As you know, we have just completed another contract year with the NHS. The race to complete all our allocated UDAs, or at least to fall within the four per cent of our contractual agreement to avoid clawback, always gets the adrenaline pumping. Due to previous bad experiences, we decided to be proactive and forward thinking. We monitor our UDA performance weekly, but what we usually fail to do is to check that associates are processing claims and payments correctly. This year, however, we ran an audit and discovered that there were some errors. There was nothing too destructive, but a loss of income simply had to be written off as a bad debt, albeit minimal, but a loss is a loss. But because of these situations, we did some research into how claims were being made on the NHS and under what criteria depending on the patient. Some of the errors were due to poor communication between the dentist and patient, as well as the dentist and receptionist.

Emergency patients Booking emergency patients seems to be an area which causes the most confusion. It is also one of the main types of claims monitored carefully by all PCTs. Unfortunately, the higher your emergency claims, the higher your practice is flagged on their data records. This leads to the PCT keeping a very close eye on you, which, to some of us, is an unfair disadvantage. However, we are all issued with contracts full of clauses, which are our duty and responsibility to read and understand.

Once we had established what the actual causes of the errors were, with rightful claim, we did some thorough research, making use of our local PCT, as well as the BDA. We compiled all the information and handed a copy to each member of staff. We then held a training session to discuss each process when making a claim. To facilitate this, we are lucky enough to have an associate who is also a PCT adviser, who led an educational workshop. It was very informative and we all learned from the toolbox discussion.

Complex claims The first complex claim is one involving taking note of whether a new patient should pay, or whether they are entitled to discount or support if they fall into certain categories, such as if they are on state benefits, are a student over 18 and in full-time study or an expectant mother – mothers are entitled to free NHS care up until the toddler is one year old.

All patients eligible for support should be able to provide evidence to support their situation. Of course on many occasions, patients do not bring in their certificates despite being asked several times. If this happens, we have to indicate this on our administration system, and see the patient, as we are not allowed to turn patients away from receiving NHS treatment.

Master of Science in Restorative & Aesthetic Dentistry

Two of the UK’s most respected education and academic organisations have joined forces to provide an innovative, technology driven MSc in Restorative and Aesthetic Dentistry. Smile-on, the UK’s pre- eminent healthcare education provider and the University of Manchester, one of the top twenty-five universities in the world, have had the prescience to collaborate in providing students with the best of everything – lecturers, online technology, live sessions and support.

Convenience The majority of the learning resources on this programme will be online. The masters will combine interactive distance learning, webinars, live learning and print.

Ownership The programme is designed to encourage the student to take responsibility for his/her own learning. The emphasis is on a self-directed learning approach.

Community Students will be able to communicate with a diverse multi-ethnic global community of peers, with who they will also share residential get-togethers in fantastic settings around the world.

Opportunity This innovative programme establishes the academic and clinical parameters and standards for restorative and aesthetic dentistry. Students will leave with a world recognised MSc.
Patients must sign a PR form, containing all the necessary information, which serves as a receipt to let the PCT know what our patients have told us. These forms must be kept for a period of two years, and are also used to track payment claims as well as fraud by patients.

Next, prior to claiming their UDAs, the dentist must check with the patients what their employment status is, and record this information on the computer or on the FP17DC forms. If a patient receives benefits, this also entitles their partner to free NHS dentistry.

Defining an emergency

Defining emergency dental care has been debated regularly with our dentists. Let us make it very clear. Emergency dental care is when a patient calls or walks in on the day to book an appointment because they are in acute pain and discomfort. Patients are entitled to emergency treatment to address severe pain and prevent significant deterioration in or of their health. Emergency treatment is not restricted to one day treatment, and if it is required within the next day or two, it can be regarded as a course of urgent treatment.

Patients who have been booked in two weeks prior for a regular exam, but turn up on the day in pain, cannot be processed as emergency treatment. Your team need to be trained in assessing why the patient failed to come in on the day to book an appointment, and the obvious is to continually strive to achieve a better understanding of our PCT contracts. You should always contact the PCT when you are not sure of the standing of our PCT contracts. Achieving the best

If the patient returns within the two-month period to have treatment completed then they will incur the NHS fee again. As long as the practice has behaved reasonably with regards to enquiring why the patient failed to complete their treatment and that the practice had been reasonably flexible with understanding the exceptional circumstances.

If the patient returns within the two-month period and requires further band one treatment, we can claim another UDA. Where a course of treatment (other than urgent) has been completed, but within two months of the date of completion a patient needs further treatment from the same contactor that falls within the same or a lower charging band, no patient charge is payable.

The FP17/F17W continuation box in part six should be crossed so that the UDAs will be credited for the treatment but the patient charge element will not be deducted from the monthly contract value payment. The patient’s record should make clear the clinical circumstances requiring a second course of treatment to be provided as well as the original treatment plan.

If the patient requires treatment under a higher band, we can claim the UDAs for that band, however, dentists are advised to be careful because the PCT feel that ideally the patient should have been treated according to the higher band in the first instance. Only in exceptional circumstances should the patient’s treatment have to be moved into the higher band. Patients will be charged the full fee for treatment in the higher band and not the difference.

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