



**Guidance to HSCB and BSO on Post Payment
Verification of Claims from General Dental
Practitioners**

Circular Reference: **HSC (F) 46/2011**

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For Action by:

Chief Executive and Director of Finance of all
HSC bodies

Summary of Contents:

This circular advises HSC bodies of revised post
payment verification checks in the light of the
cessation of CRC procedures.

Enquiries:

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Related documents:

Superseded Documents:

HSS(F)41/05
HSS (F) 7 /03

Implementation:

Immediate

GUIDANCE TO THE HSC BOARD/BSO ON THE POST PAYMENT VERIFICATION OF CLAIMS FROM GENERAL DENTAL PRACTITIONERS

PURPOSE

1. The purpose of this circular is to update the guidance on post payment checks in respect of general dental services. These checks have been normal practice for many years. The original guidance was issued in Departmental Circulars HSS (F) 7/2003 and HSS (F) 41/2005. This guidance has been updated to take account of the decision to suspend the Claim to Record Check (CRC) and the changes brought about as a result of the Review of Public Administration (RPA).
2. Undertaking post-payment verification does not imply a lack of trust in dental practitioners but is a normal requirement to make available evidence of service provision to support financial reimbursement.
3. **The new arrangements for post-payment checks should be implemented immediately and will apply to all dental practitioners who provide care under the GDS.**

ACCESS TO PRACTITIONER HELD RECORDS

4. There are several post payment checks open to the HSC Board/BSO that do not require access to records held by the practitioner. However, it will be necessary for Board staff to access such records to check claims made against information that is only available from patients' dental records, including radiographs, photographs, study models or other material relevant to the claim. In doing so the Board will be confirming that information which they already have is supported by the patient's dental record.
5. Proper safeguards must be observed about confidentiality and the Board should ensure that procedures are consistent with the guidance "Code of Practice on Protecting the Confidentiality of Service User Information" published by the Department in January 2009. <http://www.dhsspsni.gov.uk/confidentiality-code-of-practice0109.pdf>

POST-PAYMENT CHECKS

6. Accumulated management information from within the Board/BSO should be used to help the Board to decide on the areas or practitioners which require greater scrutiny.
7. The Board will have a range of actions from which to select in deciding how to conduct post-payment checks. The normal action to be taken is set out in Annex 1 below.

OTHER OPTIONS FOR POST-PAYMENT CHECKS

8. Checks may include the following:
 - i taking account of information already held within the Board/BSO;
 - ii writing to patients seeking their confirmation of facts claimed by the practitioner. This needs to be handled sensitively and letters to patients should make it clear that the enquiry is a routine one and is not to be taken as implying concerns about the honesty of the practitioner;
 - iii making a direct approach to the practice/practitioner to ask for comments on information generated from the management information system or on apparent discrepancies or anomalies arising from monitoring processes;
 - iv carrying out a visit to the practice to discuss its claims and payments, including inspection of practice held records and examination of the supporting systems and procedures within the practice. Annex 2 indicates examples of items of service that may be claimed and what is expected to be found as supporting evidence in dental records.
9. Board management should ensure that probity officers are appropriately trained, work under clear guidelines of accountability and report their findings to the practitioner and the Board. The Board will make every effort to facilitate minimum disruption to patient care.
10. Checks and visits to investigate a suspicion of fraud can take place at any time and are completely separate to the routine probity checks. These should be carried out in accordance with the Departmental Circular:
HSC (F) 44/2011- Revised Fraud Reporting Arrangements for HSC Bodies

<http://www.dhsspsni.gov.uk/hscf-2011-44.pdf> and the Board's own internal fraud response plan.

OUTPUT FROM THE POST PAYMENT CHECKING PROCESS

11. It is expected that the vast majority of checks will provide assurance with regard to payments made. Information identifying over-claims or over-payments should lead to recovery of funds from the practice/practitioner. Under-claims or under-payments should lead to amended claims by and/or reimbursement to the practice.
12. The post-payment checking process should also produce information to assist both internal and external auditors to assist in their work, in addition to aggregated information in anonymised form that can be regularly shared with practices to enable them to assess where they stand in relation to the Board/Northern Ireland average and other practices.
13. Where a contractor has been visited, a letter setting out the outcome of the visit and any actions agreed at the visit will be issued to the contractor.

FRAUDULENT CLAIMS

14. Any indication of possible fraudulent claims must be investigated fully until the suspicions are either confirmed or allayed.

REVIEW

15. Post payment verification of dental claims as detailed in this circular should be subject to regular reviews by all key stakeholders.

Should you have any queries on the content of this circular, please contact Sandra Lowe on 02890 532972

Paula Shearer

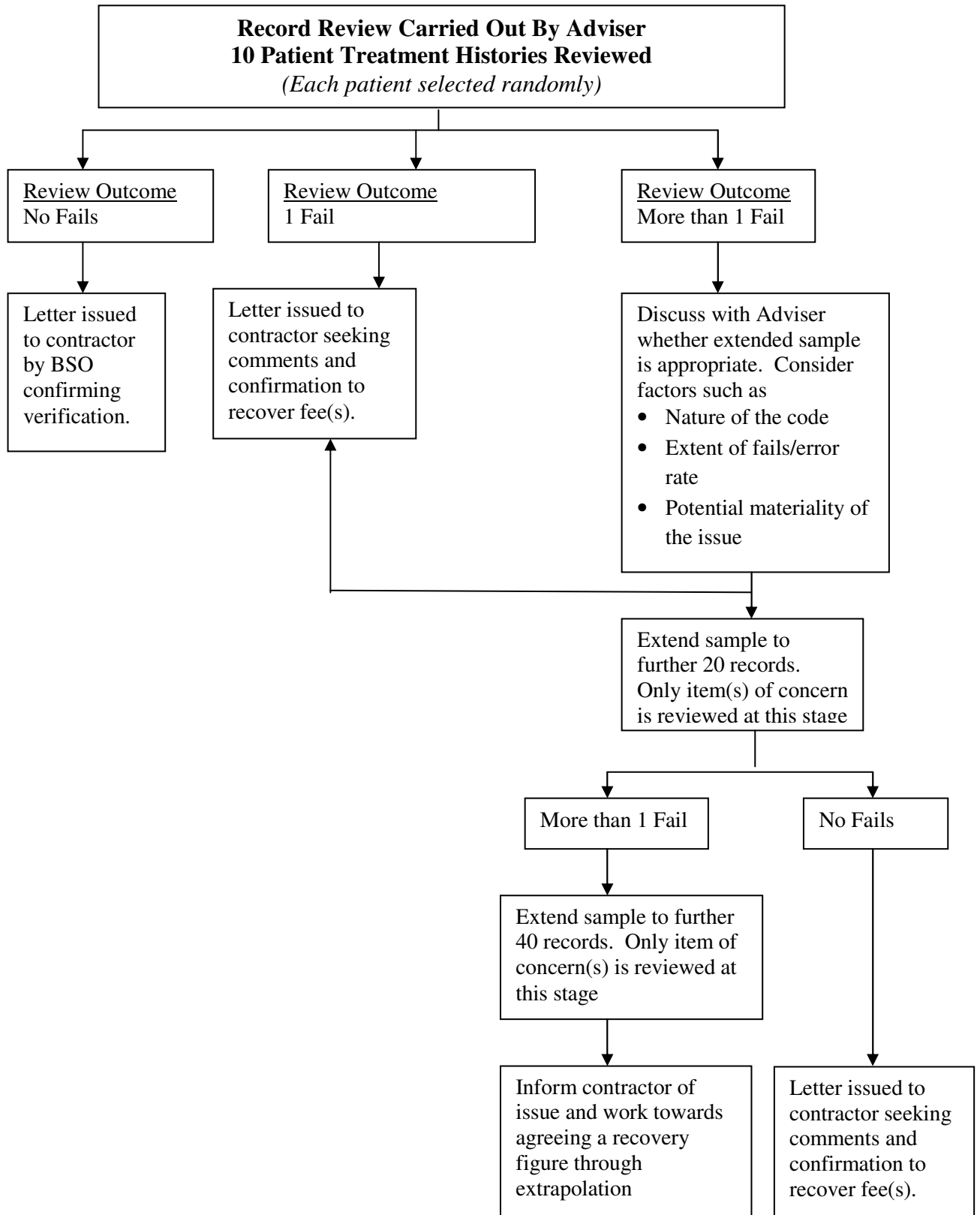
Financial Accounting Unit

POST PAYMENT GUIDELINES FOR ASSURANCE ON GENERAL DENTAL SERVICE EXPENDITURE

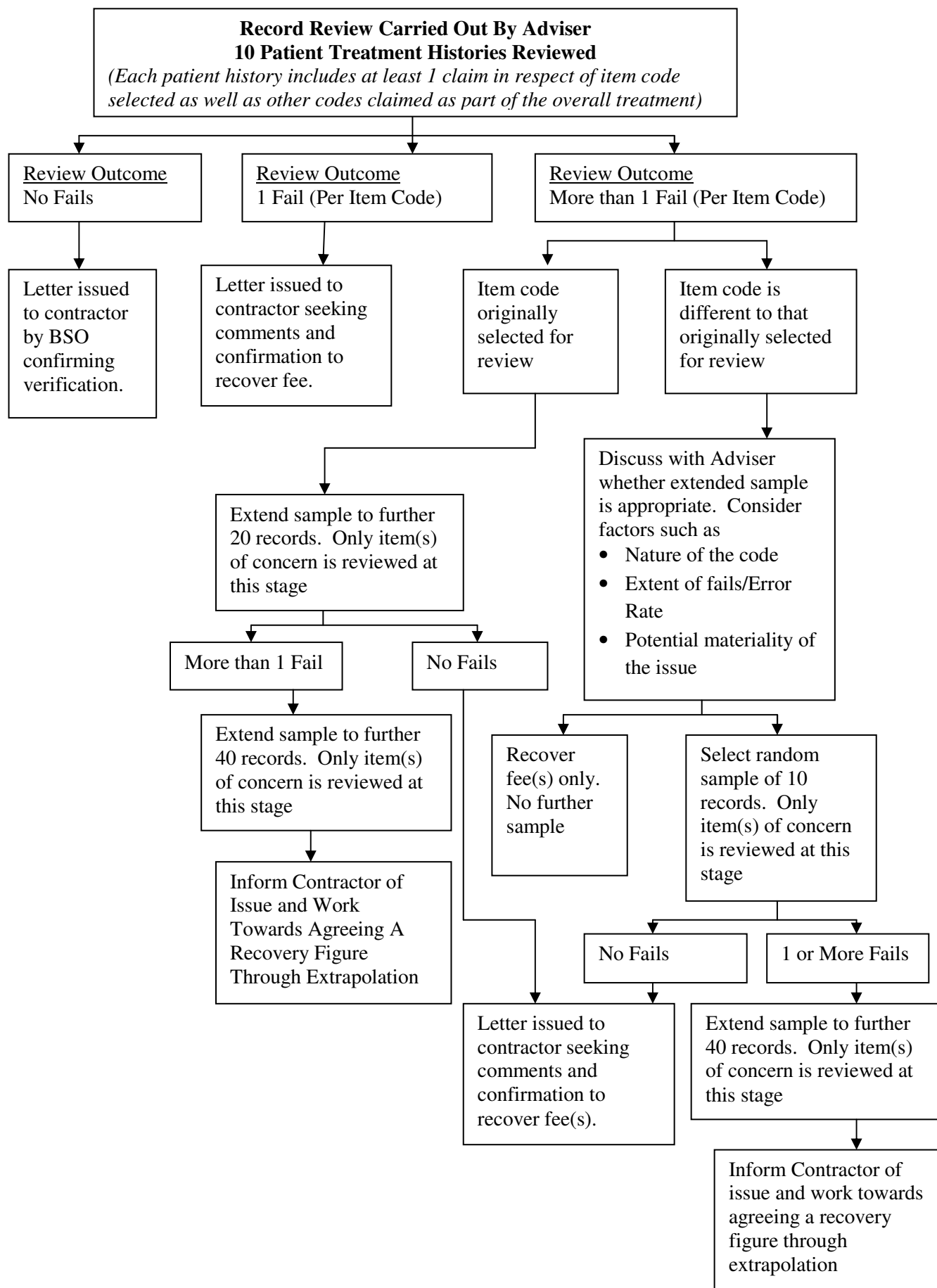
1. Monitoring information is received quarterly from BSO FPS department by BSO Probity staff.
2. Reports are produced by BSO Probity staff and issued to HSCB Dental Advisers. Advisers select a number of contractors for review both targeted and randomly. To help identify those practices to be targeted contractors will be 'risk scored' against factors such as RDO reports, the materiality of the expenditure, concerns from elsewhere e.g. complaints. There are approximately forty contractor reviews carried out per quarter.
3. The Advisers produce a report detailing the contractors that they would like to select for a record review, the particular item code that they wish to review in respect of each contractor and the reason why they have selected the contractor/code.
4. On receipt of the above report the BSO Probity staff identify/list all those patients who received treatment from each of the chosen contractors in respect of their selected item code(s) for the quarter being monitored. A random sample of ten patients is then chosen from each of the lists. Where a contractor has been selected randomly (rather than targeted for a particular reason) a random sample of ten patients from the contractor is selected for a record review.
5. BSO Probity staff issue a letter to contractors requesting that the records in respect of the patients selected are forwarded to the BSO for review.
6. The records are received by BSO and are reviewed by the Adviser(s) against the patient treatment/payment histories. These histories only relate to the recent treatment (which, if selected through the targeted process, will include the item code on which the patient was selected). Guiding principles have been developed in terms of how to deal with findings. This helps to ensure that a consistent standardised approach is followed when dealing with review findings.

7. The outcome of the review (including any necessary follow up action) is recorded and signed off by the Adviser(s).
8. Where appropriate a 'Lessons Learned' paper/letter will be issued to all Dental Contractors.
9. All cases will be shared with the Dental Counter Fraud and Probitry Sub Group which will meet on a quarterly basis. Where it is deemed appropriate (e.g. concerns of a fraudulent nature, significant recovery) advice will be sought from this group in terms of progressing a case. This may involve referring the case on to an appropriate body. Where clinical issues are identified these will be escalated through a clinical dental adviser to the appropriate person/body/Police etc.
The following two flow charts help to demonstrate the process for assurance both when a contractor is selected randomly and when targeted for a particular item code.

**FLOW CHART DEMONSTRATING GUIDELINES FOR PROBITY ASSURANCE –
RANDOM**



FLOW CHART DEMONSTRATING GUIDELINES FOR PROBITY ASSURANCE – TARGETED



EXAMPLES OF CLAIM ITEMS AND SUPPORTING EVIDENCE

| ITEM | RECORDS | HS45/EDI CLAIM | PATIENT EXAMINATION |
|---|--|--|---|
| 0101 exam | Charting present and dated. Date corresponds with claim | Code 0101. Date corresponds with record | Patient may be asked to verify. |
| 0111 Extensive exam | Charting and periodontal charting present and dated. Date corresponds with claim | Code 0111. Date corresponds with record. | Patient may be asked to verify. |
| 0121 Full case Assessment | Charting and full periodontal charting present and dated. Date corresponds with claim. | Code 0121. Date corresponds with records. | Patient may be asked to verify, |
| 0201 Small Radiographs | Number and dated. Dates correspond with claim. Radiographs must be justified and reported on. If digital exposures used, radiographs must be presented as high quality images. | Number. Item and date correspond with claim. | Patient may be asked to verify. |
| 0204 Panorol | Number and date. Date corresponds with claims. Radiographs must be justified and reported on. If digital exposures used, radiographs must be presented as high quality images. | Number. Item and date corresponds with record. | Patient may be asked to verify. |
| 0301 Photographs | Number. Colour images (either electronic or hard copy). Date corresponds with claim. | Number. Item and date corresponds with record | Patient may be asked to verify. |
| 1001 Scaling | Entered on record. Date corresponds with claim | Item and Date corresponds with record | Examination may verify procedure. Patient may be asked to verify. |
| 1011 More than one visit perio | Entered on record. Dates correspond with claim. Requires active full mouth treatment over two or more visits. | Item and dates correspond with record. | Examination may verify procedure. Patient may be asked to verify. |
| 1021 Non surgical periodontal treatment | Entered on record. Full periodontal charting. Dates correspond with claim (including timescale as per SDR) | Item and Dates correspond with record | Examination may verify procedure. Patient may be asked to verify. |

| ITEM | RECORDS | HS45/EDI CLAIM | PATIENT EXAMINATION |
|--------------------------------|---|--|---------------------------------|
| 3511 recalled attendance | Time and procedure entered on record. Re-opening justified as dental emergency. Date to correspond with claim | Item and Date to correspond with record. | Patient may be asked to verify. |
| 2571 Inhalation sedation | Narrative description and justification for claim Date agrees with claim | Item and Date to correspond with record. | Patient may be asked to verify. |
| 2572 Intravenous sedation | Narrative description and justification for claim. Date agrees with claim. | Item and Date to correspond with record. | Patient may be asked to verify. |
| 1721 Bonded porcelain crown | Narrative description. Tooth notation. Date agrees with claim. | Item and Date to correspond with record. | Examination should verify |
| 1421 Composite | Narrative description. Tooth notation. Date agrees with claim. | Item and Date to correspond with record. | Examination should verify |
| 1426 Glass Ionomer | Narrative description. Tooth notation. Date agrees with claim. | Item and Date to correspond with record. | Examination should verify |
| 21 Extraction | Narrative description. Tooth notation. Date(s) agrees with claim | Item and Date to correspond with record. | Examination should verify |
| Item 22 Surgical Extraction | Narrative description to justify claim for higher fee. Claim must satisfy SDR description of individual code. Tooth notation. Date(s) agrees with claim. | Item and Date to correspond with record. | Examination should verify |
| Item 27 Dentures | Narrative description No. of teeth. Date agrees with claim | Item and Date to correspond with record. | Examination will verify |
| Other Item claims | Narrative description. Tooth notation (where relevant). | Item and Date to correspond with record. | Examination may verify. |