Form

To be Completed by the Dental provider

Does the client meet the clinical eligibility requirements for HSO-EESS as defined in the HSO Schedule(s) of Fees and Services?*

Yes No

If yes, please instruct the applicant to complete **Sections 1, 2, 3, and 4**.

If no, please instruct the applicant to complete **Sections 1, 2, and 4 only**. For the clinical eligibility assessment, you will be remunerated for an emergency or specific examination only.

Did the client present after-hours?*

Yes No

After-hours emergency visits occur when a child presents at a dental clinic with an emergency dental condition outside of Accerta’s contact centre business hours (Monday to Friday 8am-8pm).

If yes, you as the dental provider are indicating acknowledgement of the following conditions:

- Treatment for emergency dental condition(s) will be covered when the child presents with pain, infection, haemorrhage, trauma or pathology. Please refer to the Healthy Smiles Ontario Schedule(s) of Dental Services and Fees for a complete definition of clinical eligibility for HSO-EESS and for the list of covered emergency services and limitations.
- Prior to beginning treatment the applicant (or parent/guardian) must complete and sign the Emergency and Essential Services Stream Application Form.
- Providers must submit the application form to Accerta on the next business day.
- Accerta will acknowledge receipt of the HSO – EESS application form and notify you regarding the status of the child’s enrolment, client identification number, and expiry date.
- Providers must then submit claims for any emergency services performed using the client identification number provided by Accerta.

If no, once enrollment has been confirmed, the client is eligible for all required services in the Schedule(s) of Services and Fees and the dental provider may proceed with additional treatment.

Step 3: Complete all the fields in the “Dental Provider Information and Declaration” section of the second page and sign in the space provided.

Dental Provider Information and Declaration			
Dental Provider's Last Name*		Dental Provider's First Name*	
<input type="text"/>		<input type="text"/>	
Dental Provider's Unique ID #*			
<input type="text"/>			
Dental Provider's Address (including Telephone Number)			
Unit/Apt/Suite* Street Number and Name (PO Box, Rural Route, Postal Station)*			
<input type="text"/>			
City/Town*		Province*	Postal Code*
<input type="text"/>		<input type="text"/>	<input type="text"/>
Dental Provider's Phone Number*		Dental Provider's Fax Number*	
<input type="text"/>		<input type="text"/>	
Declaration of Dental Provider – I verify that the information provided is correct to the best of my knowledge.			
Signature of Dental Provider		Date (YYYY/MM/DD)	
<input type="text"/>		<input type="text"/>	
X			

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Section 2 Client Information (Child/Youth)

Last Name*

First Name*

Middle Name

Date of Birth* (YYYY/MM/DD)

Sex*

Male

Female

Section 4 HSO-EESS Terms and Conditions and Consent

I declare that:

- The client for whom this Healthy Smiles Ontario – Emergency and Essential Services Stream (HSO-EESS) Application is being completed meets the eligibility requirements for the HSO-EESS set out on this form;
- I have not misrepresented information about the client, myself or my household and understand that any misrepresentation may result in the immediate removal of the client from HSO-EESS;
- I understand that the information on this application may be subject to audit and verification and that I must immediately report any changes that may affect the eligibility of the client to the Ministry of Health and Long-Term Care;
- I understand that the mailing address provided in Section 1 of this Application form will be the mailing address used for the client listed;
- I understand that only certain dental procedures are covered under HSO-EESS, as listed in the Healthy Smiles Ontario Program Schedules of Dental Services and Fees;
- I am responsible for paying for services not covered or paid for under HSO-EESS, and for any services rendered after the end date of the client's eligibility;

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- I understand that where possible any existing public or private dental insurance coverage for the client listed must be utilized before resorting to HSO-EESS;
- I understand that if the client listed has other insurance coverage, I may be asked to send further information about that coverage from the insurance carrier;
- I understand that if I am unable to afford to access my other insurance first, I can be treated under the HSO-EESS as first payer;
- I understand that the Healthy Smiles Ontario dental card is valid for up to 12 months starting from the registration date and will expire either at the end of the 12 month period or on the 18 birthday of the client listed, whichever date is earlier;
- I understand that my child may be re-screened for dental conditions requiring treatment;
- I consent to the collection, use and disclosure of any of the information included on this form or submitted in connection with this form by and among my dental service provider(s), the relevant board of health (public health unit) and the Ministry of Health and Long-Term Care; and
- I also consent to the collection use and disclosure of related treatment information among my dental service provider(s), the relevant board of health (public health unit) and the Ministry of Health and Long-Term Care for the purpose of follow up and case management; program administration, and evaluation.

X

Step 5: If the client presents during Accerta's Contact Centre business hours, please fax (or mail) the completed form to Accerta at the fax number listed at the top of the cover page.

If the client presents outside of Accerta's Contact Centre business hours, please submit the application form to Accerta on the next business day.

Step 6: Once the application is processed, Accerta will send you notification that the client was ineligible and not enrolled into HSO-EESS however they will provide you with the HSO Client ID to permit billing for an emergency or specific exam.

Step 7: The provider can submit a claim for the emergency or specific examination using the HSO Client ID.

