NHSBSA Provider Assurance Dental
PPE Reimbursement (COVID-19 PPE-related costs in dental practice)

Introduction

The guidance document published on 17 December 2020 by The Department of Health and Social Care (DHSC) recognised that “not all settings undertaking NHS services received PPE from central supplies when they needed it” and as such, there may be additional cost pressures where dental providers have been required to purchase COVID-19 PPE.

COVID-19 PPE is classed as the PPE that providers are required to use over and above business-as-usual (BAU) use, due to COVID-19 infection control guidance, rather than what would have been used pre-pandemic.

COVID-19 PPE items for dentistry are defined as:

- type IIR masks
- FFP2/3 masks
- gowns (sterile and non-sterile)
- aprons
- gloves
- eye protection (visors and goggles)
- hand sanitiser
- clinical waste bags

As the cost pressures of these additional PPE purchases in some cases may not have been alleviated by the receipt of their full contractual payment each month, DHSC has offered providers the opportunity to make a claim for re-imbursement.

The NHSBSA, on behalf of DHSC, will administer these payments via Compass. Pre-payment checks will be performed by the NHSBSA, Commissioning Support Unit (CSU) and DHSC.

The NHSBSA will be responsible for performing post-payment assurance on claims.

Claim information may be shared with the NHSBSA Loss and Fraud Prevention Team (LFP), Department of Health and Social Care (DHSC) Anti-Fraud Unit, NHSE&I and NHS Counter Fraud Authority (NHSCFA) for the purposes of the prevention, detection, investigation and prosecution of fraud or any other unlawful activity affecting the NHS.

Claim Eligibility

DHSC has outlined that a practice will be eligible to claim if:

- between 1 April and 31 December 2020, a minimum of 45% of pre-COVID contracted activity has been delivered
• they were closed between 1 April and 7 June 2020; AND between 1 April and 31 December 2020, have delivered a minimum of 26% of pre-COVID contracted activity
• they have delivered below 45%/26% of their pre-COVID contracted activity, but believe they have incurred legitimate PPE costs, in excess of the 16.75% (of the contracts annual value) designated for variable costs for consumables

Dental practices should submit their claims via the PPE Reimbursement Claim Form in Compass.

All claims must:
• be for COVID-19 PPE used in the provision of NHS dental services
• be submitted between 18 January and 20 February 2021, after which no further claims will be accepted
• be for COVID-19 PPE purchased between 27 February and 31 December 2020
• be for COVID-19 PPE intended for use prior to 31 March 2021

Claims including items of PPE not previously listed (i.e., higher-grade PPE) can be made, but will be considered exceptional and will need to have supporting staff risk assessments submitted.

Claim Thresholds

UDA

Claim thresholds are calculated based on activity levels and completed courses of treatment for the period 1 April to 31 December 2020. The NHSBSA will use FP17 data from Compass to determine how many Band 1, 2, 3 and Urgent claims have been submitted.

A snapshot of activity will be taken on 16 January 2021 all claims for the period 1 April to 31 December 2020 must be submitted by 15 January 2021.

NHS England & NHS Improvement (NHS E&I) has calculated the average PPE cost for each treatment band (1,2,3 and Urgent) based on modelling to benchmark valid monthly costs that practices would have incurred for medical-grade PPE, as outlined in Infection Control Guidance. These calculations consider several factors, including:

• the average number of visits to the practice to complete a course of treatment
• the average number of AGP’s per course of treatment
• the average number of PPE items used per visit
• the average cost of PPE items

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<tr>
<th>UDA Threshold PPE cost per course of treatment</th>
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<tr>
<td>Band 1 (1 UDA)</td>
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<td>PPE cost per CoT</td>
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Example

A practice has delivered 2,800 UDA’s of their targeted 10,000, between 8 June and 31 December 2020. This is 28% of their annual contracted activity and they are therefore eligible to claim.

This is made up of the following treatments:

- 1522 Band 1 (1522 x £4.74 = £7,214.28)
- 212 Band 2 (212 x £34.26 = £7,263.12)
- 38 Band 3 (38 x £65.64 = £2,494.70)
- 155 Urgent (155*£15.15 = £2,348.25)

Giving the practice a total claim threshold of £19,319.97.

UOA

Claim thresholds for Orthodontic contracts, or those with an Orthodontic element are calculated based on activity levels and active patients for the period 1 April to 31 December 2020.

FP17(O) submission data from Compass will be used to determine how many active patients a practice has, as well as how many patients were seen for a de-bond treatment during this period. FP17(O) do not indicate when a fixed appliance has been removed, as such, we will be operating on the assumption that any closure forms received for patients with fixed appliances have received a de-bond treatment.

A snapshot of activity will be taken on 16 January 2020, all claims for the period 1 April to 31 December 2020 must be submitted by 15 January 2020.

NHS E&I has calculated the average PPE cost for patients receiving de-bond treatment and all other patients, based on modelling to benchmark valid monthly costs that practices would have incurred for medical-grade PPE, as outlined in Infection Control Guidance. Modelling has indicated that the average number of visits per active patient, for the claim period, is five. These calculations also consider several other factors, including:

- the average number of AGP’s per visit
- the average number of PPE items used per visit
- the average cost of PPE items

<table>
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<tr>
<th>UOA Threshold PPE cost per active patient</th>
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<td>Patients with de-bond between June and December</td>
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<tr>
<td>PPE cost</td>
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Example
A practice has delivered 948 UOAs of their targeted 3,000, between 8 June and 31 December 2020. This is 31.6% of their annual contracted activity and they are therefore eligible to claim.

FP17 (O) submissions indicate that:

- 112 patients have been seen for a de-bond treatment (112 x £46.56 = £5,214.72)
- there are 146 active patients (146 x £20.60 = £3,007.60)

Giving the practice a claim threshold of £8,222.32.

Where a contract has both UDA and UOA elements, the claim threshold for each will be calculated and added together to give an overall threshold amount.

Claim Types

Practice claims will be defined as either standard or exceptional claims:

- standard claims: the practice is a UDC or has delivered over 45% of their contracted dental activity between 1 April and 31 December 2020, and is claiming for the period between 27 February and 31 December 2020

- exceptional claims: cover any PPE purchased between 27 February 2020 and 31 December 2020 in excess of the standard claim value and/or outside the standard COVID-19 PPE items and to be used prior to 31 March 2021. Practices delivering less than 45% of their full contractual dental activity, but who believe they are entitled to reimbursement fall into this route

Submitting a Claim

All claims should be submitted via the PPE Reimbursement Claim Form in Compass. This form will be available between 18 January and 20 February 2021, any claims received after this date will be rejected, unless it can be demonstrated that delay’s in claiming were due to NHSBSA act, error, or omission.

Guidelines for submitting a claim:

- only one claim will be allowable for each contract
- providers will only be able to claim for a contract associated with them
- only contracts open between 27 February and 31 December 2020 will be selectable within the form

The information required to submit a claim is:

- the monetary amount being claimed
- invoice number (there will be enough fields for up to 10 invoices to be input, a check will be made to ensure that there are no duplicate invoices on the claim)
- date of invoice
- supplier name
• supplier company number
• tick boxes for which PPE items are being claimed
• value being claimed for each relevant invoice (the invoice may be for a higher amount than the claim, e.g., if some PPE was used for private treatments and as such is not being claimed for)
• confirmation that the declaration has been read and understood and that the terms are accepted

Where claims are being made for higher-grade PPE, this will need to be indicated using the tick box labelled “This is an exceptional claim” and supporting evidence will need to be uploaded before submission.

Once submitted, claims will be designated as standard or exceptional. Standard claims will be paid automatically and any that are flagged as exceptional will be pended, awaiting additional pre-payment verification and approval.

Where claims are flagged as exceptional, practices will be asked to submit further evidence before claims can be paid, including but not limited to:

• copies of all invoices
• staff risk assessments for any higher-grade PPE used

Claim Deductions

All contract holders in England have already received reimbursement for some or all PPE via the continued receipt of the full contractual payment. As such, all eligible claims will be subject to a deduction of 16.75% on undelivered UDA/UOA activity between 8 June and 31 December 2020. This amount will automatically be deducted from the total claim amount prior to payment.

Example

An eligible practice, with a £25 UDA value, has delivered 985.5 UDAs of their pro-rated 2,070 target, for the period 8 June and 31 December 2020.

The remaining undelivered 1,084.5 (2,070 – 985.5) UDA’s will be subject to the 16.75% deduction.

To calculate the value of the deduction:

- $1,084.5 \times £25 = £27,112.50$
- £27,112.50 \times 16.75\% = £4,541.34

This means that that £4,541.34 is not eligible for re-imbursement via the scheme and will be deducted from payment amount.

*Pro-rated UDA target based on 207 days of the period 8 June and 31 December 2020

Claim Payment

Payments will be made on 1 March 2021.
Exceptional claims may not receive payment on the above date, due to the pre-payment verification checks that need to take place. Practices will be contacted on a case-by-case basis to advise of the revised payment date.

**Pre-Payment Verification**

Any claims deemed exceptional will be subject to pre-payment verification by either NHSBSA, the CSU or DHSC.

Practices will be informed of which agency is verifying the claim at the point evidence is requested and the NHSBSA PAT will act as a liaison between parties.

**Post-payment verification**

NHSBSA will be performing post-payment verification checks on claims.

Practices whose claim is selected for review will be contacted in March 2021 and asked to supply evidence (i.e., invoices) to corroborate the claim.

If a claim is found to be inappropriate or practices are unable to supply the requested evidence, the reimbursement may be subject to a full or partial recovery.

**Contact us**

While our working arrangements have changed, please be assured we are committed to supporting you. Contact us via nhsbsa.dentalcases@nhs.net.
Practice to submit PPE claim on Compass between 18 Jan – 20 Feb 2021.

Compass will identify whether the contract has achieved the required activity levels to be eligible to claim and will calculate the claim threshold for each contract.

Has the contract delivered more than 45% of contracted activity between 1 April – 31 December 2020? This is pro-rated to 26% for practices closed between 1 April – 7 June.

Yes

Practice is eligible to claim for reimbursement of PPE costs.

Is the total claim value within 110% of the claim threshold?

Yes

These claims will be designated as standard and will be automatically paid on 1 March 2021.

Practices may be contacted later in the year as part of the post payment assurance process. Please ensure invoices are retained.

No

These claims will be designated as exceptional and subject to additional pre-payment verification.

Contract holders will be contacted within 5 days of receipt to request supporting evidence.

If this cannot be supplied or the claim cannot be substantiated, it will be rejected.

No

Has the practice incurred legitimate PPE costs over and above the allotted 16.75% or been required to purchase higher grade PPE?

No

Practice is ineligible to receive a reimbursement of PPE costs, as this expenditure has been met by the continued receipt of 100% of contracted pay.

Yes

Claim to be authorised and paid on 1 March 2021.

If the checks have not been completed by 28 February 2021, this payment will be received at a later date to be determined on a case-by-case basis.

No

NHSBSA/CSU/DHSC to seek additional evidence from practices.

If this cannot be supplied or the claim cannot be substantiated, it will be rejected.