Document Title: Ophthalmic Claim System User Manual (Version 1.0)

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Project Closure Report & Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Change Description</th>
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<td>0.91</td>
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<td>Changed OCS website address. Amended registration &amp; log-in guide with new screenshots. Added section for if password has been forgotten.</td>
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<td>0.92</td>
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<td>Added OCSPR form section.</td>
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<tr>
<td>0.95</td>
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<td>1.2</td>
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<td>MM</td>
<td>Updated to incorporate August 2017 fixes and changes, amended section 3, added section 5.5, 5.7 and 6.</td>
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Note - if using the digital copy of this user manual, click on the page numbers to be taken to the relevant section (may have to hold the Ctrl key on your keyboard, then click the page number).
1. Cryptocard Keyfob Token

How to Use the Cryptocard Keyfob Token

a) To access the Ophthalmic Claim System (OCS), you will be issued with a Cryptocard keyfob token. Press the grey button on the keyfob (to the right of the screen) to display a 6-digit code on-screen. This code will be required as part of the Passcode used on the “Secure Logon HSCNI Partners” screen. Each code can be used only once, and a new code must be generated on each subsequent login.

b) You can turn the keyfob off by holding in the button for a few seconds. The message “OFF” will appear on the display and the device will turn off. The button can then be pressed to generate another code when required.

c) After some time, the screen may begin to dim and/or display a warning message when the battery is low. If this happens, please contact BSO to arrange a new Cryptotoken. Similarly, if there are any issues or problems with the Cryptotoken, please contact BSO as soon as possible for advice.

The OCS User Agreement outlines the terms and conditions of use:

a) The keyfob token is the property of BSO, which reserves the right to request its return at any time.

b) The keyfob token should be used solely by staff within your practice and is not to be used by any other person for any other purpose.

c) The keyfob token will be returned in the same working condition as it was received. It should be used only in accordance with the OCS User Manual.

d) The keyfob token should be kept in a safe place and should be protected from liquids and extreme heat and cold. Any loss of or damage to the token must be reported to BSO immediately and I understand I may be held liable for any resultant costs to replace the keyfob token.

e) If my practice closes, changes ownership or ceases using OCS for any reason, it is my responsibility to inform BSO immediately and ensure the safe return of the keyfob token to BSO.
2. Logging into OCS

<table>
<thead>
<tr>
<th>OCS Web Address</th>
<th><a href="https://signin.hscni.net/partner">https://signin.hscni.net/partner</a></th>
</tr>
</thead>
<tbody>
<tr>
<td>Username (Practice Code)</td>
<td></td>
</tr>
<tr>
<td>PIN Number</td>
<td></td>
</tr>
<tr>
<td>Password</td>
<td></td>
</tr>
</tbody>
</table>

a) Open [https://signin.hscni.net/partner](https://signin.hscni.net/partner) then click “I accept” to the Terms of Use.

b) On the “Secure Logon HSCNI Partners” screen, enter the **Username** and the **Passcode**. Remember the 10 digit Passcode is your 4 digit **PIN number** followed by a **6 digit code** generated by the keyfob token (a new 6 digit code will be generated each time you wish to log in).
c) You will now be connected to the BSO Optometry Portal. The welcome screen will appear. This page will allow access to OCS and other features, all of which will require a separate login account. To proceed directly to OCS, click on the Ophthalmic Claim System button.

![](Ophthalmic%20Claim%20System)

d) The OCS login screen will appear. Enter your Premises Code and Password. Click Login.

![](HSC%20Business%20Services%20Organisation)

e) You will now be logged into OCS. The News & Links screen will be shown.

![](HSC%20Business%20Services%20Organisation)

- The Home tab will return you to the welcome News & Links screen.
- The New Claim tab will enable you to make a payment or submit a request for pre-approval or domiciliary notification.
• The **Reports** tab will enable you to view a monthly payment forecast, view payment summaries for previous months, view individual forms successfully submitted for payment, and check the status of pre-approval or domiciliary notification requests.

• The **My Profile** tab will enable you to change your details or password as necessary.

f) When finished using OCS, remember to click **Logout** to end the session.

g) In order to reduce the risk of unauthorised access to your account, if you do not enter any details or navigate within the system for 20 minutes, you will be automatically logged out and the session timeout screen will appear. If you are in the process of filling out a claim when this occurs, and have not yet submitted it for payment or pre-approval, the claim will not be saved and may need to be re-entered. It recommended that individual claims are submitted promptly on OCS to avoid any loss of work.
3. Claims still requiring paper GOS forms

Although the majority of GOS payment claims can be submitted through the Ophthalmic Claim System (OCS) with no issue, there are a small number of claims that cannot be submitted through OCS as they fall outside the strict business rules that apply to most GOS claims.

These claims will need to be sent in on a paper GOS(NI) Sight Test, Voucher or Repair / Replacement form and processed manually by BSO. For this reason it is advised that all OCS practices maintain a small supply of the paper forms for this purpose. These GOS forms can be ordered from the BSO Procurement and Logistics department (PALS) on 0300 555 0206.

Below is a list of situations where paper claim forms will be required. This list is not exclusive or exhaustive, as there may be other exceptional circumstances which require paper submission of a claim. Please contact BSO for advice for any claims that you have problems submitting through OCS or are unsure whether to submit on OCS or on a paper form.

- Providing a Voucher to a patient who wishes to use this at another practice
- Transposed Vouchers from a hospital or clinic
- Sight Tests, Vouchers or Repair / Replacements previously submitted on paper and returned to the practice for correction
  
  Sight Tests must be submitted within 6 months. Vouchers and Repair / Replacements must be submitted within 3 months.

- STC forms for Sight Tests
  
  Please note Vouchers and Repair / Replacements with HC3 forms can be submitted on OCS.

- GOS claim forms for UK residents not registered in Northern Ireland
  
  If the patient is registered in another part of the UK, a paper GOS form can be completed with “English / Scottish / Welsh patient” written on the Health and Care Number field (delete as applicable).

Please note: Vouchers that come from another practice or hospital/clinic may be claimed by your practice via OCS, however the original Voucher claim form should then be either stored securely in your practice or posted to BSO for storage. If posting to BSO, please ensure you annotate the front of the Voucher with the Claim ID to ensure the claims are not scanned for payment again.
4. New Claims

When logged into OCS, click New Claim on the menu bar on the top of the screen.

4.1. Searching for the Patient using Health & Care Number

a) The New Claim screen will be displayed. Enter the patient’s ten-digit Health & Care Number in the first field. Click “Click here to validate Health & Care No”.

b) If a valid Health and Care Number has been entered, the patient details will be populated on screen. You can now proceed to the Selecting a Claim Type section to make a claim.
4.2. Searching for a Patient using Name and Date of Birth

a) If the patient’s HCN is unknown or incorrect, input the patient’s **Surname**, **Forename** and **Date of Birth** (in the format DD/MM/YYYY) and click “Click here to search for patient using the above details”.

<table>
<thead>
<tr>
<th>Surname *</th>
<th>SAMPLE SURNAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Surname</td>
<td></td>
</tr>
<tr>
<td>Forename *</td>
<td>SAMPLE FORENAME</td>
</tr>
<tr>
<td>Date of Birth *</td>
<td>01/02/2003</td>
</tr>
<tr>
<td>Click here to search for patient using the above details</td>
<td></td>
</tr>
</tbody>
</table>

Please note either upper or lower case text can be used in the name fields. The patient’s name must match their HCN record exactly i.e. the spelling of any names, including any apostrophes, hyphens or spaces in the name.

b) Click on the drop-down arrow to view all matching patients. Normally only one patient will be found. Click on the patient’s name and their details will be populated onscreen. Occasionally, there may be two or more patients with the same name and date-of-birth shown. In these cases, the address should be used to select the correct patient. You can now proceed to the Selecting a Claim Type section to make a claim.

<table>
<thead>
<tr>
<th>Surname *</th>
<th>SAMPLE SURNAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Surname</td>
<td></td>
</tr>
<tr>
<td>Forename *</td>
<td>SAMPLE FORENAME</td>
</tr>
<tr>
<td>Date of Birth *</td>
<td>01/02/2003</td>
</tr>
<tr>
<td>Click here to search for patient using the above details</td>
<td></td>
</tr>
<tr>
<td>Choose Patient (1 found)</td>
<td>&lt;Select patient below&gt;</td>
</tr>
</tbody>
</table>

Please note, if the patient details used do not match their record or the patient is not registered for Health Service treatment, a “0 found” message appears.

| Click here to search for patient using the above details |
| Choose Patient (0 found) |
4.3. Selecting a Claim Type

a) Once the patient’s record has been found, a claim can be entered for the patient.

b) It is your responsibility to check the **Date of Last GOS Test** field prior to carrying out any Sight Tests. A date will be shown if the patient’s last Sight Test was submitted on OCS by any practice in NI and you will not be able to enter anything in this field. If you go ahead with the Sight Test without getting prior approval (under 3 months) or stating a reason for the early retest (over 3 months) the claim will not be paid. If the patient’s last Sight Test was submitted for payment on a paper form, no Date of Last GOS Test will be shown. If no date is shown in this field, you should ask the patient when their last test was to ensure a test is due.

![Date of Last GOS Test](image)

- [03/03/2015]


c) To proceed with claim submission, click on the drop down arrow in the **Create Claim for** field to show the three types of claim:

1. GOS(NI)ST – Sight Test
2. GOS(NI)V – Voucher
3. GOS(NI)R – Repair or Replacement

Click on the type of claim to be submitted.

![Create Claim for](image)

- [Select form type below]
- [Selected form type below]
  1. GOS(NI)ST – Sight Test
  2. GOS(NI)V – Voucher
  3. GOS(NI)R – Repair or Replacement


d) After selecting a claim type, click **New Claim** to begin filling out the claim.

![New Claim](image)
4.4. Sight Test Claims

a) Follow the instructions in previous sections to select the patient’s record and select 1 – GOS(NI)ST - Sight Test in the Create claim for drop down menu. Then click New Claim.

b) Check the patient details displayed in Part 1 are correct then scroll down to Part 2, which displays the Sight Test details.

c) Select a Sight Test outcome category by clicking the relevant box or boxes. At least one selection must be made from options 1, 2 or 3. Option 4 – Referred to GP may also be selected if applicable.
d) Select a medical exemption category, if applicable.

- Glaucoma
- At risk of Glaucoma
- Diabetic
- Relative of Glaucoma sufferer

e) If a medical condition is selected, the following box will appear which requires you to input the **Name and Address of GP Practice / Hospital Consultant**.

f) If submitting an **Early retest** claim (over three months from the last test) this box should be ticked and the clinical reason must be noted in the **Explanation for early retest** field. Then proceed with filling out the claim and submitting for payment. However, if the Sight Test is within three months of the last test, this field does not need to be filled in and the claim must instead be submitted for pre-approval from BSO before the test can be carried out (see Submit for Pre-Approval section).

g) Tick any of the exemption categories which apply.

- Complex lens wearer
- Registered Blind/Partially sighted
h) If the patient is entitled to be issued with a Voucher, the **Patient given GOS(NI)V Voucher type** box should be ticked and the **Voucher Code** entered in the box that appears (regardless of whether the patient uses the Voucher in this practice).

![Patient given GOS(NI)V Voucher type and Voucher Code boxes](image)

i) Refer to the Domiciliary Sight Test Notification and Claims section for more information on submitting these claims.

![Domiciliary Sight Test section](image)

j) Ensure this section is completed.

- Enter the **OO/OMP Code** (including the 3 digits only).
- Enter the **Date of Sight Test** either by typing it in (format **DD/MM/YYYY**) or by clicking in the field and using the calendar menu to select the year, month then day.
- Click on the drop down menu and choose an **Exemption Category** (this may be set already based on above menu selections).
- Tick **Evidence not seen** if applicable.

![OO/OMP Code, Date of Sight Test, Exemption Category, and Evidence not seen boxes](image)

k) When certain exemption categories are selected, the option **I am the partner of someone who is getting the benefit I have ticked** will appear, and should be ticked if applicable.

![I am the partner of someone who is getting the benefit I have ticked box](image)
l) If the **Student** option is selected as the **Exemption Category**, the mandatory **Name & address of school / college** field will appear.

![Exemption Category and Name & address of school/college fields](image)

m) The **Evidence not seen** box should be ticked if applicable.

![Evidence not seen box](image)

n) The practice details will be displayed. Click the tick box to confirm you have read the declaration.

![Declaration](image)

o) To submit the Sight Test claim now, click **Submit for Payment** or **Submit for Pre-approval** (see Submit for Pre-Approval section for instructions if necessary).

![Submit options](image)

p) If the Sight Test claim was submitted for payment or pre-approval, a message confirming this will appear onscreen along with the **Claim ID**. The claim will then appear in the **Reports** page of OCS where it can be viewed at any time. Click **Create New Claim** if you wish to return to the New Claim screen.

![Claim confirmation and Create New Claim options](image)
4.5. Domiciliary Sight Test Notification and Claims

a) A notification code must be requested on OCS at least 48 hours before carrying out a Domiciliary Sight Test (not including weekends and bank holidays). The following details must be filled in:

- Click the Domiciliary Sight Test drop down menu and select option 1 or 2.
- Click the box for This is a substitution if applicable.
- It is mandatory to state why the domiciliary visit was made in the Remarks box.
- Fill in the Address at which test was carried out (if different from address of claimant) if applicable.
- If the test was carried out at a Day Centre tick this box.
- Enter the Date and Time of Domiciliary visit.
- Click Request Notification Code.

b) You will receive an e-mail detailing the outcome of your request, either confirming the approval or rejecting it. If the request has been approved, the claim will show the notification code. After carrying out the test, open the claim and fill out the remaining fields to submit the claim for payment. If the request has been rejected, the reason for rejection will only be detailed within the body of the email. The request can be amended and resubmitted if required.
c) If the visit has been approved by BSO but is later cancelled, you must remember to click **Cancel Visit** then click on **Delete** at the bottom of the page.

![Image showing date and time of domiciliary visit and domiciliary notification code](image)

**Delete Claim**

d) If you are requesting a domiciliary Sight Test which requires pre-approval (for example if it is less than three months since the patient's last test), you **must apply for the pre-approval for the early retest first**. If this is approved, you can then enter the details of the domiciliary test and **apply for a domiciliary notification code**. If this is approved, you can carry out the test and submit for payment once complete.

![Submit for Payment, Submit for Pre-approval, Cancel](image)
4.6. Voucher Claims

a) Follow the instructions in earlier sections to select the patient’s record and select 2 – GOS(NI)V - Voucher in the Create claim for drop down menu. Then click New Claim.

b) Check the patient details displayed in Part 1 are correct then scroll down to Part 2, which displays the Voucher details.

b) Click the drop down menu to select a reason for the Voucher claim.
c) Enter the prescription details:

- The drop down menus for **Spherical** and **Cylindrical** can be used to enter a plus or minus sign and a value must be typed in the adjacent box (between 0 and 2600) in a multiple of 25.
- A value must be entered in the **Axis** field.
- A value can be entered in the **Prism** value if applicable.
- The drop down menu in the **Base** field can be used to select either 1 – Up, 2 – Down, 3 – In or 4 – Out if applicable.
- A value can be entered in the **V/A (Visual Acuity)** field if applicable.

![Prescription Details Table]

Please note, to claim for one pair of single vision glasses, enter either the distance OR reading values as applicable, not both. Only enter both distance AND reading values if claiming for bifocals or two pairs of glasses.

d) Click **L** and **R** to select either a 1 or 2 for each category as required.

![Category Selection]

e) Ensure this section is completed:

- Enter the **OO/OMP Code** (including the numerical digits only).
- Enter the **Date of Sight Test** either by typing it in (format DD/MM/YYYY) or by clicking in the field and using the calendar menu.
- Click on the drop down menu to choose an **Exemption Category**.
- Tick **Evidence not seen** if applicable.
f) If the Student Exemption Category is selected, an additional field will appear. The Name and Address of School or College should be input in this field.

![Exemption Category field](image)

![Name and address field](image)

g) When certain exemption categories are selected, the option **I am the partner of someone who is getting the benefit I have ticked** will appear, and should be ticked if applicable. **Evidence not seen** should be ticked if no evidence of entitlement has been seen by the practice.

![I am the partner field](image)

![Evidence not seen field](image)

h) Complete Part 3:

- Enter the **Date of Supply** either by typing it in (format DD/MM/YYYY) or by clicking in the field and using the calendar menu.

- Enter the **Retail Price** and **Sum patient assessed to pay on form HC3** if applicable. The system will calculate the other values in fields b, d and e as necessary.

- Click **I claim Small Glasses Supplement** if applicable.
• If prescribed and dispensed by different practitioners, enter the **Name and Address of Prescriber** in the box. If prescribed and dispensed by the same practitioner, tick the **Prescribed and Dispensed** box and the **Name and Address of Prescriber** box will disappear.

![Form Image]

i) The practice details will be displayed. Click the tick box to confirm you have read the declaration.

![Declaration Image]

j) To submit the Voucher claim now click **Submit for Payment**. If pre-approval from BSO is required click **Submit for Pre-approval** (see Submitting claims for Pre-approval section for further instructions).

![Submit Button]

k) When the Voucher claim was submitted for payment or pre-approval, a message confirming this will appear onscreen along with the **Claim ID**. The claim will then appear in the **Reports** page of OCS where it can be viewed at any time. Click **Create New Claim** if you wish to start another claim.
4.7. Repair or Replacement Claims

a) Follow the instructions in earlier sections to find the patient’s details and select 3 – GOS(NI) R Repr/Repl in the drop down menu. Click New Claim.

b) Check the patient details displayed in Part 1 are correct and scroll down to Part 2 which displays the Repair/Replace claim details.

c) Click the drop down menu to specify either a Repair or a Replacement claim.

d) Enter an explanation in the Nature of Repair/Replace field.
e) If the lens needs to be repaired or for all replacements, please enter the
prescription details:
- The drop down menus for Spherical and Cylindrical can be used to enter a
plus or minus sign and a value must be typed in the adjacent box (between 0
and 2600) in a multiple of 25.
- A value must be entered in the Axis field.
- A value can be entered in the Prism value if applicable.
- The drop down menu in the Base field can be used to select a category if
applicable.
- A value can be entered in the V/A (Visual Acuity) field if applicable.

<table>
<thead>
<tr>
<th></th>
<th>Sph</th>
<th>Cyl</th>
<th>Axis</th>
<th>Prism</th>
<th>Base</th>
<th>V/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distance Right</td>
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<td></td>
</tr>
<tr>
<td>Distance Left</td>
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<tr>
<td>Reading Left</td>
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</table>

Please note, to claim for one pair of single vision glasses, enter either the
distance OR reading values as applicable, not both. Only enter both distance
AND reading values if claiming for bifocals. In the rare event of claiming for
two pairs of glasses (one for distance and one for reading) these must be
submitted as two separate claims.

f) Click the drop down menus to select numbers for each category as required.

<table>
<thead>
<tr>
<th></th>
<th>L</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Vision</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prism Single</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tints</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complex Lens</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact Lenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multifocal/Bifocal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

g) For a repair, tick the boxes relevant for the parts which need to be repaired. For a
replacement, tick New Frame if applicable.
h) Click the drop down menu to select an **Exemption Category**. Tick **Evidence Not Seen** if applicable.

![Exemption Category](image)

i) If the Student **Exemption Category** is selected, an additional field will appear. The **Name and Address of School or College** should be input in this field.

![Name & address of school/College](image)

j) When certain exemption categories are selected, the option **I am the partner of someone who is getting the benefit I have ticked** will appear, and should be ticked if applicable. More boxes will appear. **His/Her name and address is** and **His/Her National Insurance No** fields must be completed. **Evidence not seen** should be ticked if no evidence of entitlement has been seen by the practice.

![I am the partner](image)

k) Complete Part 3:

![Part 3](image)
• Enter the **Date of Supply** either by typing it in (format **DD/MM/YYYY**) or by clicking in the field and using the calendar menu.

• Enter the **Retail Price** if applicable.

• Enter the **Sum patient assessed to pay on form HC3** if applicable. A declaration and tick box will appear. Tick this to accept the declaration.

<table>
<thead>
<tr>
<th>Sum patient assessed to pay on form HC3</th>
<th>£ 30.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑ * The patient or the patient's partner holds SSA HC3 full help certificate</td>
<td></td>
</tr>
<tr>
<td>Please accept the Declaration.</td>
<td></td>
</tr>
</tbody>
</table>

• The system will calculate the other values in fields **b** and **d** as necessary.

• Tick **I claim Small Glasses Supplement** or **In full-time attendance at school** boxes as applicable.

I) The practice details will be displayed. Click the tick box to confirm you have read the declaration.

m) If the Repair/Replacement claim was submitted for payment or pre-approval, a message confirming this will appear onscreen along with the **Claim ID**. The claim will then appear in the **Reports** page of OCS where it can be viewed at any time. Click **Create New Claim** if you wish to submit another claim.
4.8. Submitting claims for Pre-approval

Sight Test, Vouchers and Repair / Replacement claims can all be submitted for pre-approval and in certain circumstances this is mandatory before provision of any GOS services, in line with the GOS regulations. The pre-approval process is the same for all three types of claim.

a) At the bottom of the claim submission screen, click the Submit for Pre-approval button.

b) Complete the Reason for pre-approval in the box that appears. Click Confirm submission for Pre-approval.

c) A confirmation message for the Pre-approval will appear with the Claim ID number.

d) You will be informed of the outcome via e-mail. There are two possible outcomes:
   - Approved. You can then proceed to provide the GOS service and submit the claim for payment when ready.
   - Rejected. The reason will be given in the e-mail from BSO. The user can respond accordingly:
     o The claim can be edited and resubmitted as required, for example with more information in the reason box.
     o If the user accepts the rejection, the claim can be removed using the Delete Claim button at the bottom of the screen.
     o If the user wants to challenge the rejection, the query needs to be written in an email and sent to the BSO Ophthalmic team.
4.9. Submitting claims for consideration (including non-collections)

Occasionally you may need to submit a form that fails the normal business rules using the “Submit for Consideration” button.

a) You should fill out the claim form as completely as possible then click **Submit for Payment**. An error message and the **Submit for Consideration** button will appear. Click this button.

![Submit for Consideration Error Message]

b) An additional field **Reason for consideration on failure of one or more business rules** will appear. Enter any comments in this box then click **Confirm submission for consideration**. The form will be reviewed by BSO Ophthalmic staff and will either be accepted or rejected and returned to you.

![Reason for Consideration]

c) For example, if you want to submit a Voucher form for Non-Collection, you should fill out the form as normal (leaving the Date of Supply field blank) and follow the steps as outlined above, entering “Non collection” in the Reason for consideration field.

Note – Pre-approval claims should still be submitted via the existing process using the “Submit for Pre-approval” button at the bottom of the screen, not using this feature. Submitting claim using the Submit for Consideration option could result in unnecessary delay in payment if this is not required.
4.10. Creating a skeleton claim

a) When filling out any type of form, OCS gives the user the option of creating a second claim for the same patient, without having to go back to the New Claim screen. This is known as a skeleton claim as it will contain only the patient information, with the rest of the claim details to be filled in and submitted once the GOS service has been provided.

b) At the bottom of the screen the following links will be shown. Click the relevant link to create a Sight Test, Voucher or Repair / Replacement claim.

Click here to create a Sight Test GOS(N1)ST form using the same patient information
Click here to create a Voucher GOS(N1)V form using the same patient information
Click here to create a Repair/Replace GOS(N1)R form using the same patient information

Submit for Payment  Submit for Pre-approval  Cancel

A confirmation message will appear with the Claim ID number for the new claim. To view or submit the claim, you can click on the Claim ID number or access through the Reports page, as for any claim.

Click here to create a Sight Test GOS(N1)ST form using the same patient information
Click here to create a Voucher GOS(N1)V form using the same patient information
Click here to create a Repair/Replace GOS(N1)R form using the same patient information

Submit for Payment  Submit for Pre-approval  Cancel

A new Repair/Replace GOS(N1)R claim record 1711 has been created.

Please note it is not necessary to use any of the skeleton form links if you only intend to submit the claim you are currently filling out. This function is only used to create a second claim form for the same patient.
5. Reports

a) When logged into OCS, click **Reports** on the menu bar on the top of the screen.

b) The main **Reports** summary screen will appear.

5.1. Finding a Claim

Use the **Find Claim** function at the top of the **Reports** page to find a specific claim. Type the **Claim ID** in the field and click **Search** to display the claim form.
5.2. Payment Processing Reports

a) The first section shows **Payment Processing Reports** for the most recent month that has been paid. There is a summary report, a full payment report and individual reports for each type of payment. If you wish to download a report, click on the required file.

![Payment Processing Reports - August 2016](image)

b) In Windows 7 or any later versions, the download menu will appear along the bottom of the screen. You can choose to open, save or cancel as required.

![Download menu](image)

c) In older versions of Windows, the **Save As** menu will appear. Choose the location on your PC where the file is to be saved. Change the name of the file in the **File name** field if desired. Click **Save**. You can then open the file from the location where it was saved.

![Save As dialog box](image)
5.3. Forms Submitted for Payment

The second Reports section shows Forms Submitted for Payment, a list of pending claims for the current payment month.

- Each claim is assigned a Claim ID number. Click this to view a completed claim or to view, fill out and/or submit an incomplete claim.

- The Status column states the current status of the claim. Generally a green font denotes complete claims and red indicates an incomplete or rejected claim (see OCS Form Status List section for a full list).

- Select Click here to download report as CSV to download a list of pending claims for the current payment month.

- Once more than 20 claims are pending for the current month, additional pages will be added to this section. Click on the page numbers above Claim ID to scroll through all claims pending for the current month.

<table>
<thead>
<tr>
<th>Claim ID</th>
<th>Claim Type</th>
<th>Patient Name</th>
<th>Form Type</th>
<th>Health &amp; Care No</th>
<th>Exemption Category</th>
<th>Date Submitted</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>1001</td>
<td>052013</td>
<td></td>
<td>GOS(N)V-Sight Test</td>
<td></td>
<td>F - Relative of Glaucoma Sufferer</td>
<td>23/05/2013</td>
<td>Valid</td>
</tr>
<tr>
<td>1602</td>
<td>052013</td>
<td></td>
<td>GOS(N)R - Rep/Rep</td>
<td></td>
<td>B - Student</td>
<td>23/05/2013</td>
<td>Not Completed</td>
</tr>
<tr>
<td>1700</td>
<td>052013</td>
<td></td>
<td>GOS(N)V - Voucher</td>
<td></td>
<td>B - Student</td>
<td>23/05/2013</td>
<td>Not Completed</td>
</tr>
<tr>
<td>1701</td>
<td>052013</td>
<td></td>
<td>GOS(N)V - Voucher</td>
<td></td>
<td>B - Student</td>
<td>23/05/2013</td>
<td>Valid</td>
</tr>
<tr>
<td>1702</td>
<td>052013</td>
<td></td>
<td>GOS(N)Sight Test</td>
<td></td>
<td>C - ESA</td>
<td>23/05/2013</td>
<td>Valid</td>
</tr>
</tbody>
</table>

5.4. Forms Submitted for Pre-Approval or Notification

The third section shows Forms Submitted for Pre-Approval or Notification. The Status column will show whether the claim was approved or rejected. An approved claim will also be assigned a notification Code. Select Click here to download report as CSV to download a pre-approval/notification report for the current payment month or click the Claim ID to view and complete for payment.

<table>
<thead>
<tr>
<th>Claim ID</th>
<th>Request Type</th>
<th>Patient Name</th>
<th>Form Type</th>
<th>Health &amp; Care No</th>
<th>Date Submitted</th>
<th>Status</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>1716</td>
<td>Preapproval</td>
<td></td>
<td>GOS(N)V - Voucher</td>
<td></td>
<td>28/05/2013</td>
<td>Approved</td>
<td>1305133312</td>
</tr>
<tr>
<td>1722</td>
<td>Preapproval</td>
<td></td>
<td>GOS(N)R - Rep/Rep</td>
<td></td>
<td>20/05/2013</td>
<td>Approved</td>
<td>5276070002</td>
</tr>
</tbody>
</table>
5.5. Patient Notification of Address Change Submissions

This section shows notifications of changes to patient addresses submitted (please see Section 6 – Update Patient Address for more information).

<table>
<thead>
<tr>
<th>Notification Submitted</th>
<th>Health &amp; Care No</th>
<th>Forename</th>
<th>Surname</th>
<th>DOB</th>
<th>Address Line 1</th>
<th>Address Line 2</th>
<th>Postcode</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/09/2017 16:58:00</td>
<td>1234567890</td>
<td></td>
<td></td>
<td></td>
<td>123 Main Street</td>
<td></td>
<td>BT12 3AB</td>
</tr>
</tbody>
</table>

5.6. Previous Months

a) The fourth section shows **Previous Months** payment reports. Click on the month you wish to view.

<table>
<thead>
<tr>
<th>Month/Year</th>
<th>Number of forms</th>
<th>Total Paid</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 2013</td>
<td>94</td>
<td>£1562.64</td>
</tr>
<tr>
<td>May 2013</td>
<td>3</td>
<td>£105.60</td>
</tr>
</tbody>
</table>

b) The Reports available for that payment month will appear. You can download **Payment Processing Reports** or **Forms Submitted for Payment** and view claims for that month on the webpage.
5.7. **Reason for Return of Claim**

Claims may on occasion be returned as they cannot be paid according to GOS regulations.

a) To check why a claim has been returned to you, first open the claim by clicking on the Claim ID on the Reports screen or searching by Claim ID.

b) Check the **Comments** field at the top of the claim form to view the reason why the form was returned. The form should then be either amended and resubmitted for payment or deleted if you accept the rejection.

5.8. **Deleting a Claim**

a) To delete a form before it has been accepted for payment or approval, open it in Reports by clicking the **Claim ID**. Scroll to the bottom of the page and click **Delete Claim**.

b) In order to delete claims that have already been accepted for payment or approval (for example if submitted in error), you must first ring BSO to ask for the claim to be returned to you. Once the claim has been returned, you can then delete it as above.
5.9. **OCS Form Status List**

### Claim accepted for payment - no further practice action required

<table>
<thead>
<tr>
<th>Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Valid</td>
<td>Accept Claim</td>
</tr>
<tr>
<td></td>
<td>Allow Duplicate</td>
</tr>
</tbody>
</table>

Please note if a claim is submitted in error and accepted for payment, the user should ring the BSO Ophthalmic Payments staff to request the return of the claim before the monthly payment close deadline. Once the claim has been returned, the user can then delete the claim.

### Awaiting practice action

Please either:
1. Amend / complete claim and resubmit for payment; OR
2. If reason for rejection / return is accepted, user should **Delete** claim

<table>
<thead>
<tr>
<th>Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Completed</td>
<td>Return Claim</td>
</tr>
<tr>
<td></td>
<td>Reject Claim</td>
</tr>
<tr>
<td>Return Duplicate</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Reject Duplicate</td>
</tr>
</tbody>
</table>

### Awaiting BSO action

No action required from user until status changes

<table>
<thead>
<tr>
<th>Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sent For Payment</td>
<td>Captured</td>
</tr>
<tr>
<td>Exception</td>
<td>Possible Duplicate</td>
</tr>
<tr>
<td></td>
<td>Escalate Claim</td>
</tr>
<tr>
<td></td>
<td>Pending Requests</td>
</tr>
</tbody>
</table>

### No further action possible

As practice has deleted claim

<table>
<thead>
<tr>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deleted</td>
</tr>
</tbody>
</table>

### Status of Pre-Approval and Domiciliary Notification requests

<table>
<thead>
<tr>
<th>Status</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pending</td>
<td>Request pending, await outcome from BSO.</td>
</tr>
<tr>
<td>Approved</td>
<td>Request approved, complete claim and submit for payment when ready.</td>
</tr>
<tr>
<td>Rejected</td>
<td>Request rejected, consult email to see reason for rejection. May be amended and resubmitted for approval if required.</td>
</tr>
</tbody>
</table>

Note - Please ensure you have the correct email address registered under the **My Profile** page to ensure you receive email notifications related to your requests.
6. Update Patient Address

The Update Patient Address feature can be used to notify the BSO Medical & Registration department of changes to patients’ addresses. Please note usage of this feature will not result in immediate update of the patient’s address on OCS. BSO have to investigate and verify details before changing the system to reflect the new address. In the meantime you should continue using the registered address.

a) When logged into OCS, click **Update Patient Address** on the menu bar on the top of the screen.

![Update Patient Address](image)

b) Enter the **Health and Care Number** of the patient and click **Search Patient**. The current address for the patient will appear. Fill out the new address and postcode in the **Update Patient Address** section and click **Submit Change**. You will receive a message confirming the notification has been submitted.
7. My Profile

When logged into OCS, click My Profile on the menu bar on the top of the screen.

7.1. Updating My Details

a) My Details will be shown onscreen. If you wish to change your forename, surname, e-mail address or OO/OMP Code, click on Edit.

b) This edit screen will appear. Enter the new Forename, Surname, Contact Email Address or OO/OMP Code as required. The OO/OMP code must include the three digits and omit the letter. Click Save Changes to continue.
c) The new details will be shown. Check the information is correct. Click **Please click here to continue** to finish and return to the main OCS welcome screen.

![Profile updated successfully](image)

7.2. **Changing My Password**

a) Click on **My Profile**. Scroll down to the **My Password** section. Click **Change Password**.

![Password change form](image)

b) To change your password, enter your existing password in the **Old Password** field. Enter the new password in the **New Password** field and again in the **Retype New Password** field. Your password should be at least eight characters long and contain at least one capital letter, one small letter, one number and one symbol for maximum security. When you have entered your new password, click **Change Password** to continue.

![Password change form](image)

c) A message will be displayed confirming the password has been successfully changed. Click the **Please click here to continue** message to return to the OCS main welcome page.
8. Forgotten PIN or Password

a) If you forget your 4 digit PIN used for the Passcode to access the portal, please phone BSO to reset this.

b) If you have forgotten your actual Password for OCS, log into the portal as normal. On the OCS login screen, click I forgot my password.

c) Enter your Email Address and OO/OMP Code. This must match the details registered for your account exactly (if you cannot remember these details, ring BSO for advice). Click Submit.
d) A message will appear informing you that you will receive a confirmation e-mail to the address you registered with. Click **Please click here to continue** to return to the login page.

![Please click here to continue](image)

Sign up:
Thank you for signing up to use Ophthalmic Claims and Reporting System. You will shortly receive a confirmation email sent to your provided email address:

**Please follow the instructions that are outlined in the email to gain access to Ophthalmic Claims and Reporting System. Please click here to continue.**

If you do not receive this email within the next 24 hours please contact the ERES Helpdesk.

e) Open your e-mail service to receive the e-mail containing your username (premises code) and a **Temporary Password**. Highlight and copy this temporary password. The first time you log in to the system you will be asked to change this password for security purposes. If this e-mail does not arrive, ring BSO for advice.

![e-mail](image)

**Dear,**

Welcome to Ophthalmic Claims and Reporting System. You have now signed up to use the system. You have been assigned a temporary password to gain access to the system. You must change the password on your first login.

Your login username is: __________
Your temporary password is: __________

Thank you,
The OCS Account Team

**Email Disclaimers:**
This e-mail (together with any attachments) is private and confidential. This e-mail is for the intended recipient only. If you are not the intended recipient, it may be unlawful for you to read, copy, distribute, disclose or otherwise use the information in this e-mail. If you are not the intended recipient of this e-mail, please return it to customer-care@hscni.net and delete the original message (together with any attachments). This e-mail is not guaranteed to be secure or virus-free and is opened at your own risk. Although we have taken reasonable precautions to prevent harm being caused by this e-mail, HSC(NI) accepts no responsibility or liability for any damage howsoever caused by this e-mail or any attachment.

f) Enter the **Temporary Password** from the e-mail in the **Password** field. Click **Login.**

![Login](image)

You have successfully logged into the HSC(NI) Business Services Organisation network. By proceeding you have agreed to be bound by the terms and conditions of use set out by HSC(NI) Business Services Organisation.

Please enter password to gain access to Ophthalmic Claims and Reporting System.

**Premises Code**
**Password** *
[Login] [Cancel]
g) You will be prompted to again enter the **Temporary Password** in the **Old Password** field. Then enter a new password of your choice in the **New Password** field and re-enter it in the **Retype New Password** field. For maximum security, it is advised to use a unique password of at least eight characters which contains a mix of capital letters, small letters, numbers and symbols.

Thank you for signing up to use the Ophthalmic Claims and Reporting System.

Please confirm your login by entering the password provided in the sign up confirmation email, and enter a new password of your choosing to proceed.

<table>
<thead>
<tr>
<th>Premises Code</th>
<th>Old Password</th>
<th>New Password</th>
<th>Retype New Password</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

![Submit Cancel]

h) A message will appear, confirming the password change. Click **Please click here to continue** to continue.

```
Password changed successfully.
Please click here to continue.
```

i) The welcome screen for OCS will appear.

![Welcome to Ophthalmic Claims System]

FPS Ophthalmic Services are responsible for the payment of community ophthalmic practitioners, and the maintenance of the statutory Ophthalmic List. A wide range of information is also provided to the Health & Social Services Board, the professional advisors and the Department of Health, Social Services and Public Safety.

This web site provides the facility for community ophthalmic practitioners to submit claims and review claim payments.
9. Logging out of OCS

a) In order to log out of OCS at any time, click the Logout button on the top right of the screen.

b) You will be returned to the main OCS login screen. You can leave this screen open if you intend to log back into OCS or proceed to log out of the HSC secure connection.

c) A security feature means the user will also be logged out of OCS after 20 minutes of inactivity and the message below will be shown. If you wish to log back into the system, simply click where it says “To start a new session please login here”.
d) To completely log out of the BSO Optometry portal and the HSC network, the user must locate the **F5 icon** which is a red circle with white text. This is normally found in the system notification tray in the bottom right hand corner of your screen, to the left of the time and date. If this icon is not visible, click the “show hidden icons” arrow to show hidden icons. If the icon does not appear, you are not connected to the HCN network.

![F5 icon](image)

**Customize...**

10:43
07/11/2014

**e)** To disconnect the connection to the HSC network, right click on the F5 icon and left click on the **Terminate Connections** option that appears.

![Terminate Connections](image)

**f)** A screen will appear showing the secure connection closing and a message will appear confirming the log out is complete. You can close this window by clicking the red X icon in the top right hand corner. At this point, you can either proceed to turn off your PC or log back in to the portal from the start.

![Log out complete](image)

Your session is finished.

Logged out successfully.

Thank you for using service.

To close this browser window, click here.
10. OCSPR Form

The Ophthalmic Claim System Patient Record (OCSPR) form is used to record a patient’s signature as a declaration of their entitlement to Health Service treatment, along with enough information to match the signature to the online claim. This form is used to legally verify claims submitted online.

Once the basic information required on the form has been completed, it can be kept and added to each time a GOS claim is made for the patient. Full instructions for completion and recording of signatures are given on the form.

When any claim has been submitted on OCS, a confirmation message will appear with the Claim ID number.

![OCSPR Form]

The Claim ID number should be recorded in Part 5 – Patient GOS Claim Record on the OCSPR form along with all other required fields. All signatures required from the patient should already be completed on the form at this point.

These forms should be stored in practice, and should be retained when complete for a minimum of 6 years plus the current financial year.

11. OCS Help Contact Details

Please click on the following URL to access the access the latest contact details:

http://www.hscbusiness.hscni.net/services/2838.htm