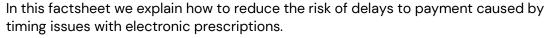


## Claiming for EPS prescriptions on time





#### **EPS** submission

The following steps can help you and your pharmacy team ensure that all of your EPS prescriptions are processed for payment promptly.



Claims should be sent to the NHS Business Services Authority (NHSBSA) no later than the 5th day of the month following that in which supply was made (Drug Tariff Part I, Clause 5A).



Send claims frequently throughout the month. If all claims are submitted at the end of the month, there is a risk of delayed payments if a technical issue prevents the successful transmission of claims.



Claim soon after the final dispense notification (DN) has been sent, and before the 180-day (six months) prescription claiming deadline\*. After 180 days, the prescription cannot be priced by NHSBSA.



Flexibility if IT issues cause delays with EPS claims: In exceptional circumstances, where IT issues have prevented/delayed transmission of EPS claims, you may be able to submit a claim for these to be paid - as long as the claim is made within 12 months of the original deadline and suitable evidence of the IT issue is provided. See the Drug Tariff (Part I, Clause 5A(4d)).

#### **EPS** message types

There are two key EPS notifications sent to the NHS Spine using your PMR system:

- 1. Dispense notification (DN) message: This message is submitted once a prescription has been dispensed via EPS. Sending the DN may also be referred to as 'dispensed', 'collected' or 'complete' depending on the PMR system used.
- 2. Claim notification (CN) message: This is the final claim message that should be sent after the DN has been submitted by the pharmacy. The CN message includes endorsements and the charge status of the prescription. The CN may be referred to as an 'electronic reimbursement claim', 'prescription claim message', or similar, depending on the PMR system used.



Claim for any partially dispensed items. If a prescription has multiple items and one is no longer required, by the patient, mark the item as 'not- dispensed' so that you can submit CNs for any other items dispensed on the same prescription.



Take into account of the five-day EPS window (explained overleaf).



Ensure that Schedule 2, 3 and 4 Controlled Drug (CD) prescriptions are marked as 'dispensed' and claimed for promptly. The law states that dispensing the Schedule 2, 3 and 4 CDs must occur within 28 days of the appropriate date. Aim to ensure that any DNs and CNs are sent within the same period. Your system supplier should not prevent the DNs and CNs from being submitted later, for example, where the actual dispensing took place within 28 days, but the DNs and CNs were submitted later due to a technical outage on day 28.

\*Ensure that all electronic Repeat Dispensing (eRD) prescriptions are claimed within 365 days of the prescriber's original signature date because DNs and CNs cannot be submitted beyond this point.





Your PMR system may have functionality to help ensure your EPS prescriptions are sent on time. Why not consider learning how to:



- Filter and display prescriptions within your PMR system that still need DNs and CNs to be sent.
- Set up PMR system alerts to notify you of any unclaimed prescriptions marked as 'dispensed' and approaching their 180-day claiming deadline or downloaded from the Spine but not yet dispensed.
- Use the EPS Tracker to identify prescriptions which have not been submitted. The tracker allows you to search by entering a prescription ID, NHS number, and date range. Find out more at: <a href="mailto:cpe.org.uk/tracker">cpe.org.uk/tracker</a>
- Use the claim amend feature (if your PMR system has it) to make any necessary changes if the 5th deadline has not yet passed.
- Deal with planned or unexpected system updates, as these may temporarily disrupt the submission of CNs.

### How does the EPS five-day window work?

The EPS prescription's dispensing month (submission and pricing rules to be applied) is determined by two dates: the DN date and CN date.

When a DN is sent before midnight on the last day of the dispensing calendar month, the CN must be received by the NHSBSA before midnight on the 5th of the following month to be counted towards the total items for the actual dispensing month. However, if the CN is submitted later than the 5th of the following month, the item will **NOT** be counted towards the actual dispensing month.

% of EPS prescriptions with DN sent during the dispensing calendar month and CN sent on the 6th or after in the following month:

\*

9%

\*2018 NHSBSA data.

Read more about this data at:
cpe.org.uk/timeEPS

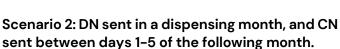
**Tip:** Submit DNs and CNs promptly because the prices paid for a medicine/appliance can vary from month to month, e.g., when a price concession is granted for one month but not the next.

### Examples of the five-day window

The four scenarios outlined below explain how this works in practice:

## Scenario 1: Both DN and CN sent before the end of the dispensing month

The example shows a DN sent on 29th March and the CN sent on 31st March. This claim will, therefore, be processed as part of the March dispensing month bundle.



A DN was sent on 29th March, and the CN on 4th April (before the 5th April deadline). This claim will, therefore, be processed as part of the March dispensing month bundle.





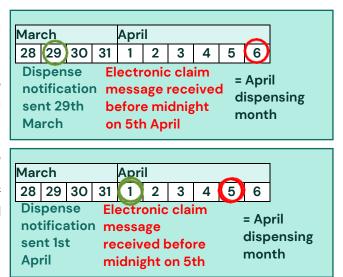


# Scenario 3: DN sent in a dispensing month, and CN sent after day 5 of the following month

The example shows a DN submitted in March, but a CN was sent on 6th April. This claim will, therefore, be processed as part of the April dispensing month bundle.

### Scenario 4: Both DN and CN sent between days 1-5 of the following month

The DN and CN have been sent in the first five days of the month so that this prescription will be processed as part of that dispensing month (in this case, April).



#### Declaration of end-of-month totals

CNs should be sent on time, and the correct number of items should be declared on your FP34C submission document. PMR systems can generate reports showing the correct number of EPS and paper items to include on the FP34C. Do not count dispensing tokens when totalling EPS figures; use the reports generated by your PMR system.

Discrepancies between the declared item total and the actual item total will impact your advance payment and balancing payment. This could lead to cashflow issues that take time to stabilise. Making an accurate declaration will also help with prescription reconciliation.

#### Late submissions due to IT issues

The standard EPS claiming timelines remain unchanged. However, in exceptional circumstances, where IT issues have prevented/delayed transmission of EPS claims to the NHSBSA, pharmacy owners are able to submit a claim for these to be paid. This could apply, for example, if there was a system outage, software bug, NHS IT issue, or a problem with NHS IT that prevented timely submission.

To be considered for payment:

- The claim must be submitted within 12 months of the original deadline.
- The pharmacy must provide evidence of the IT issue (e.g. supplier confirmation, service desk tickets, or other verifiable documentation).
- NHSBSA must be satisfied that the issue was outside the pharmacy's control and directly caused the delay.

Read more about EPS: <u>cpe.org.uk/timeEPS</u> and <u>cpe.org.uk/reconcileEPS</u> (Reconciling EPS prescription figures factsheet)