NHS England

Primary Care Support England

Using PCSE Online for Ophthalmic Payment services

GOS 4 User Guide

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Using PCSE Online for Ophthalmic Payment services

About this Guide

This guide provides information about using PCSE Online for Ophthalmic Payment services.

The digital service will enable GOS claims to be submitted electronically. They will be validated in real time which will improve the accuracy of payments and give ophthalmic contractors greater visibility of claims and statements.

This user guide is a support tool and covers the following options available on PCSE Online:

- ✓ Navigating the Ophthalmic Payment screens
- ✓ Making GOS 4 claims
- ✓ Searching for claims
- ✓ Viewing statements

Overview of PCSE Online for Ophthalmic Payments

PCSE Online is a web-based option for securely submitting, tracking and reconciling GOS claims. Users access the service via the PCSE website with a unique log-in ID and password.

The site has been designed to guide users intuitively through the different screens. From the home screen dashboard, users can select and complete the appropriate GOS form, track the status of their claims and view statements.

The information for the online GOS forms is much the same as is required for the paper forms but the electronic system will automatically validate each field as detail is entered. This means any missing information, errors or incomplete mandatory fields will be flagged up before a form can be submitted, significantly reducing the likelihood of claims being rejected and improving the accuracy of payments.

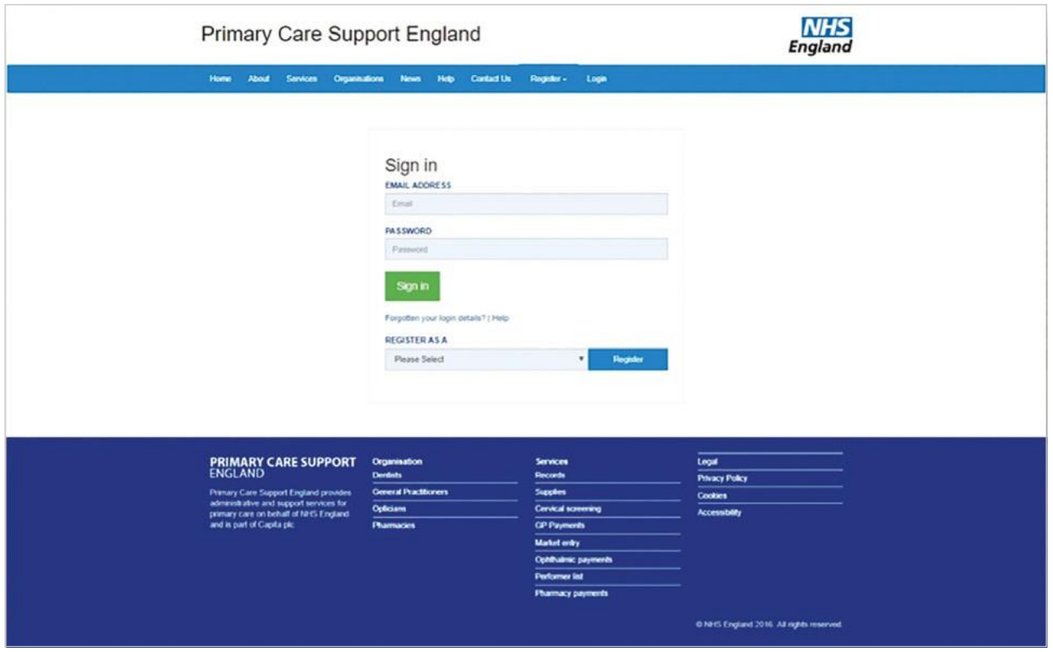
Another benefit of the online submissions being validated in real time is that they can be submitted closer to the payment date because contractors won't have to allow time for posting and processing. The system also allows you to pre-populate up to the first signatory, allowing more efficiency within the practice.

Sign in and Dashboard

1.1 Sign in

Users need to log in to PCSE Online to access the Ophthalmic Payments screens.

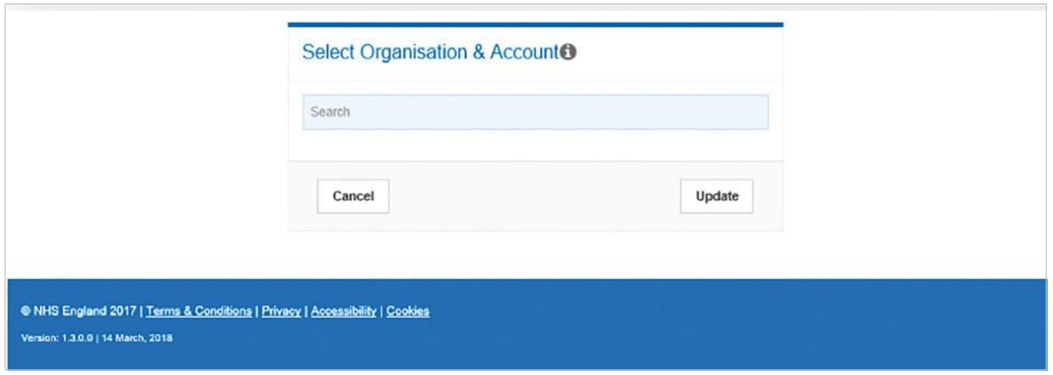
You can log-in to PCSE Online from the website homepage which will take you to the following screen:



Enter your sign in details (**Email Address** and **Password**).

Click the **Sign in** button.

On successful sign in, if you are assigned to more than one organisation the following screen will be displayed. Enter the relevant organisation and click on **Update**.



If you are not assigned to more than one organisation you will automatically be directed to the Ophthalmic Payments dashboard.

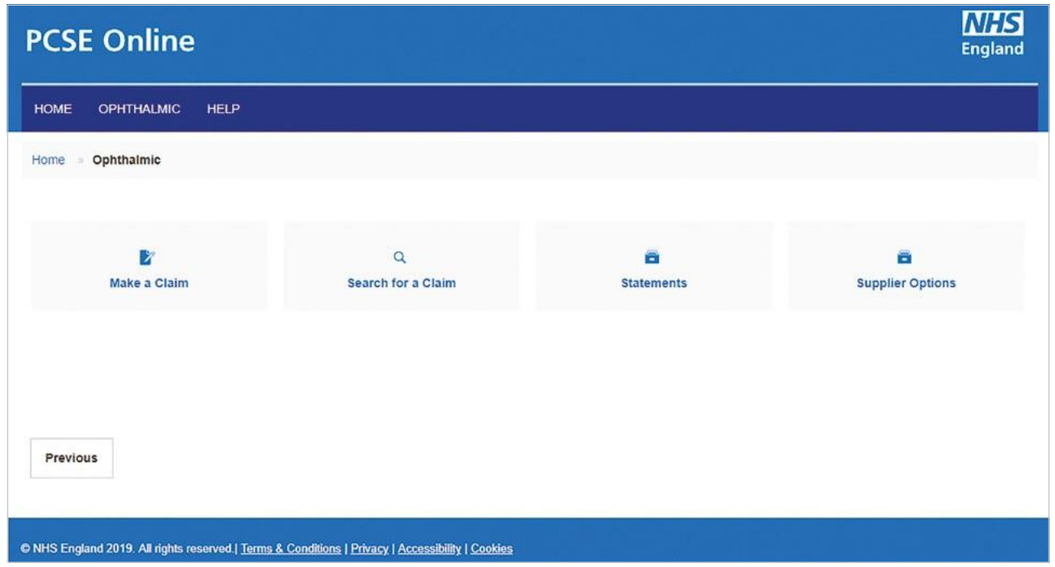
1.2 Dashboard

This screen shows your **dashboard** from where you can perform different tasks.

The navigation pane appears in the mid-section of the screen.

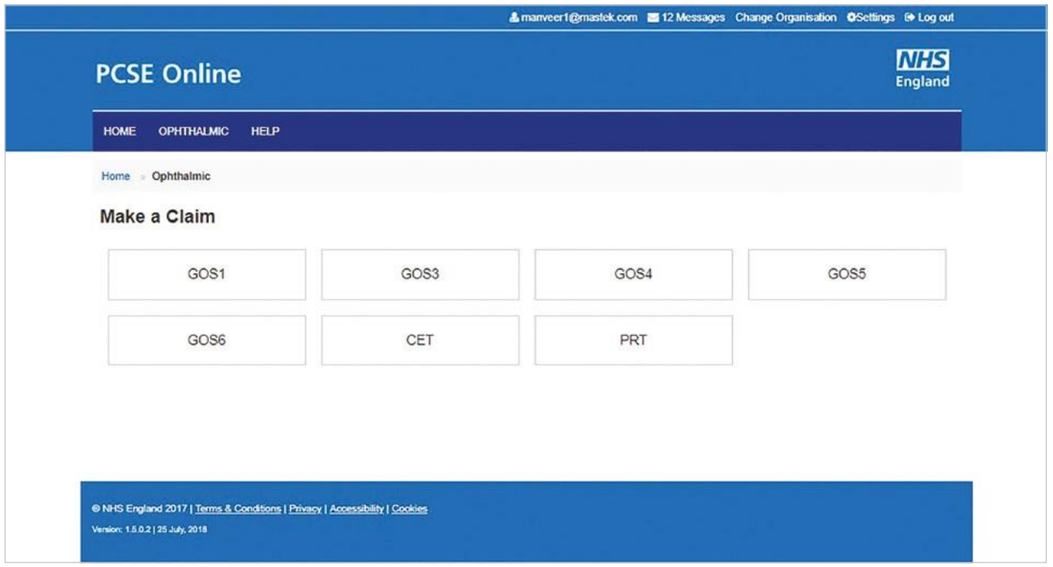
Each option in this section will help you perform a particular task.

The options you see here are determined by the access permissions that have been granted to you by your User Administrator.



2 Make a Claim

Select **Make a Claim** on the dashboard.You will then see the following screen where you can choose which GOS claim type you would like to make.

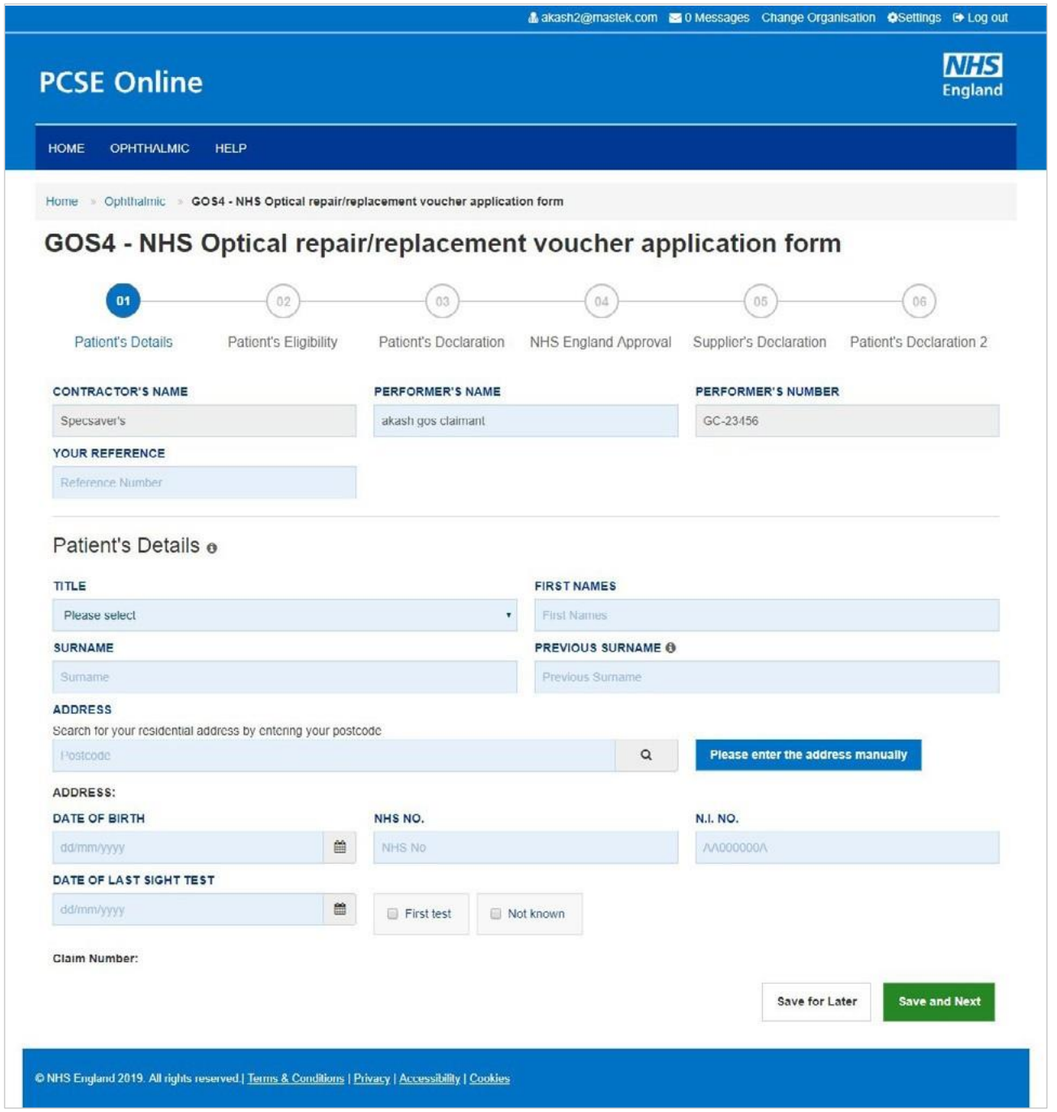


2.3 GOS 4 - NHS Optical Repair/Replacement Claim

The GOS 4 claim is for NHS Optical repair/replacement voucher application form.This particular claim form is divided into 6 parts.

2.3.1 Patient's Details

This is the first section of the GOS 4 claim where you need to enter the patient's details. Screen shot of the referred screen is shown below:



The following table depicts the description of the above screen.

Field Name	Mandatory/Optional	Field Description
Contractor's Name	*Mandatory	The contractor name will populate in the text box based on the organisation you are logged in to'
Performer's Name	*Optional	Enter the performer's name, text box entry If you are a contractor, then automatically the performers under your list will be available here from where you have to select the respective one. If you are the Performer your name will populate in the text box automatically
Performer's Number	*Optional	The Performer number will populate in the text box based on the Performer that has been selected
Your Reference	Optional	Enter the Reference, text box entry
Title	Optional	Select the title/salutation, dropdown selection
First Name	*Mandatory	Enter the first name, text box entry
Surname	*Mandatory	Enter the surname, text box entry
Previous Surname	Optional	Enter the previous surname, text box entry
Address	*Mandatory	Either you can put your post code to search your address online or you can manually enter your address (text box entry)
Date of Birth	*Mandatory	Enter your date of birth, calendar widget
NHS Number	Optional	Enter your NHS number, text box entry
N.I.NO.	Optional	Enter your National Insurance Number, text box entry
Date of Last Sight Test	*Mandatory	Enter the date of last sight test, calendar widget or select First Test or Not Known

When you have entered the details, you will have the option to select either **'Save for later' or 'Save and Next'**.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

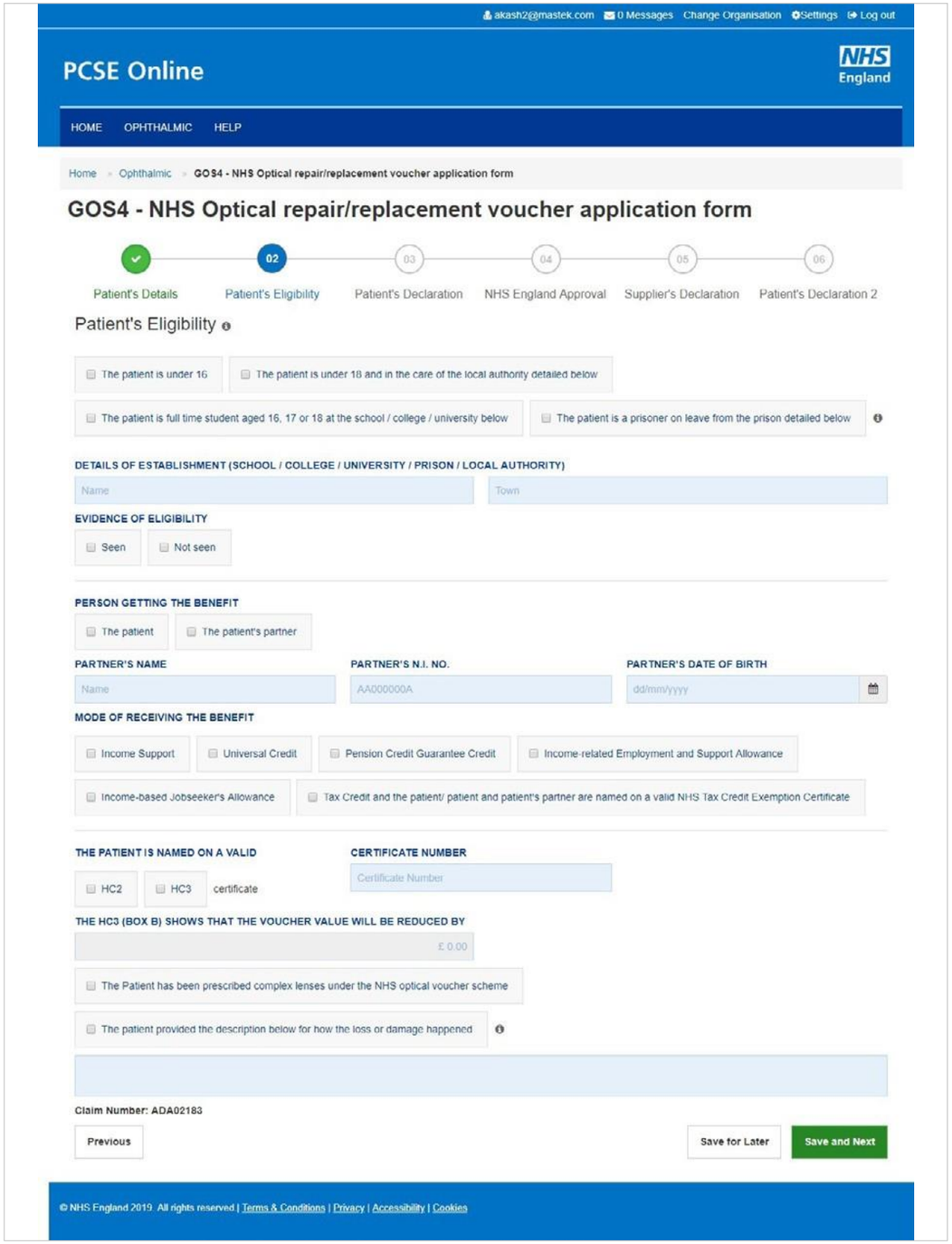
Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

It is important to note that 'Save for Later' does not validate the entered data. Validation checks would be performed on clicking 'Save & Next'.

*On successful submission, the system will automatically generate a **CLAIM NUMBER** for further reference.*

2.3.2 Patient's Eligibility

This is the second section of the GOS 4 claim where you need to enter the patient's eligibility. An illustration of the screen is shown below:



The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
Patient's Eligibility	Mandatory	Enter the NHS Eligibility Reason, checkbox selection
Details of Establishmen t (Name)	Conditional/Mandatory	This is mandatory for the following eligibility categories: ■ I'm a full time student ■ I'm a prisoner on leave ■ I'm considered to be at risk of glaucoma ■ I am registered blind/partially sighted ■ I suffer from diabetes/glaucoma Enter Supplementary Name, text box entry
Details of Establishmen t (Town)	Conditional/Mandatory	This is mandatory for the following eligibility categories: ■ I'm a full time student ■ I'm a prisoner on leave ■ I'm considered to be at risk of glaucoma ■ I am registered blind/partially sighted ■ I suffer from diabetes/glaucoma Enter Supplementary town, text box entry
Evidence of Eligibility	*Mandatory	Select Yes or No
Person Getting the benefit	Conditional/Mandatory	Select the desired option, Checkbox selection; values are Patient and The Patient's Partner. If Patient's Partner is selected, enter the following: Partner's Name Partner's Date of Birth
Mode of Receiving the Benefit	Conditional/Mandatory	Select the desired option, Checkbox selection
The patient is named on a valid	Optional	Mandatory if Patient's Eligibility is HC2 or HC3. Select the option, Checkbox selection. If selected, enter certificate number
Certificat e Number	Optional	If selected The patient is named on a valid, enter certificate number
The HC3 (Box B) shows that the voucher value will be reduced by	Optional	Enter the voucher value, textbox entry. Field become enable only after selecting HC3 option in the previous field
I have been prescribed complex lenses under the NHS optical voucher scheme	Conditional/Mandatory	Select the desired option, Checkbox selection

Continued ⟶

Field Name	Mandatory/Optional	Field Description
The patient provided the description below for how the loss or damage happened	Conditional/Mandatory	Mandatory unless the patient is a under 16 or under 18 in the care of a local authority. Select the desired option, Checkbox selection
Damage/Lo ss Reason	Conditional	If selected The patient provided the description below for how the loss or damage happened then enter the details in the text box

When you have entered the details, you will have the option to select either **'Previous', 'Save for later'** or **'Save and Next'**.

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

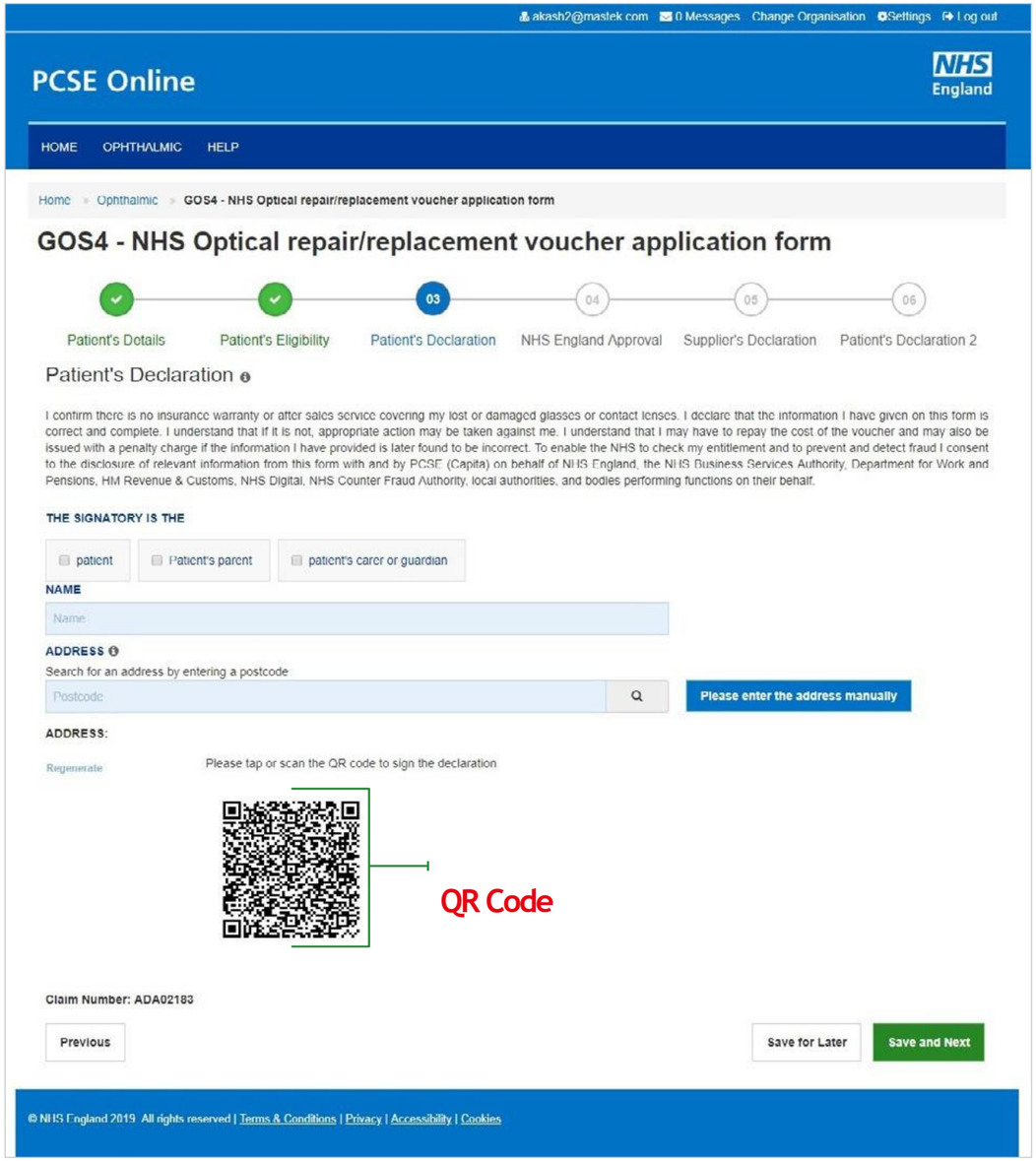
Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

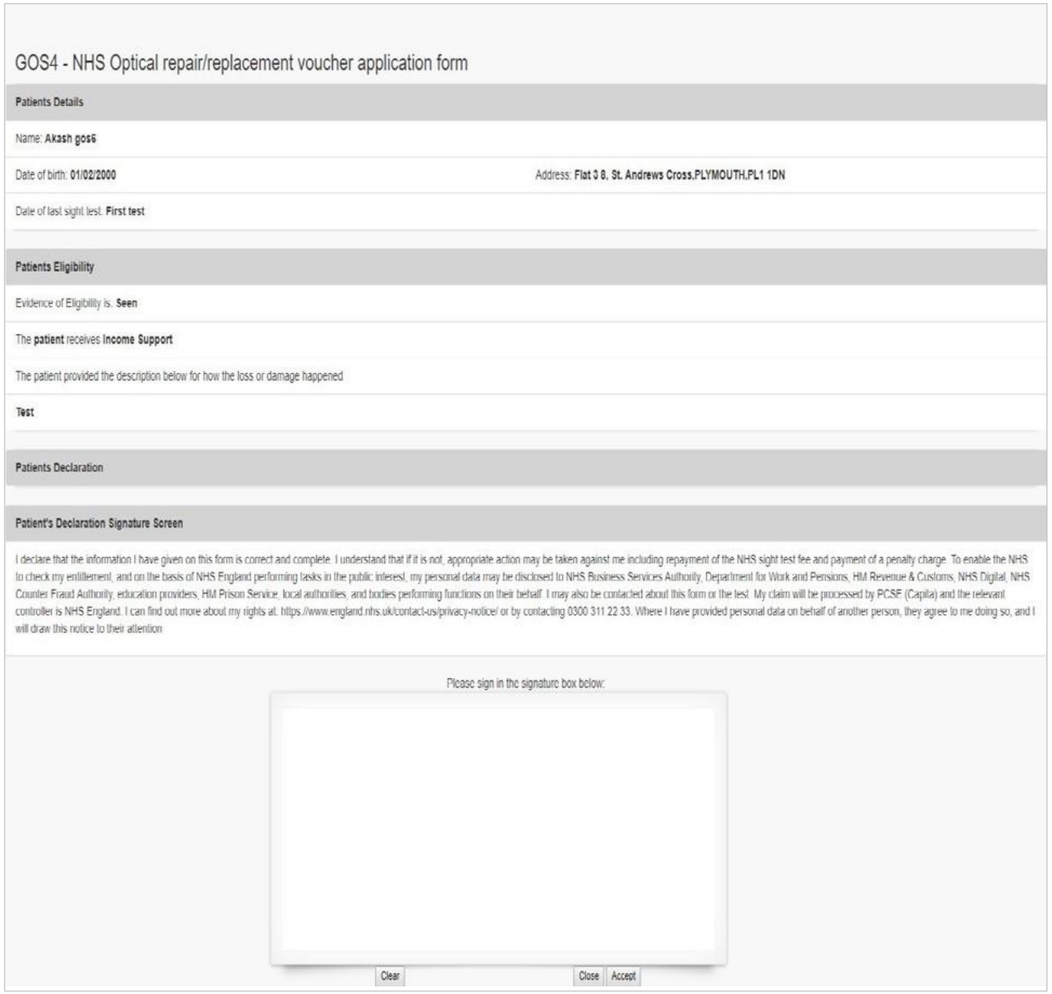
On successful submission, you will be able to fill in the details of the next part/section i.e. **Patient's Declaration**.

2.3.3 Patient's Declaration

This is the third section of the GOS 4 claim where you will accept the patient's declaration. An illustration of the screen is shown below:



Click on QR Code in the screen above and sign in signature box on the next screen before clicking the Accept button.



The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
The Signatory is the	*Mandatory	Select the desired option, mandatory field
Name	*Mandatory	Enter the name, text box entry. If 'Patient' is selected, their name will auto populate
Address	*Mandatory	Enter the name, text box entry. If 'Patient' is selected, their address will auto populate
Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices)		

When you have entered the details, you will have the option to select either **'Previous', 'Save for later' or 'Save and Next'.**

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

The next section of the form will require the NHS England Approval.

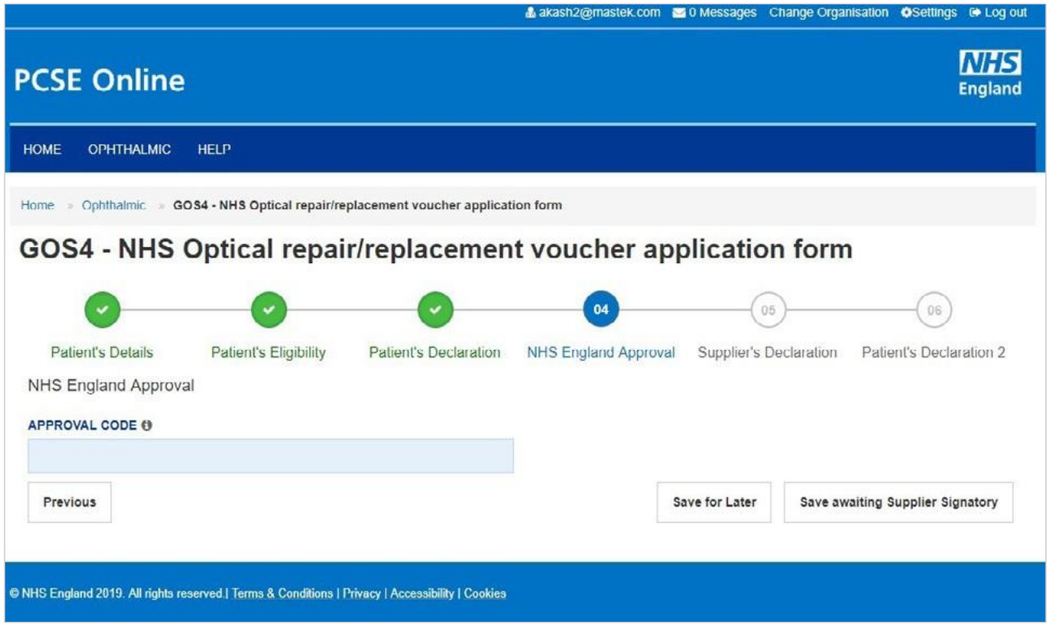
2.3.4 NHS England Approval

This is the fourth section of the GOS 4 claim where you need to have the NHS England Approval.

All GOS4 voucher claims for adults aged 16 and over need to be pre-approved by NHS Business Services Authority (NHSBSA).

Contractors should ring NHSBSA on 0300 330 9403 between 08:00 and 16:30, Monday to Friday to make the request.

An illustration of twhe screen is shown below:



The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
Approval Code	*Conditional	This is mandatory for adults age 16 and over. Enter the approval code, text box entry

When you have entered the details, you will have the option to select either **'Previous', 'Save for later' or 'Save and Next'.**

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

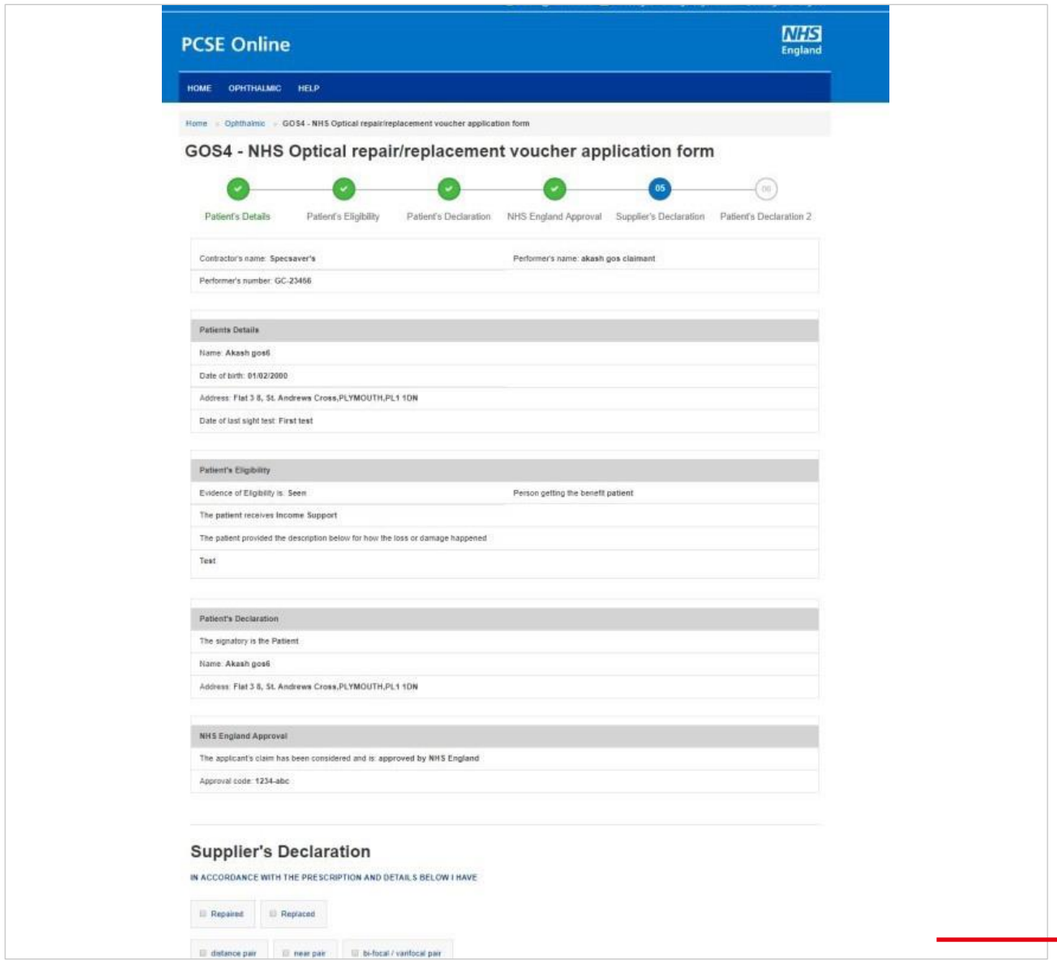
Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

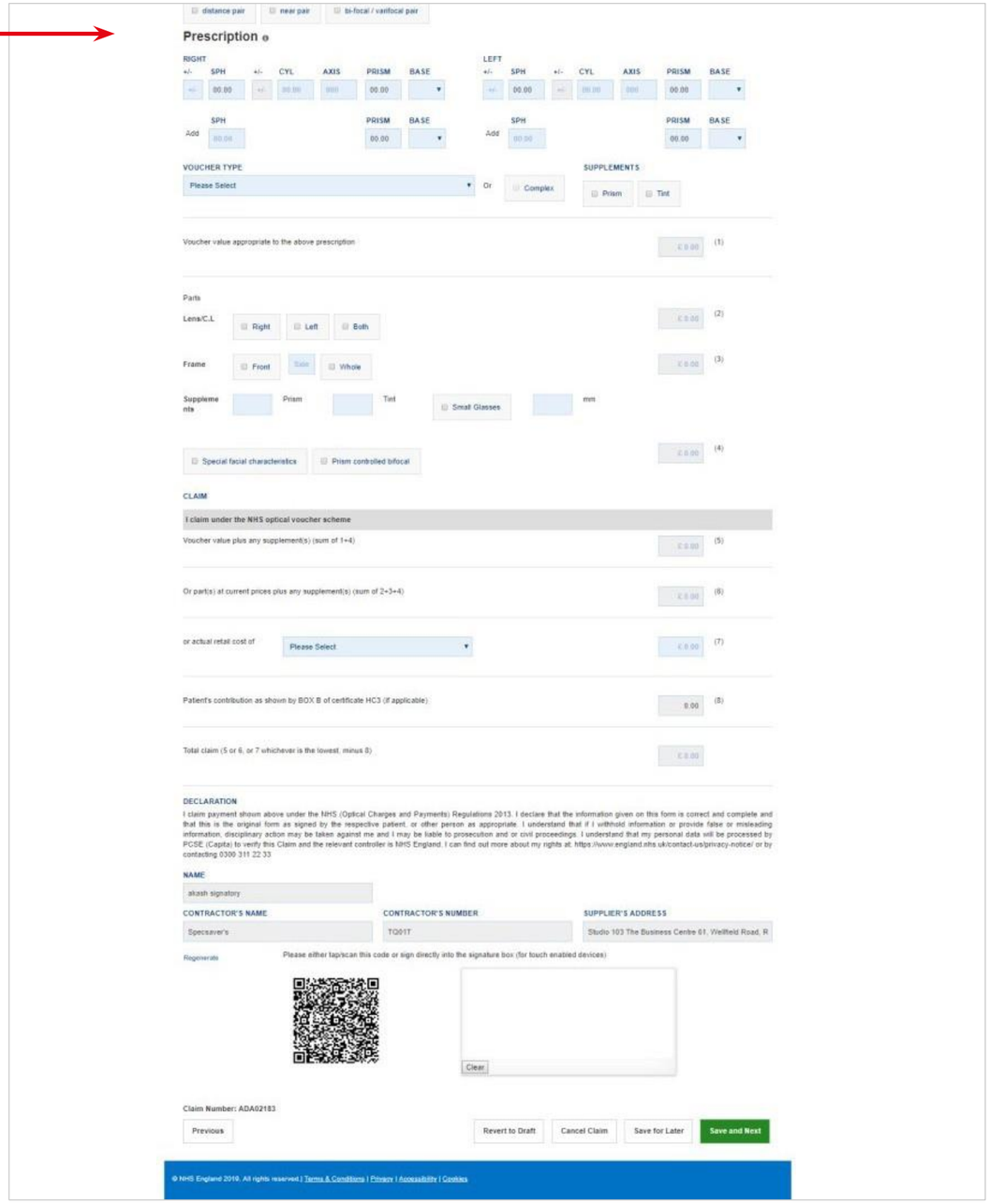
Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

The next section of the form will require the NHS England Approval. Save awaiting Supplier Signatory: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended. It will then be ready for the Supplier to access and sign via the option to 'Search for Claim' on the dashboard screen.

2.3.5 Supplier's Declaration

This is the fifth section of the GOS 4 claim where you need to have the supplier's declaration. An illustration of the screen is shown below:





The Supplier can view the details (as entered so far) by the performer/contractors.After viewing the same, he will fill up the Suppliers Declaration which on submitting will go further for Patient Declaration for the second time.

The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
Repaired/ Replaced	*Mandatory	Select the desired option, checkbox selection
Distance pair/ near pair/ bi-focal, varifocal pair	*Mandatory	Select the desired option, checkbox selection
Prescription		
Right Distance	Optional	Mandatory in the case of replacement or lens repair. Enter the respective values ■ SPH & CYL (+/-) text box entry ■ Axis, Prism and Base (Auto increment field) ■ Minimum requirement is a value on SPH (which can be 0.00 in one eye)
Left Distance	Optional	Mandatory in the case of replacement or lens repair. Enter the respective values ■ SPH & CYL (+/-) text box entry ■ Axis, Prism and Base (Auto increment field) ■ Minimum requirement is a value on SPH (which can be 0.00 in one eye)
Voucher Type	Optional	Select the desired option, dropdown & checkbox selection
Supplements	Optional	Select the desired option, checkbox selection
Parts		
Voucher value to the above prescription (1)	Auto-populated	The value will auto-populate for Replaced scenario
Lens/C.L(2)	Optional	If Repair is for Lens(es), select the desired option. The value will auto-populate based on checkbox selection
Frame(3)	Optional	If Repair is for Frame, select the desired option. The value will auto-populate based on checkbox selection
Supplements(4)	Optional	The value of Supplements will auto populate based on the option(s)selection: Enter 1 or 2 in the Prism and Tint value if required. Select small glasses, special facial characteristics, prism controlled bifocals if required. If small glasses selected, mm value must be entered

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Field Name	Mandatory/Optional	Field Description
Voucher value plus any supplements(s) (sum of 1+4)(5)	Auto-populated	Sum of Voucher value to the above prescription plus supplements value in the case of Replaced
Or parts at current prices plus any supplement(s) (sum of 2+3+4) (6)	Auto-populated	Sum of Lens plus frame plus supplements value in the case of repaired
Or actual retail cost of (7)	Optional	Enter retail cost if less than value of voucher
Patient's contribution as shown by BOX B of certificate HC3 (if applicable) (8)	Optional	Text-box entry
Total Claim (5 or 6, or 7 whichever is the lowest, minus 8)	Auto-populatedl	Populated value based on the calculation of 5, 6, 7 and 8 values
Auto filled Contractor's Details		
Please either select/scan the QRcode or sign directly into the signature box (for touch enabled devices)		

When you have entered the details, you will have the option to select either **'Previous'**, **'Revert to draft'**, **'Cancel Claim '**,'Save for later' or **'Save and Next'**.

Previous: On clicking this button the system takes you back to the previous page to make any amends, corrections or view again.

Revert to draft: This button can be selected if the claim is not ready to be submitted and form needs to be revisited and amended later

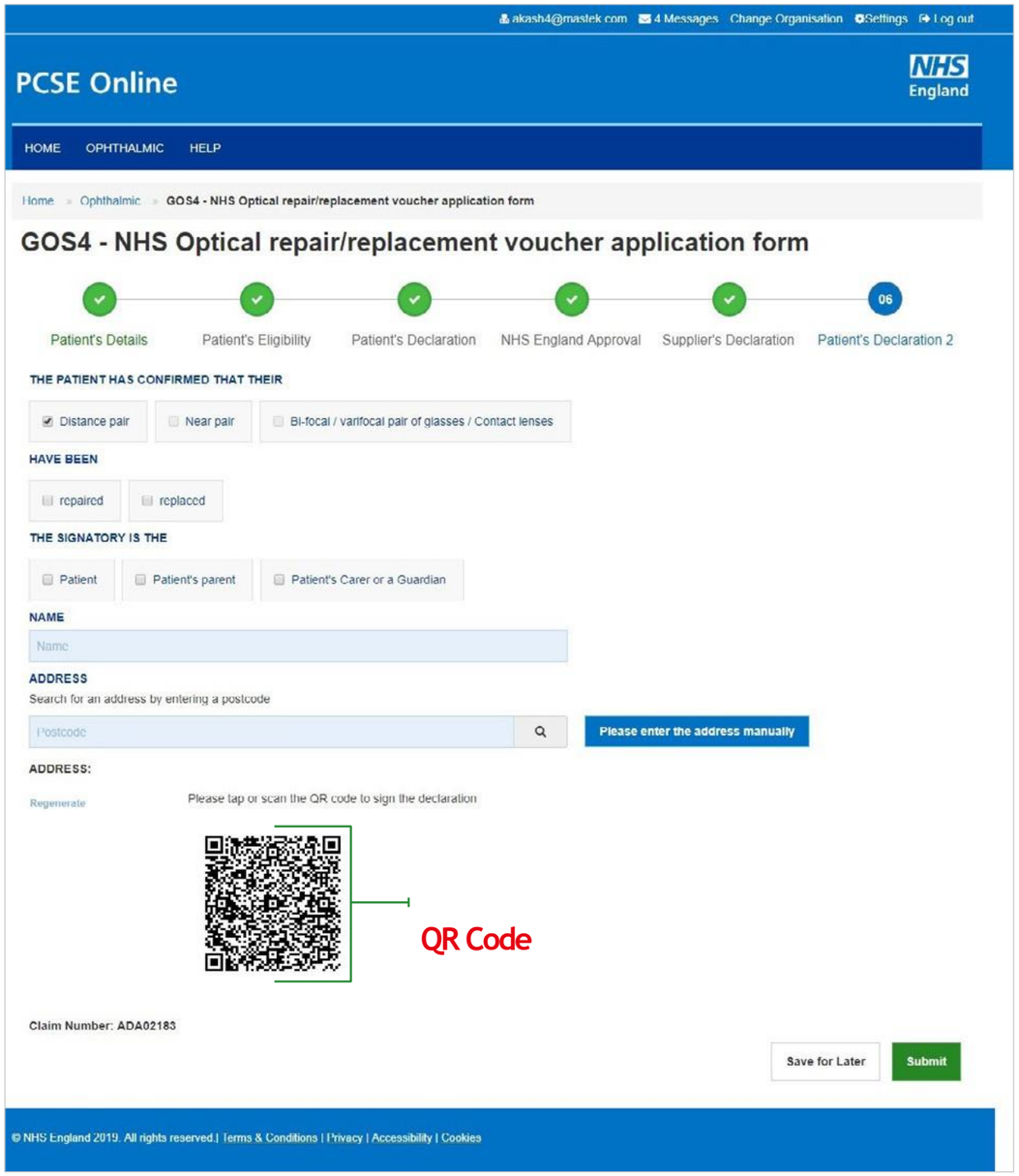
Cancel Claim: This button can be selected when the claim is no more required. It will still be available to view via 'Search for claim'. All cancelled claims are still viewable.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Save and Next: On clicking this button the system will check and validate the information you have provided to make sure that there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended.

2.3.6 Patient's Declaration

This is the sixth and final section of the GOS 4 claim where you need to again get the patient's declaration. An illustration of the screen is shown below:

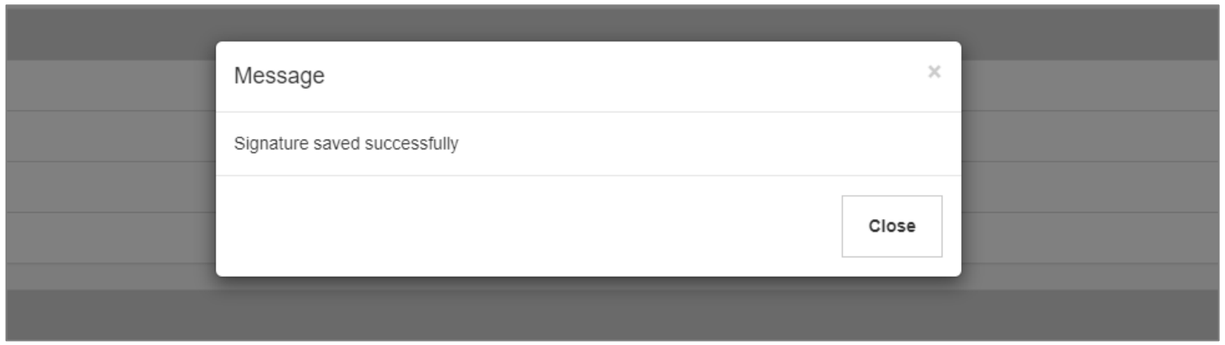


Depending on the electronic signature option you are using, click or scan the QR Code on the screen.

When prompted, sign the signature box on the Patient Declaration and select **Accept**.

Please note! A 'Loader' will appear to show you that the system is saving a signature and is now displayed on screen once a user has signed a GOS form on PCSE Online and has clicked "Accept".

Once the signature has been saved, a popup is displayed saying 'Signature saved successfully'



The following table depicts the description of the above screen:

Field Name	Mandatory/Optional	Field Description
The Patient confirmed that their distance pair, near pair, bifocal/varifocal pair	*Auto-populated	This will auto populate based on what has been selected in the Supplier's Declaration
Have been repaired, replaced	*Mandatory	Select the desired option, checkbox selection
The Signatory is the: Patient, Patient's Parent or Patient's Parent or Guardian	*Mandatory	Select the desired option, checkbox selection
Name	*Mandatory	If Patient is selected, their name will auto populate
Address Search for an address by using postcode	*Mandatory	If Patient is selected, their address will auto populate
Please either select/scan the QRcode or sign directly into the signature box (for touch enabled devices)		

When you have entered the details, you will have the option to select either **'Save for later'** or **'Submit'**.

Save for later: On clicking this button the system will save what you have entered but it will not automatically validate it.

Submit: This button can be selected when the declaration is accepted and the claim can be sent to PCSE for processing and payment. The claim will further proceed to GMP users.

Once the claim submitted successfully, it will be forwarded to the GMP who will be responsible to process it further.

Using PCSE Online for Ophthalmic Payment services