

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

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

If between 1 April and 31 December 2020, a contract has delivered below 45%/26% of their pre-COVID contracted activity they may still be eligible for to claim for a reimbursement if:

- they believe they have incurred legitimate PPE costs, in excess of the 16.75% (of the contracts annual value) designated for variable costs for consumables

Practices operating as a UDC between 1 April and 31 December 2020 are exempt from needing to meet the above eligibility criteria.

Dental practices should submit their claims via the PPE Reimbursement Claim Form in [Compass](#).

If a practice would like to check whether they meet the above criteria before claiming, they should use the PPE Eligibility for Contract report 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.

What can be claimed?

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

Respirator Hoods and some other higher-grade PPE is also eligible for reimbursement, but these claims will be considered exceptional and a supporting risk assessment must be submitted when making the claim.

Costs/items ineligible for reimbursement include:

- Any fixtures and fittings
- Safety screens

- Additional clinical waste bins or additional expenditure to cover increased clinical waste contract costs
- Fit testing

Claim Thresholds

Each contract has a unique claim threshold based on activity levels and completed courses of treatment or active patients for the period 1 April to 31 December 2020.

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

Claim thresholds are automatically calculated in [Compass](#) and claims will be subject to additional verification prior to payment if this is exceeded.

UDA

The NHSBSA have used FP17 data from [Compass](#) to determine how many Band 1, 2, 3 and Urgent claims have been submitted.

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

UDA Threshold PPE cost per course of treatment

	Band 1 (1 UDA)	Band 2 (3 UDA)	Band 3 (12 UDA)	Urgent (1.2 UDA)
PPE cost per CoT	£4.74	£34.26	£65.64	£15.15

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

The NHSBSA have used FP17(O) submission data from Compass 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.

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

UOA Threshold PPE cost per active patient		
	Patients with de-bond between June and December	All other patients
PPE cost	£46.56	£20.60

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

Once submitted claims will be defined as either standard or exceptional claims.

Standard claims will be paid automatically and any that are flagged as exceptional claims 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

Standard claims:

- the practice has met the minimum activity criteria of 45%/26% between 1 April and 31 December 2020, and is claiming for the period between 27 February and 31 December 2020
- any claim not exceeding a contract's unique threshold by more than 10%

Exceptional claims

- cover any PPE purchased between 27 February 2020 and 31 December 2020 where the claim amount is more than 10% of the contract's claiming threshold
- cover any claims which include items outside of the standard COVID-19 PPE items listed above
- practices that have not met the minimum activity requirements of 45%/26% but who believe they are entitled to reimbursement because they have spent more than the 16.75% designated for PPE in their contractual payment

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
- 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, the tick box labelled **“This is an exceptional claim”** will need to be selected when the Invoice Summary Page is reached.

Where a practice has not met the minimum activity criteria but believes they have incurred legitimate PPE costs over and above the designated 16.75%, the tick box labelled **“This is an exceptional claim”** will need to be selected on the Claim Details page.

If the claim form is **exited** part-way through completion, any information input will be saved, and practices are able to re-enter the form and continue with the claim.

If the claim form is **cancelled** part way through completion, practices will need to start a new form and provide all the required details again.

If the claim form has been submitted but the practice has noticed some errors that need to be corrected, they will need to contact our contact centre at the NHS BSA who can help assist you further with your claim.

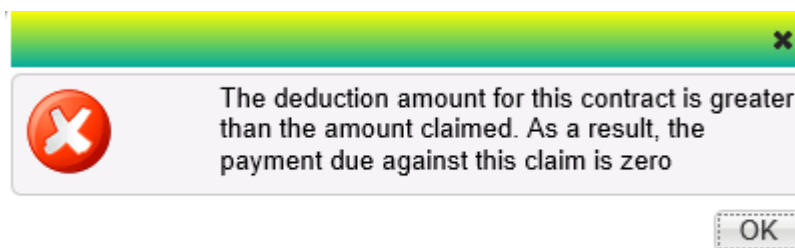
Claim Deductions

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.

Practices can check the value of the claim deduction prior to submitting a claim, if the deduction is higher than the claim amount, no payment will be made.

Where the value of the claim is less than the claim deduction, Compass will display a message to advise of this and practices will not be able to submit the claim.



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-imburement via the scheme and will be deducted from payment amount.

*Pro-rated UDA target is 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

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PPE Reimbursement Process Map

