

# Processing English eGOS3 Claims

This describes a possible process for the journey of English electronic GOS3 forms within a practice using i-Clarity, using the suggested hardware of a tablet for patient signatures and a graphics tablet or standard computer mouse for optometrist signatures and supplier signatures.

It was envisaged that most of the time the GOS3 claim will be started by the optometrist after they have signed the GOS1.

# Part 1: Optom Signature

After completing the GOS1, click on the GOS3 tab at the top of the forms.



New claims will have a green background. If the patient has an old claim displayed click the New button at the top of the page.

Claim Type: GOS3	~	Claim Re Created or	f: n: 07-Ap	r-2020		~	Save	New	De	elete	View Audit	Sca	an and S ogress No	tore Exi
Claim reference: Title:	Mr	_				me suppor	t 🗌 Univers	al credit 🔲 PCI	G Seen	la	n the:	Patient     Carer o	O Paren	t Copy from GOS1
Forename:	Adam					E	ENEFIT RECI	PIENT	20 00011	Sie	Date			Add Signature
Sumame:	Hobbs				(Only co	mplete this	section if diffe	rent from patient)		0.9	. 0010.			Add olgratare
DOB:	02-Mar-1	945 (	Age 75)		Forenam	ie:								
Previous sumame:					NI Numb	per:								
Address line 1:	14 Statio	n Road	-		DOB:									
Address line 2:	Ewyas H	arold		l	Patient	is aged ur	der 16 vears							
Address line 3:	Hereford			ĺ	Patient	has been	prescribed cor	nplex lenses						
Address line 4:	Herefords	shire		[	Patient	is a prison	er on leave	d time advantion						
Address line 5:					Fauerix	is ageu in		uname education						
Postcode:	HR2 OH>	(			College or p	prison nam	e:							
NHS number:					College or p	prison towr	י:	a						Receive
NI number:					H	C cert. type	8: 	N/A	~			Voucher of	code:	
Last eye exam date	1	02-Apr-2020			H	C cert. nun	nber:	co. oo	-			Authorisat	tion code:	
1st voucher type:		Complex	e 🗌 Pr	ism 🗌 Tints	HL D	L3 cert. rei	auction:	10.00			Sup	plier name:	testorg007	
2nd voucher type:		Complex	k 🗌 Pr	ism 🗌 Tints	rv I	eason:	No change in p	Class Classes	wear and	tear V	For	ename:	testseven	
Sph Cyl	Axis	D Prism	Add	N Prism			Prism cont	olled bifocals		Authoris	e Sur	name:	testseven	
R +2.00 / -3.25	130		+2.50		Trans	Spec	s type: N/A	~		Signatu	re Sup	pplier signatu	re date:	
L +2.00 / -0.25	100		+2.50		pose	1st p	air: 🗌 Prism	Tints :	Small	Spec	ial			
Optom title:	Mr		Add Sig	nature Up	date Rx	2nd p	pair: 🗌 Prism	Tints 1	Small	Spec	ial			
Optom forename:	eGOS				Sale date	e:	1	2						
Optom sumame:	Optom	1		Load	Sale pric	e:	1 £0.00	2 £0.00		Link				Submit
Optom signature dat	te:	5		Details	Voucher	amount:	1 £0.00	2 £0.00		Voucher				Get Status
Optom list no:	10007				Px HC3	contributio	n: £0.00	Tot	al claim:	£0.00	]			Error Codes

Claim reference: Title: Forename: Sumame:	Mr Adam Hobbs	The patients name, DOB and address will have automatically been populated, along with the patient's prescription and the optometrist details.
DOB: Previous sumame: Address line 1:	14 Station Road	Complete the voucher type information.
Address line 2: Address line 3: Address line 4:	Ewyas Harold Hereford Herefordshire	Ist voucher type:         Complex         Prism         Tints         Reason:           2nd voucher type:         Complex         Prism         Tints         Reason:           Sph         Cyl         Avis         D Prism         Add         N Prism           R         +2.00         / -3.25         130         +2.50         Trans         Si           L         +2.00         / -0.25         100         +2.50         Trans         Si
Address line 5: Postcode:	HR2 0HX	Col Double click on the optom signature date.
Last eye exam date 1st voucher type: 2nd voucher type: Sph Cyl R +2.00 / -3.25	02-Apr-2020       Complex       Prism       Complex       Prism       Axis       D Prism       Add       N Prism       130	Optom title:     Mr     Add Signatu       Optom forename:     eGOS       ts     Optom sumame:     Optom       Optom signature date:     0       Optom list no:     10007
L +2.00 / -0.25 Optom title: Optom forename: Optom sumame: Optom signature da Optom list no:	100     +2.50       Mr     Add Signature     U       eGOS     U       Optom     Load       te:     Details       10007     U	This will enter todays date and open the signature box.

Sign in the box and click the save button under the signature box.

L +2.00 / -0.25	100	+2.50	pose	1st pair: Prism	Пп
Optom title:	Mr	Hide Signature	Update Rx	and pairs D Pring	Ti I
4					2
					2
					2
Save				Clea	

Exit the px claims page.

# Part 2: Spectacle Dispense

Complete the spectacle dispense or create a sale for spectacles.

Once you have confirmed the dispense and clicked close the point of sale system will automatically open.

From here you can click on the 'Go to NHS Claims' button



This will open the patient claim module.

Click on the GOS 3 tab

GOS1 GOS3	00000001. 077012020			Auc	lit Progress Not	es
Claim reference: 125 Title: Mr Forename: Adam Sumame: Hobbs DOB: 02-Ma Previous sumame: Address line 1: 14 Sta	r-1945 (Age 75)	Income support Sumame: NI Number: DOB: Income support DOB: Income support Sup	Universal credit  PCG Tax Credit  Evidence ENEFIT RECIPIENT section if different from patient)	I am th Seen Sig. Da	E Patient O Parent Carer or guardian	Copy from GOS1 Add Signature
Address line 2: Ewyas Address line 3: Herefo Address line 4: Herefo Address line 5: HR2 0 NHS number: NI number: Last eye exam date:	I Harold xrd xrdshire HX (02-Apr-2020	Patient is aged und     Patient has been pr     Patient has been pr     Patient is a prisoner     Patient is aged 16 t College or prison name: College or prison town:     HC cert. type:     HC cert. numb     HC3 cert. redu	ler 16 years rescribed complex lenses r on leave to 18 and in full-time education : N/A ~ ber: Luction: £0.00		Voucher contr. Authoritation code:	Receive
1st voucher type:           2nd voucher type:           Sph         Cyl           R         +2.00           / -0.25         100           Optom title:         Mr           Optom sumame:         Optor           Optom signature date:         Optom list no:	Complex Prism 1 Text     Complex Prism 1 Text     Complex Prism 1 Text     D Prism Add N Prism     +2.50     +2.50     +2.50     Show Signature UI     S     D Prism Complex Prism     Complex Prism Prism     Complex Prism Complex Prism     Complex Prism Prism Prism     Complex Prism     Complex Prism     Complex Prism Prism     Complex	S Reason: Nk Trans Specs pose 1st pai pdate Rx 2nd pa Sale date: 1 Sale price: 1 Voucher amount: 1 Px HC3 contribution:	o change in prescription / fair we.           o Specs         CLs         CLs supp:           P frism controlled bifocals           type:         N/A           r:         Prism         Tints           prism         Tints         Sm           air:         Prism         Tints           £0.00         2         £0.00           £0.00         Total of	ar and tear	Supprer name: testorg007 Forename: testseven Sumame: testseven Supplier signature date:	Validation Errors Submit Get Status Error Codes

It is advised that at least the patient entitlement is checked, and the patient signature is captured as a minimum before the patient leaves the practice.

Income support     Univ     JSA     ESA     Tax     BENEFIT RE     (Only complete this section if d     Forename:     Sumame:     Sumame:     NI Number:     DOB:     Patient is aged under 15 year     Patient is aged under 15 year     Patient is aged under 15 year     Patient is aged 16 to 18 and i     None of the above     College or prison name:     College	ansal credit PCG Credit Evidence Seen (CIPIENT fferent from patient) 	Check the patients entitlement selection and make any necessary amendments in the central column.
College or prison town:		
HC cert. type:	N/A ~	
HC3 cert. number:		
HC3 cert. reduction:	£0.00	

Double click in the patient signature box, this will populate it with today's date and open the signature box.



I declare that the information given on this form is correct and complete. I understand and accept that if I withhold information or provide false or misleading information, I may be liable to prosecution and/or civil proceedings. I confirm I am entitled to an NHS optical voucher and I consent to the disclosure of relevant information for the purpose of checking this and in relation to the prevention and detection of fraud. I agree to repay the voucher value if I am later found not to be entitled to ic. My name and address are as shown. I wish to order glasses/contact lenses and I am entitled to this voucher today for the reason selected on this form.



Once the patient has signed, then click the save button under the signature.

If the form is being signed by a parent/carer/guardian select the correct bullet. This will open a space for their details. You can use the 'Copy from GOS1' button to copy the parent/carer/guardian details from the last GOS1 if applicable.

Once the patient has signed you can now exit the form and complete the spectacle order information later at a more appropriate time or complete the spectacle order information now. Complete the following section on the GOS3 claim.

Reason:	No change in prescription / fair wear and tear 🛛 🗸		
-	Specs CLs CLs supp: 0     Prism controlled bifocals	FC SL	
ans ose Sp Rx 1st 2n	ecs type: Distance   t pair: Prism Tints Small Schedul Special d pair: Prism Tints Small Schedul		

The deferred payment now needs to be linked to the claim. To link the payment and insert sale value of the dispense click the 'Link Voucher' button.



This will open a pop up called 'Unlinked Sales'

		<b>—</b> . — — — — — — — — — — — — — — — — — —				I am the:		۸
Unlinked Sa	ales						×	An
-							Г	car
Sale 1				Sale 2			L	bot
£39.	10 / 27-Sep-20	)19 / 7578		£39.10 / 27-Sep	-2019 / 7578			Frc
=								ho
=								00/
=								Thi
=								n 21
-							1	pay
Vouche	r 1			Voucher 2				in t
								Voi
=							20	
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n							,	<b>-</b> .
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					Link	Cancel	51	VOL
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		2	ad a size 🔲 Dria	m 🗌 Tinta 🗌 Smal		Consist		

Any available spectacle sales that can be linked will be displayed in both top boxes.

From the 'Sale 1' section tick the box next to the relevant sale.

This will then display the deferred payments used against this sale in the bottom voucher 1 section.

27	7 Sep 2019 / £39.10	

Tick the box next to the correct voucher payment.

If there are two pairs of spectacles to be claimed for then complete this for the righthand column titled 'Sale 2' and 'Voucher 2'.

Then click 'Link'

Sale date:	1	07-Apr-2020	2		
Sale price:	1	£65.00	2	£0.00	Link
Voucher amount:	1	£39.10	2	£0.00	Voucher
Px HC3 contributio	n:	£0.00	ĺ	Total claim:	£39.10

The sale and voucher amounts will then populate the claim. *(These can be overwritten if required)* 

Sale date:	1	07-Apr-2020
Sale price:	1	£65.00
Voucher amount:	1	£0.00
Px HC3 contribution	n:	13.00

If the patient has a HC3 contribution, then the voucher amount will not be automatically populated. A message will appear to advise you of this and to request you manually add the correct voucher amount.



## Part 3: Spectacle collection

After you have completed the spectacle collection open the patient claim form.

Click on the GOS 3 tab

Click on the 'Receive' button

Receive	
 -	

This will open a new window with space for a patient signature and enter todays date in the 'Sig. Date' box.

I am the:	○ Patient ● Parent
Copy from Sig 1	O Carer or guardian
Forename:	
Sumame:	
Address line 1:	Enter Address If Different
Address line 2:	
Address line 3:	
Postcode:	
of contact NHS option which end complete information to the pre accept the misleadin and/or cive	t lenses, on the date shown above, and used an cal voucher. I declare that the information overleaf titles me to an NHS optical voucher is correct and . I consent to the disclosure of relevant on for the purpose of checking this and in relation vention and detection of fraud. I understand and at if I withhold information or provide false or ig information, I may be liable to prosecution <i>i</i> ll proceedings.
-	
Sig.	Date: 27-Apr-2020 Hide Clear

Pass the tablet to the patient to sign within the black box, click save.

If the form is being signed by a parent/carer/guardian select the correct bullet point. This will open a space for their details. You can use the 'Copy from Sig 1' button to copy the parent/carer/guardian details from initial GOS3 patient signature.

## Part 4: Supplier signature and submission

To add a supplier signature. Click op the 'Authorised Signature' box.



The supplier name is stored in the maintenance of i-Clarity and will be submitted along with the signature information

After clicking on the 'Authorised Signature' box a password box will appear.

Authentication Check X	Enter your i-Clarity pas	sword ar	nd clic	k OK.
This functionality is password protected. Please enter your password to continue.	Today's date will be au 'Supplier signature date automatically be entere and signature surname appear.	tomatica e:' field. ` ed in the fields. A	lly be Your n signat signa	entered in the ame will be ure forename ture box will
I claim the payment shown above under the NH Regulations 1997. I confirm that the information of complete and that this is the original form as sign other person as appropriate. I understand and a provide false or misleading information, disciplin me and I may be liable to prosecution and/or circ disclosure of relevant information for the purpos relation to the prevention and retection of fraud.	S (Optical Charges and Payments) given on this form is correct and ned by the respective patient, or accept that if I withhold information or nary action may be taken against vil proceedings. I consent to the se of verification of this claim and in	: 27-Ap Voucher Authorisa Big. forename: Big. sumame: Bupplier signatu	r-2020 code: tion code Charlie Gibson ire date:	Show Signature Receive
Save ature Update Rx 2nd pair Prism		nide Signatu		Validation Errors

Complete your signature and click the save button underneath the signature box.

Like in the GOS1 claim, If the validation errors button has disappeared the claim is now ready to be submitted by clicking on the 'Submit' button.

Please wait while i-Clarity captures all the signatures, submits them to the PCSE website along with the claim data and waits for a response from the PCSE website.

# Part 5: Checking Claim Status

The status of your submitted claims can either be checked on the PCSE website or through i-Clarity.

### Checking the status of an individual claim.

Open the patient record of the claim you would like to check the status of.

Click on the 'Px Claims' button.

Px Claims

The patient claim will open.

Click on the GOS3 tab.



In the bottom right corner click on a button called 'Get Status'

Submitted on:	Retract	
02-Apr-2020	Get Status	
	Error Codes	1



An eGOS Claim Status box will open, please wait while i-Clarity checks the PCSE website for the claim status.

Once the status of the claim has been received it will be displayed in the box.

eGOS Cla	im Status			$\times$
1-				
Status: Ac	cepted			

Once the claim status has been retrieved a button will appear on the claim form called 'Show last status'. This allows you to check the last status received from the PCSE

Show Last Status		website at any time. i-Clarity will also show the status of the claim next to the claim number at the top of the form.
Submitted on: 02-Apr-2020	Retract Get Status Error Codes	Claim Ref: 1159 - 02 Apr 2020 - Accepted Created on: 02-Apr-2020

Checking the status of multiple claims

Open the deferred payments module.

Select the payment status 'Not yet paid, submitted between...' and the payment type 'Voucher'.

Click Retrieve records

Deferred Payments		- 🗆 ×
Payment Status	Filters	Deselect All
O Not yet submitted	Payment Type: Voucher ~	0.1
Not yet paid, submitted between 01 January 2000 $\checkmark$ and 27 April 2020 $\checkmark$	Corporate:	Select All
○ All payments received between 27 March 2020 ∨ and 27 April 2020 ∨	Selected: ALL ~	Save Selection
		Retrieve Records
		Print

At the bottom of the page click on the button, 'Update Claim Statuses'.



Type: Unknown ID: 0 Status: Rei	ected Code	P1475
Type: GOS3, ID: 121, Status: Acce	epted	
Type: GOS3, ID: 122, Status: Acce	epted	
P1014~P1386~P1066~P1098~P	ected, Code 1574	ə.
Type: GOS3, ID: 119, Status: Reje	ected, Code	P1084
Type: Unknown, ID: 0, Status: Rej	ected, Code	e: P1475
Type: Unknown, ID: 0, Status: Acc	epted	
Type: GOS3, ID: 120, Status: Acce Type: GOS3, ID: 124, Status: Acce	epted	
Type: Unknown ID: 0 Status: Rei	ected Code	e: P1014
Type: Unknown, ID: 0, Status:		

Please wait while i-Clarity checks the PCSE website for the claim status.

Once received the status of the claims will be listed in the box.

Click Close.

The Status of each claim will also be listed against each payment line.

Use the scroll bar along the bottom of the grid of payments to scroll to the right and display the claim status.

	Sale Date	Amount	Submitted	Date Paid	Claim Ref	Selecte .	Status	Status Message	
~	06-04-2020	£39.10	06-04-2020		124		Accepted		
~	06-04-2020	£95.40	06-04-2020		122		Accepted		
~	06-04-2020	£67.50	06-04-2020		121		Accepted		
~	06-04-2020	£39.10	06-04-2020		120		Accepted		
~	03-04-2020	£14.60	03-04-2020		118		Accepted		
~	03-04-2020	£208.60	03-04-2020		117		Accepted		
×	03-04-2020	£39.10	03-04-2020		116		Accepted		
~	03-04-2020	£59.30	03-04-2020		116		Accepted		
~	03-04-2020	£39.10	03-04-2020		114		Accepted		

### Rejected Claims

If a claim is rejected it will also display a status message with the PCSE rejected reason code.

-,	o · · · - · - · · · · · ·						
Sale Date	Amount	Submitted	Date Hold Claim Ref	Selected	Status	Status Message	^
~ 27-04-2020	£39.10	27-04-2020	128		Accepted		_
× 22-04-2020	£39.10	22-04-2020	126		Rejected	P1193~P1018~P1017	
	000 40						

From the deferred payment module showing the payment status 'Not yet paid, submitted between...' and the list of the payment types 'Voucher.

Double click on the patient name to open the rejected patient claim.

On the claim click the 'retract button'.



This will allow you to edit the claim information

Once the claim has been retracted the payment in deferred payments will be unsubmitted and it will reappear in the deferred payment list 'not yet submitted'.

One the claim you will be able to click on the 'Show last status' button to show the error code from the PCSE.

The meaning of the error codes are listed in i-Clarity. To view the error codes, click on the button 'Error Codes'.



This will open the 'Business and Validation Error Codes' form.

arch by code: arch by text	Refresh	
Code	Condition	Message
P0003	Patient's first names field contains invalid information	Please ensure the patient's first name field only contains alphabetical characters.
P0004	Patient's sumame field contains invalid information	Please ensure the patient's sumame name field only contains alphabetical characters.
P0005	Patient's previous sumame field contains invalid information	Please ensure the patient's previous sumame name field only contains alphabetical characters.
P0006	Patient's address field contains invalid information	Please ensure the patient's address field only contains numbers and alphabetical characters.
P0007	Patient's postcode field is missing information	Please ensure the patient's postcode is provided.
P0008	Patient's postcode field contains invalid information	There is an error in the patient's postcode field. Please ensure the field contains a combination of numbers and alphabetical characters. If a postcode is not available, then put N/A in this field. The following list shows all valid Postcode formats. "A" indicates an alphabetic character and "N" indicates a numeric character. AN NAA - e.g. M1 1AA ANN NAA- e.g. CR2 6XH AANN NAA- e.g. DN55 1PT ANA NAA- e.g. UTA 1HQ AANA NAA- e.g. EC1A 1BB
P0009	Patient's date of birth field is missing information	Please complete the patient's date of birth field.
P0010	Patient's date of birth field contains invalid information	Please ensure the patient's date of birth field contains a valid date. The format should be DDMMYYYY.
P0011	The patient's date of birth provided is in the future	Please ensure the patient's date of birth field does not contain a date in the future.
00010	NILIC sumbar field and size invalid information	Please ensure the information provided for the NHS number

You can either scroll through the list of codes or enter the code in the 'Search by code:' box and then click refresh.

This will then change the display to show the relevant code reason.

Because the claim has been retracted you can make the necessary amendments and then resubmit the claim.

#### Viewing Previous Claims

If you need to view a previous claim for a patient; open the patient record and click on the 'Px Claims' button.

Select from the drop down list the Claim type you would like to view Cam

⊖W Claim Type: GOS3 ∨

At the top of the patient claim is a drop-down list titled 'Claim ref'.

Claim Ref:	1159 - 02 Apr 2020 - Accepted	$\sim$
Created on:	02-Apr-2020	

Clicking on this drop down will show you all the patients previous claims for that type of form. Selecting a claim ref from the drop-down list will display that claim below.