# **Using PCSE Online for Ophthalmic Payment services GOS 5 User Guide**





## **Primary Care Support England**





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# 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 5 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

#### Sign in 1.1

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:

Primary Care Sup	port England		England
Home About Services Organisa	ations News Help Contact Us	Rogister - Logis	
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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.

	Select Organisation & Acc	ount	
	Search		
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NHS England 2017   <u>Terms &amp; Conditions</u>   <u>Pr</u> Version: 1.3.0.0   14 March, 2018	vacy   Accessibility   Cookies		

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

#### Dashboard 1.2

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 UserAdministrator.

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#### 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.



#### 2.4 GOS 5 Claim - Private Eye Test

The GOS 5 Private Eye Test claim form is divided into five parts.

## 2.4.1 Patient's Details

This is the first section of the GOS 5 claim where you need to enter the patient's details.

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The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Sight Test Date	Optional	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
Contractor's	*Mandatory	Enter the contractor's name
Name		If you are a contractor, then your name will automatically populate in the text box
Performer's	*Mandatory	Enter the performer's name
Name		If you are a contractor, the performers listed under your practice will automatically appear so you can select the relevant one
Performer's Number	*Mandatory	If you are a performer, then based on your name, your number will also populate in the text box
Title	Optional	Select the correct title
First Name	*Mandatory	Enter the patient's first name
Surname	*Mandatory	Enter the patient's surname
Previous Surname	Optional	Enter the patient's previous surname if applicable
Address	*Mandatory	Either enter the post code to search for an address or manually enter the address details in the appropriate fields
Date of Birth	*Mandatory	Enter the sight test date (dd/mm/yyyy) or select the date from the online calendar
NHS Number	Optional	Enter the patient's NHS number (if known)
National Insurance Number	Optional	Enter the patient's National Insurance Number
Date of Last Sight Test	*Mandatory	Enter the date of last sight test (dd/mm/yyyy) or select the date from the online calendar Select one of the two options: First Test or Not Known

When you have entered the details, you will have the option to either Save for Later or Save and Next.

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

When you have successfully inputted all the correct details the Save and Next button will take you to the next section, Patient's Eligibility.

If you select the option to Save for Later the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click Save and Next.

# 2.4.2 Patient's Eligibility

This is the second section of the GOS 5 claim where you need to enter the patient's eligibility.

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OS5 Claim -	Private Eye Test	
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The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Named on valid HC3 certificate	*Mandatory	Select the appropriate option from 'The Patient' and 'The Patient's Partner'
Certificate Number	*Mandatory	Enter the certificate number
Patient Contribution	*Mandatory	Enter the contribution amount
Patient Declaration for payment	*Mandatory	Tick the declaration
The patient cannot attend a practice unaccompanied for a sight test because	Optional	If it is a claim for a domiciliary sight test, type a reason in the free text box
Indicate Ethnic Group	Optional	Tick the appropriate option from the dropdown menu

When you have entered the details, you will have the option to either Save for Later or Save and Next.

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

When you have successfully inputted all the correct details the Save and Next button will take you to the next section, Patient's Declaration.

If you select the option to Save for Later the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click Save and Next.

# 2.4.3 Patient's Declaration

This is the third section of the GOS 5 claim where you need to enter the patient's declaration.

PCSE Online				
HOME	OPHTHALMIC	HELP		
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GO	S5 Claim	- Private Eye Te	st	
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	Patient's Details	Patient's Eligibility	Patient's Dec	

#### Patient's Declaration e

Previous

I declare that the information I have given on this form is correct and complete. I understar the NHS sight test fee and payment of a penalty charge. To enable the NHS to check my ent personal data may be disclosed to NHS Business Services Authority, Department for Work education providers, HM Prison Service, local authorities, and bodies performing functions processed by PCSE (Capita) and the relevant controller is NHS England. I can find out m

### contacting 0300 311 22 33. Where I have provided personal data on behalf of another persor THE SIGNATORY IS THE Patient's carer or guardian III patient Patient's parent NAME Name ADDRESS. Search for your residential address by entering your postcode Postcode ADDRE88: Please tap or scan the QR code to sign the declaration Dependents Claim Number: ADA12328

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Depending on the electronic signature option you are using, click or scan the QRCode 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'



Message	×	
Signature saved successfully		
	Close	

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© NHS England 201	9. All rights reserved.) <u>Term</u>	ns & Conditions   Privacy   Accessi	bility   <u>Cookies</u>			

Once you have completed this section you will have the option to either Save and Next, or Save for Later.

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

When you have successfully inputted all the correct details the Save and Next button will take you to the next section, Performer's Declaration.

If you select the option to Save for Later the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click Save and Next.

# 2.4.4 Performer's Declaration

This is the fourth section of the GOS 5 claim which the Performer needs to complete.



## The following table describes the different fields that you will see on this screen:

Field Name	Mandatory/Optional	Field Description
Outcome of Sight Test	*Mandatory	Tick the appropriate option
The Patient was the:	Optional	Tick the appropriate option
First Voucher Type	Optional	Select the appropriate option if applicable
Supplements	Optional	Tick box selection
Second Voucher Type	Optional	Select the appropriate option if applicable
Supplements	Optional	Tick box selection
The date of the sig	ht test is automatically popu	lated
Specify appropriate code	Optional	This is mandatory if it is less than the standard interval since the patient's last sight test. Select the appropriate code from the dropdown
Auto Filled fields: I	Performer's Name & Performe	er's List Number
Please either selec	t/scan the QRcode or sign di	rectly into the signature box (for touch enabled devices)
Claim	*Mandatory	Enter the amount in the text box
Address	Optional	Enter the address using the search function or by typing it into the respective fields.

Once you have completed this section you will have the option to either Save Awaiting Contractor Signatory or Save for Later.

If you select Save Awaiting Contractor Signatory the system will check and validate the information you have provided to make sure there is nothing missing or incorrect. It automatically flags up any fields that need to be updated or amended. When you have successfully inputted all the correct details the Save Awaiting Contractor Signatory button will take you to the next section, Contractor Signatory's

Declaration. If you select the option to Save for Later the system will save what you have entered but it will not automatically validate it. The validation checks only happen when you click Save

Awaiting Contractor Signatory.

It will then be ready for the Contractor to access and sign via the option to 'Search for Claim' on the dashboard screen.

# 2.4.5 Contractor Signatory's Declaration

This is the last and final section of the GOS5 claim, which needs to be completed by the Contractor Signatory who can view and check the details entered on the previous screens.

Please either select/scan the QR code or sign directly into the signature box (for touch enabled devices).

The Contractor Signatory can then select **Submit** if they agree with the claim and accept the declaration. This will then send the claim to PCSE for processing and payment.

If the claim is not ready to be submitted the option to **Revert to draft** should be selected so the form can be re-visited and amended at a later time.

If the Contract Signatory has completed the form but does not wish to submit the claim at that time there is an option to Close. The claim will still be saved.

If the claim is not needed and should not be submitted the option to Cancel Claim should be selected. It will still be available to view via 'Search for claim'.

All cancelled claims are still viewable.



#### **Contractor Signatory's Declaration** I have tested the sight of the person named on this form on: 16/08/2018 Contractor's Name: Lenskart Patient's Details Name: Lord Jack Sparrow Date of Birth: 01/01/1945 Address: Flat 6 8, St. Andrews Cross.PLYMOUTH.PL1 1DN Date of last sight test. First Test Patient Eligibility The patient is named on a valid certificate:

Showing that they must pay up to £ 10.00 The patient cannot attend a practice unaccompanied for a sight test b Ethnicity: Other White Background

#### Patient's Declaration

The signatory is the Patient Name: Jack Sparrow Address Flat 6 8, St. Andrews Cross, PLYMOUTH, PL1 1DN

A new	or changed pro	scription was is	sued	
First v	oucher type: A			
Secon	d voucher compl	ex No		

Lower of private charge or NHS sight test fee £ 21.25 Maximum claimable in respect of sight test £ 41.25 Total claim in respect of sight test £ 31.25 have tested the sight of the person named on this form on: 16/08/2018

To be completed by the performer who has conducted the sight test Performer's Name: suman2 tanveer2

#### Claim

I claim the current NHS sight test fee

Practice address where sight test took place Address Flat 6 8, St. Andrews Cross, PLYMOUTH, PL1 1DN

I claim the payment shown above under the NHS (Optical Charges and Payments) Regulatio that this is the original form as signed by the respective patient, or other person as app information, disciplinary action may be taken against me and I may be lable to prosecution PCSE (Capita) to verify this Claim and the relevant controller is NHS England. I can find out in contacting 0300 311 22 33

To be completed by the contractor or authorised signatory



CONTRACTOR NAME Claim Number : ADA01891

Clear

Cancel Claim



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