

Post payment verification for General Ophthalmic Services (GOS) payments: Guidance for Commissioners

A new ophthalmic post payment verification (PPV) process was piloted in June 2018 and subsequently rolled out nationally during 2019 by NHSBSA Provider Assurance Ophthalmic (NHSBSA PAO) on behalf of NHS England (NHSE). The aim of the process was to provide a national standardised verification service to the NHS which was fair, consistent, proportionate, and delivered improved value for money and quality.

The new PPV process was designed to provide assurance to the NHS that:

- Practice-held patient records provide an evidential basis for General Ophthalmic Services (GOS) claims.
- There is a satisfactory understanding and application of the ophthalmic services regulations in respect of each GOS claim type.
- Processes are in place to prevent errors and omissions in GOS claims.
- Any funds paid for inappropriately claimed services are recovered and any underclaims are reimbursed.
- Feedback is provided to contractors on the accuracy of their claims highlighting areas where improvements can be made.

All PPV activity was paused in April 2020 as a result of the COVID-19 pandemic and reintroduced in October 2020 with a focus on the temporary relaxation of the need for patient signatures.

This led to a view that the revised PPV process could be better targeted and so a review was instigated by the central policy team and carried out by a working group comprising NHSBSA, NHSE commissioners, clinical advisers, and NHSE Counter Fraud.

The review highlighted several areas for improvement which have now been incorporated into the updated PPV framework. This will:

- Utilise a set of risk-based metrics to enable a more targeted approach to selecting contractors for PPV sampling.
- Analyse contractors' quarterly GOS claim data against these metrics to identify those that may warrant inclusion in the process.
- Focus on a smaller number of practices but with a larger volume of claims to be reviewed within each.
- Supply quarterly reports for contractors included in the sample. Plans are underway to enable all contractors to benchmark their data against the risk metrics at local and national levels

- Provide more robust assurance to NHSE, Integrated Care Boards (ICB) and contractors of the validity of the claims process.

Revised PPV framework

NHSBSA will initiate a quarterly PPV process involving an agreed number of contractors. These will be selected according to risk-based metrics and approved by the ICB prior to sampling.

Tier 1: Sampling

Metrics

Six risk-based metrics have been agreed by the PPV working group:

GOS	Metric
1. GOS1	High number of sight tests with an early retest code (ages 16-69)
2. GOS3	High number of GOS3 vouchers issued in relation to early retest codes (GOS 1s as identified in Metric 1)
3. GOS 1, 6 and 3	High percentage of GOS3 to GOS1 or GOS6 (during the normal interval period)
4. GOS3	High percentage of tints and prisms in relation to total GOS3
5. GOS3	High number of second pairs issued
6. GOS3 and 4	High volume of GOS 4 claims submitted with small time lapses between GOS3 and GOS4 (children)
7. GOS3	<i>A proportionally high number of small prescriptions and small level prescription changes (not currently available in the probity data)</i>

Identifying contractors for PPV

Data to inform the PPV review is provided via the collection of GOS data from the ophthalmic payment system. GOS data is made available to ICBs and contractors through the electronic Ophthalmic System (eOPS) reporting tool.

NHSBSA PAO will generate data for all contractors for the first six metrics outlined above. This will produce regional ranking tables indicating the highest outliers for each metric. The potential risks will be calculated as a percentage of qualifying claims to the total GOS forms.

ICBs will utilise the ranked tables to decide which contractors should be included in the quarterly PPV review. The top ranked outlier for each metric would typically be recommended for review. However it should be noted that there may be valid reasons why contractors appear in these tables as an outlier; practices located in areas of deprivation for example are likely to submit a higher ratio of GOS 3 to GOS1s and 6s in particular, but may stand out across all metrics. Consideration should therefore be given to mitigating circumstances when selecting contractors for PPV, and commissioners are

encouraged to use their local knowledge of patient demographics in the selection process. Other sources of information, such as complaints, counter fraud intelligence or audits, may also be used to determine an alternative selection of contractors but there should be appropriate levels of governance in place to demonstrate the selection criteria used in any given quarter.

In total up to 42 practices will be included in each quarterly PPV cycle. This will consist of one contractor per NHSE region for each of the six metrics. The seventh metric may be included when the data is available, increasing the number of contractors to 49. Commissioners can also request that further or alternative contractors are included in the sample based on other sources of information as above.

Alternatively, ICBs may collectively decide to focus on one specific metric for a PPV cycle. This would involve 6 practices from each region, totalling 42 practices. This would enable an in-depth deep dive approach in response to policy developments, evidence/data or soft intelligence. If no issues are identified, the sampling method should return to the default position for the next PPV cycle.

One contractor will be selected against each metric, thus removing the possibility of unreasonable burden by requesting evidence across several metrics at the same time. Should a contractor rank highest in multiple metrics, the second highest contractor will be highlighted for sampling in the subsequent metrics. Any contractor with 10 or fewer claims in the relevant quarter will be discounted from the data tables.

If a practice has received a PPV review in the previous 12 months where concerns have been identified, their claims patterns should be monitored for 12 months and may where necessary be reselected for PPV review. This should be after 12 months but may in exceptional circumstances be sooner if deemed necessary.

Sample size

A total of 330 claims will be sampled for each contractor against the identified metric, drawn from claims made in the last 24 months.

Tier 2: Analysis

Selected contractors will be provided with a list of claims and be asked to provide specific evidence for each. An example of a request for evidence letter can be found here:



CERL_v5.0.docx

Contractors are encouraged to return the evidence electronically. This can include screenshots from relevant systems or scanned copies of paper forms. Alternatively, paper copies of evidence can be sent in the post

Contractors NHSBSA PAO will follow a standard, consistent approach to examining GOS forms and contractor evidence.

Key aspects for the analysis:

- Evidence a sight test took place

- A sight test was within the minimum intervals agreed in the Memorandum of Understanding
- The clinical reason for the sight test was recorded, and corresponding early retest code included in the GOS form, if the patient was seen at a shorter interval than the minimum interval.
- Reason patient gives for not being able to leave home
- A change in prescription was clinically significant or, if a small change, adequately explained
- Additional supplements (complex lenses, prisms, tints, small glasses, special facial characteristics) claimed were clinically justified
- Evidence that the glasses/lenses have been issued
- Reason for the repair or replacement was recorded
- Evidence that where an adult GOS 4 voucher has been issued that this was pre-authorised by NHSBSA (not applicable to children)
- Forms were signed at the appropriate stage in the patient journey

Claims identified as potentially inappropriate and/or incorrect will be verified by an NHSBSA Clinical Adviser.

Tier 3: Site visit

Site visits may be arranged if the contractor is unable to send evidence to NHSBSA PAO, has provided incomplete or inaccurate evidence, or has been escalated as a result of the first two tiers.

A virtual site visit will be arranged to examine the contractor's records remotely. In exceptional circumstances, these visits may take place in person. The format of the site visit will be compliant with the Eye Health Policy Book.

Site visits will also include an evidence assurance review to ensure standards of clinical record keeping are met. Feedback for this will be provided separately to the PPV outcome.

Outcomes

There are five outcomes for every sample reviewed:

1. No action - No issues have been identified.
2. No recovery but feedback/education – Issues have been identified but these are deemed to not meet the threshold for a recovery. The notes around the sample will be recorded in the PPV outcome report for feedback to the contractor.
3. Payment Recovery – Serious issues have been identified, breaching professional and/or best practice guidance, justifying a recovery of the claim. An NHSBSA Clinical Adviser should confirm the recovery. Should the contractor have an outstanding payment case raised with PCSE, this should be resolved prior to the commissioner processing the recovery.
4. Fraudulent Claims – If any discrepancies are identified or an overpayment has arisen due to suspected fraudulent activity, this will be reported to NHSE CFT before any outcome decision is made,

In exceptional circumstances it may be necessary to increase the sample size to enable scrutiny of a greater volume of claims. This will be approved by the ICB commissioner and notified to the NHS Counter Fraud team.

PPV outcome report

The PPV outcome report will contain the following:

- The outcome for each piece of evidence assessed
 - Feedback for education/guidance
 - Samples identified for recovery / underclaim reimbursement
 - Samples identified but ineligible for payment recovery
- Key themes/findings
- Best practice recommendations
- The total amount eligible for recovery / underclaim reimbursement
- Proposed next steps
- Benchmarking of the contractor at a national and regional level
- Details of the appeals process

Where applicable, the recovery process will start 28 days after issuing the outcome report to the contractor.

Educational feedback

Alongside the PPV outcome reports, NHSBSA will provide non-interactive Continuing Professional Development (CPD) to all contractors. Interactive CPD will also be offered to selected contractors where recoveries have not been made.

CPD is GOC approved and all optometrists and dispensing opticians must get at least 36 CPD points (where one point equates to approximately one hour of learning) over a period of three years. The provision of CPD by NHSBSA will be via both distance learning modules and interactive peer discussion workshops as facilitated by NHSBSA Clinical Advisers.

Disputes

The Contractors will have 28 working days from the date of the receiving the PPV outcome report to dispute any findings.

Dispute resolutions will follow the process outlined in the Eye Health Policy Book. NHSBSA PAO will manage the informal stage on behalf of the ICB. If the contractor wishes to proceed to local resolution, NHSBSA PAO will confirm with the ICB and provide all relevant evidence and information. The ICB will confirm the outcome of the local resolution meeting.