

Statement of Financial Entitlement: Business Rates Claims Audit

The NHSBSA is responsible for processing claims for Business Rate Reimbursement as a responsibility delegated by NHS England. For the financial year 2015/16 reimbursement of claims for business rates was made to only around half of all contracts (4,235) with a total value of approximately £21.3m.

The NHSBSA also currently carry out annual post-payment risk based audits of these claims. The focus of audits has historically been on the claims for the highest NHS proportions and of the highest values. The audit typically returns around 10% of the total payments checked.

Going forward the goal is to ensure that all those who are entitled to claim do so and that no overclaiming occurs. To achieve this, the NHSBSA wants to ensure that the audit follows a simple, high profile and transparent process, and that the claiming process is improved where possible to support this.

The existing claiming process will change with effect from April 2017 to require providers to submit evidence (certified accounts or accountant's letter) to support their previous year's claim when submitting a claim for the current year¹. Failure to provide such evidence will prevent payment for the current year's claim.

It is felt that this is the most efficient process for both the NHSBSA and the provider and should reduce the costs and time spent on the audit for both parties. It is also recognised that there may be some difficulty with establishing a previous year's NHS:private ratio prior to the accounts having been prepared and this revised process will provide an opportunity for providers to self-declare any unintentional over-claiming from previous years.

The audit programme will, from 2017, move to a rolling programme whereby all claims will be audited once during a 3 year period, not just those with the highest NHS rates or for the highest amounts. This approach will afford the most effective deterrence from overclaiming and delivers a more equitable and transparent audit process for providers.

The objective for NHS England and the NHSBSA is to ensure that all providers who are entitled to claim do so and that claims are made accurately. Every opportunity should be taken to raise awareness of this benefit to providers who are not currently claiming and to remind the profession that it is a requirement of the regulations that the evidence is produced to the NHSBSA within three months of being requested.

¹ Payments for rates in any given year are assessed against the proportion of NHS:private dental income for the previous year. In practice the original payment is made on trust and can only be checked once the accounts for the relevant year become available (around one year later).