

# Ophthalmic post-payment verification guidance

## Introduction

1. This document provides guidance for health bodies that use the services of ophthalmic contractors. It has been developed to encourage staff to take consistent action before, during and after a post-payment verification (PPV) monitoring period. In particular, it outlines the procedure for referring concerns about potential fraud to the LCFS.
2. The guidance has been developed in conjunction with LCFSs experienced in the areas of ophthalmic PPV and specialist advisors in the field of ophthalmics.
3. The guidance should be read in conjunction with the established Terms of Service and should be considered within the context of current regulations. As such, this framework is neither prescriptive nor exhaustive in content and it is acknowledged that there may be some degree of local variation. This document may be amended over time as we gain a greater knowledge of current practices.
4. It should be noted that ophthalmic PPV is a financial exercise and should not be confused with the role of clinical governance. During the PPV process, checks are made to monitor claims of service providers. The process is not a tool for clinical governance; however, there will be instances when clinical variances outside the parameters of normal practice will be apparent. In these instances, the PPV team should notify and enlist an optometric advisor for their professional advice and judgement. This advisor should be selected from another area or boundary to ensure objectivity and avoid the possibility of a conflict of interest.
5. It is recommended that, where local protocols already exist, any changes arising from this guidance should be agreed with the Local Optometric Committee (LOC) and Local Medical Committee (LMC).
6. It should be noted that all references to service providers should be read as ophthalmic, medical and optical professionals. It should also be noted that all references to contractors apply to individual optometrists providing premises or equipment, or ophthalmic medical practitioners or corporate bodies enrolled with the GOC and included on a PCT's main ophthalmic list as meeting the GOS Terms of Service. Clinical work can be undertaken by an optometrist or ophthalmic medical practitioner who is either the contractor or an employee of the contractor.

## **Types of forms**

GOS 1	Application for NHS sight test
GOS 2	Patient's optical prescription/statement
GOS 3	NHS optical voucher and patient's statement
GOS 4	NHS optical repair/replacement voucher application form
GOS 5	Help with cost of private sight test

## **Monitoring of claims by the PCT**

7. To monitor patterns of claims from optical practices effectively, a management information system (MIS) should be in place. The MIS should provide a range of information, to help the PCT monitor claims and match patients to claims.
8. Available monitoring systems include:
  - NHS Information Authority Ophthalmic Payments System
  - various bespoke systems (Access, Excel, etc).
9. It is recommended that staff with the relevant skills to interpret the output from the MIS should review the data and carry out monthly monitoring. Due to the many differences between practices and practice populations within a PCT area, local factors need to be taken into consideration when interpreting the output.
10. PCT staff will prioritise their visiting programme using data from the MIS along with any local knowledge they may have. Factors to be taken account of include the following (in order of priority):
  - Indications from the MIS that there could be an unusual or unexpected trend developing.
  - A history of problems with claims requiring significant correction by the PCT and/or return to the contractor.
  - An unsatisfactory level of confirmation from patients regarding services provided, taking account of the history of returns from similar exercises in the area.
  - Some minor problems with claims which can be easily corrected.
  - Where there is little or no variance from expected results, targeted visits will be conducted not only for examination but also to establish best practice, which can then be documented and shared.
11. The new MIS should be capable of producing graphs, to highlight outliers in respect of claims submitted by all practitioners in the PCT

area. It should be used to establish the average number of GOS claims in the PCT area and break these down into individual services.

12. This data should also be examined alongside the national average for each service. This information can be found on the website or in the bulletins of the Information Centre for Health and Social Care and, where available, alongside peer group averages (i.e. PCTs in the same demographic group).

### **Post-payment checks on patient eligibility**

13. There are a number of methods that can be used to carry out post-payment checks on patient eligibility or service provider claims; these include:
  - Verifying sample claims against information held on the PCT's database.
  - Confirming claims, where patients claim to be receiving any of the permitted benefits, with the assistance of the Department for Work and Pensions (DWP), Inland Revenue (IR) or the appropriate Local Education Authority (LEA).
  - Requesting confirmation from the patient's GP or local hospital for claims relating to glaucoma and/or diabetes.
  - Writing to patients seeking their confirmation of facts claimed by practices.
  - Checking a sample of at least 1% of sight test claims per month to ensure that the service was provided. Checks of other GOS forms should be carried out on samples of at least 5% on a monthly basis.
14. Where there is insufficient information available to establish whether services have been provided, staff should liaise with the LCFS to decide what further action should be taken.
15. However, there will be instances when PPV staff will receive a reliable piece of information and will have to consider a targeted PPV visit as a result. In these instances, the PPV staff should immediately contact their LCFS, who will assess the information and share any considerations such as related ongoing investigations or information on the practice in question.
16. If it is felt that an NHS CFS investigation is warranted, the LCFS will conduct this in accordance with Directions. If it is decided that a targeted PPV visit should take place, this should be conducted in the usual manner in accordance with the Terms of Service. After

the visit, PPV staff and the LCFS should review the visit to assess whether any further action is warranted. If a decision to conduct an investigation is reached, the LCFS should not use or direct PPV staff to gather information on their behalf.

### **PPV visits to optical professionals**

Visits to service providers will be made by prior arrangement within 14 days of notification, to minimise any inconvenience to service providers and their colleagues. Before the PPV visit, PCT staff will select a sample of targeted claims made by the contractor covering each type of claim. The details of claims selected for checking will not usually be notified to the contractor before the visit.

- The sample size should be 3–5% of the total number of all types of claims in the preceding 12 months and should include claims for tints, prisms, etc.
- The minimum sample size should be 100. If the service provider is not able to provide enough claims to satisfy the minimum amount (for example, in a small practice), as many claims should be checked as are available from the preceding 12 months.
- Of the total sample taken (regardless of size), 50% will be checked by patient enquiry and 50% will be checked by the practice visit.

17. Any queries arising from the patient enquiry will be added to the sample of the practice visit, thus giving the practice staff an opportunity to clarify any ambiguities.
18. Routine verification visits to contractors should take place every two or three years and are likely to take about half a day to complete – longer if a contractor has more than one practice or PCT staff have difficulty in verifying claims. If the contractor has more than one site, the verification process may include visits to all premises.
19. Additional visits from the PCT may be needed if a substantial change in the level of claims is identified by the MIS or if routine enquiries made by the PCT do not provide satisfactory evidence of service provision.
20. Two members of staff will usually undertake visits, one of whom must be someone with an understanding of optometry. The composition of the team is at the discretion of the PCT and should not include a competitor. The PCT will ensure that those who are involved in post-payment checks and visits to practices are aware of the need to respect patient confidentiality.

21. Staff should be aware that personal health information should only be sought and provided to the extent that is necessary for verification. This information should only be disclosed to staff with a demonstrable requirement for the purposes of verification and steps will be taken to ensure that such confidentiality will not be breached. Wherever possible, the contractor will be given the names of visiting staff before the visit.
22. **Employees of the contractor may need to be available to help the PPV team and should normally include the manager.**
23. If they are not already involved in this work, LCFSs should have the opportunity to attend PPV visits. Joint working between relevant teams will ensure that a consistent approach is adopted and that the LCFS has the opportunity to develop their knowledge and expertise in this area.
24. PPV visits to local branches of national companies must ensure that guidance issued by a company's head office is inspected, so that local variations can be identified, and that the head office guidance is appropriate to maintain a proper audit trail. If the company's guidance is contrary to normal audit procedures, this should be examined more closely by the PPV team.
25. **It is also essential that details of all planned visits to practices are supplied to the LCFS on a monthly basis. In some circumstances, it may be detrimental for a PPV visit to be conducted at a practice that is the subject of an ongoing investigation.**

### **Methodology**

26. Routine visits will involve PCT staff examining the following areas:
  - the service provider's recall, testing and visiting procedures
  - the mechanisms and staff in place for proper record-keeping (including dispensing and repairs) and for the submission of claims in accordance with the regulations
  - records maintained by the practice to supply evidence of services provided to patients, such as diary entries where available, computer records, patient record cards and other forms as detailed in paragraph under the heading 'Evidence', below.
27. This review of the practice's internal control systems is carried out to ensure that:

- Point of Service (PoS) checks are being properly undertaken
- there are adequate procedures for recording services provided by the practice to patients
- there is a satisfactory understanding and application of the regulations for each claim type
- systems exist to prevent errors and omissions, as far as possible, in the claims submitted.

## **Evidence**

28. At the beginning of a visit, the PCT staff will give the contractor's representative details of the sample claims they wish to inspect.

29. The PCT staff will then seek evidence from the practice records that the service has been provided. Acceptable evidence of service provision includes:

- patient's attendance confirmed by reception records
- patient records for both sight testing and dispensing of glasses/contact lenses
- order books and/or invoices
- workshop records where available
- day books and ledgers
- copies of documents provided by the patient where available
- computerised records
- orders specifying
  - strength of lenses
  - any additions such as tints, prisms and small frames
- receipts/receipt books.

30. PCT staff will expect, as is best practice, to obtain a 100% verification of service provision on their sample check of practice records.

31. If PCT staff are unable to verify this level of service provision, sample sizes will be extended for the relevant claim type. Where possible, further checks will be carried out on the same day, or as soon as possible.

32. If PCT staff are unable to verify the extended sample to the appropriate level, they should contact the LCFS.

### **Visit outcomes**

33. Where appropriate, the contractor's representative will receive feedback at the end of the visit. PCT staff will inform the practice of any observations and offer advice about the practice's systems and procedures and the level of services provided, based on their knowledge and experience. In this way, the practice can benefit directly from the visit.

34. After the visit, the PCT will give the practice a written report and offer an opportunity for the contractor to comment on the findings before a final report is produced. The draft version should be submitted to the service provider within one calendar month of the visit.

35. If the recommendations made by the PCT are implemented, follow-up visits may be required to verify changes to practice procedures. If recommendations are not heeded, PCT staff should liaise with the LCFS or optometric advisor as appropriate. If a practice does not apply recommendations, they become high risk and the LCFS should be aware. Additional records may be examined to ascertain the extent of the problem and the underlying reasons.

### **Co-operation from practitioners**

36. Routine visits should in no way be threatening to the practice or undertaken in an atmosphere of mistrust. It must be remembered at all times that due respect should be given to the professionalism of the contractor and confidentiality of the practice as much as to the need to consider the welfare of patients and the NHS.

37. The PCT will make available to all service providers summarised information about claims profiles for all practices for each of the main types of claims. This will be done in such a way that each practice will only be able to identify its own claim levels.

38. If a practice refuses to co-operate with the PCT by, for example, not allowing access to patients' records, the situation should be referred to professional bodies.

## **Reporting suspected fraudulent claims and recovery of funds**

39. The LCFS must be notified of any suspicion of fraudulent claiming.
40. The PCT must co-operate with the LCFS, as required by the Directions, which state:

**‘each NHS body must comply with the requirements specified in the *NHS Counter Fraud and Corruption Manual* concerning the arrangements for agreeing to undertake a criminal prosecution and to refer a matter to the police’.**

41. The incident must be reported by the LCFS to the NHS CFS, as outlined in this manual.
42. **The LCFS will liaise with the PCT’s Director of Finance and the NHS CFS to decide the course of action to take in each case and the appropriate sanctions to be applied.**

## **Annual reports**

43. An annual report of practices visited should be prepared on an anonymous basis and circulated to the PCT’s Director of Finance, LCFS, the audit committee and the Local Optometric Committee.