

8 April 2011

**To all Optometrists,  
Dispensing Opticians and  
Ophthalmic Medical Practitioners**

**Providing General Ophthalmic Services**

Dear Colleague

**Re: Post Payment Verification – clarification processes for visits and outcomes**

The recent restructuring of the Health Service across Northern Ireland has necessitated changes to certain aspects of the processes by which the Health and Social Care Board seeks assurance on the claims made by optometric contractors. This process of assurance is known as Probity.

**A) Post Payment Verification Visit arrangements**

Formerly an Optometric Adviser and support staff from your local Health Board carried out practice visits. As the four Health Boards have amalgamated into the regional Health and Social Care Board (HSCB) the Optometric Advisers are now involved in the provision of a regional probity service. The Probity Service is managed, and provided, by staff from the Business Services Organisation (BSO) in conjunction with the HSCB. The Head of the BSO Probity Service is Mr Paddy McLaughlin.

Practice visits will now be arranged by staff from the BSO Probity Service. The visit will be carried out by a BSO Probity Officer and an Optometric Adviser, although this may not be the Adviser that carried out the previous visits to your practice.

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A practice systems questionnaire will be posted out to the practice prior to the visit and should be completed and retained in the practice for review with the probity staff at the time of the visit.

The visit, as before, should take no longer than 3 hours and the Optometric Adviser should only require a short time at the end of the visit to speak to the practice principal.

### **B) Post Payment Verification process**

From 2002, post payment verification (PPV) for General Ophthalmic Services has been facilitated by quarterly monitoring of practice payment information and practice visits at which a sample of GOS claims, across all service types, are checked i.e.

- Sight Tests
- Vouchers including tints, prisms and small frame supplements
- Repair/Replacements
- Domiciliary Sight Tests (where appropriate)

The GOS Regulations 2007 state under the Terms of Service: Paragraph 7 'Records' that: " 7.1. A contractor shall keep a full, accurate and contemporaneous record in respect of each patient to whom he provides general ophthalmic services ..." and " 7.2. Records .... shall also include any details in regard to the dispensing, supply, repair or replacement of an optical appliance or prescription which has been given to the patient ..."

Post payment verification is usually undertaken by examining the clinical record cards, for those claims selected, to review written evidence of service.

In some circumstances other forms of evidence of service provision may be required. Evidence currently accepted includes appointments diaries, records of orders or lab receipts and written evidence from patients. Practitioners should note that allowance cannot be given for administration errors.

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In the past where evidence of service could not be provided the HSCB/BSO may have requested that any of the claims which were checked at the visit and which could not be verified were re-paid. Following recent discussions between the Probity and Counter Fraud Unit and the HSCB, optometric practices are advised that where service provision could not be verified for the selected sample at the time of the 1<sup>st</sup> practice visit (in any one, or all, service types i.e. S/Test, Voucher, Repair/Replacement or Domiciliary S/Test) then a 2<sup>nd</sup> re-visit may be undertaken at which a further, extended, sample of claims will be checked. Should it be necessary to conduct a 2<sup>nd</sup> visit to a practice the HSCB and BSO staff will usually inform the optometrist or optometric staff at the end of the 1<sup>st</sup> visit. The 2<sup>nd</sup> visit will be arranged at a time mutually convenient for the practice and visiting HSCB/BSO staff.

The purpose of the second visit is to determine the extent of any concerns (in respect of non verification of claims) which have arisen from the 1<sup>st</sup> visit. Therefore at the 2<sup>nd</sup> visit the visiting team will seek to determine the level of claims submitted for payment which cannot be verified and also when the submission of such claims began. In order to do this the visiting team will carry out a 'look back' review of previous years' claims to determine the extent of any over claim by a contractor. The 'look back' review period may extend up to 6 years back from the date of the 2<sup>nd</sup> visit. This 6 year period is dictated by legislation under the NI Law of Limitation for recovery of public funds. The BSO will seek recovery of all claims that cannot be verified for payment. In determining the amount of money to be recovered the contractor will be given the option of either a calculation based on extrapolation from the percentage of claims that could not be verified in the sample examined or of having all their claims that were made during the time period in question, for the particular service, examined.

A report will be sent to the practice principal following the completion of the post payment verification process and the practice will have the opportunity to provide comments to the BSO Probity Service before any financial overpayment is recovered.

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Should you have queries in regard to the above information and advice please contact the Head of Probity Services for the Business Services Organisation, Mr Paddy McLaughlin (028 71860086 or via e-mail [Paddy.McLaughlin@hscni.net](mailto:Paddy.McLaughlin@hscni.net)) or your Optometric Adviser.

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