

Claiming for EPS prescriptions on time

In this factsheet we explain how to reduce the risk of delays to payment caused by timing issues with electronic prescriptions.



EPS submission

The following steps can help you and your pharmacy team to make sure that all of your EPS prescriptions are processed for payment in a timely manner.

 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.

 **Claim for any partially-dispensed items.** All prescription items must be marked as either fully dispensed or not dispensed before you submit a claim notification (CN). If a prescription has multiple items and one of the items is no longer required, by the patient, mark the item as 'not-dispensed' so that you are able to submit CNs for any other items dispensed on the same prescription.

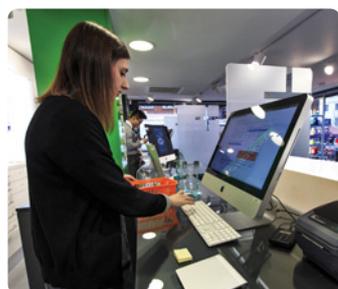
 Take into account **the five-day EPS window** (explained overleaf).

 Ensure that **Schedule 2, 3 and 4 Controlled Drug (CD) prescriptions are marked as 'dispensed' and claimed for in a timely manner.** The law sets out that actual dispensing of the Schedule 2, 3 and 4 CDs must take place within 28 days of the appropriate date. Aim to ensure that any DN and CNs are sent within the same period. Your system supplier should not prevent the DN and CNs from being submitted later for example, where the actual dispensing took place within 28 days, but the DN 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 DN and CNs cannot be submitted beyond this point.

Using your PMR system

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 DN 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 or NHS number plus a date range. Find out more at: psnc.org.uk/tracker
- **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.

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.



How does the EPS five-day window work?

The dispensing month in which an EPS prescription is submitted and counted for payment is determined by two key dates: the DN date and the 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.

Tip: Submit DNs and CNs in a timely manner because the prices paid for a medicine/appliance can vary from month to month, e.g. when a price concession is granted 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.

March				April						= March dispensing month
28	29	30	31	1	2	3	4	5	6	
Dispense notification sent 29th March				Electronic claim message received before midnight on 5th April						

Scenario 2: DN sent in dispensing month and CN sent between days 1-5 of the following month

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.

March				April						= March dispensing month
28	29	30	31	1	2	3	4	5	6	
Dispense notification sent 29th March				Electronic claim message received before midnight on 5th April						

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

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

March				April						= April dispensing month
28	29	30	31	1	2	3	4	5	6	
Dispense notification sent 29th March				Electronic claim message received after midnight on 5th April						

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

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

March				April						= April dispensing month
28	29	30	31	1	2	3	4	5	6	
Dispense notification sent 29th March				Electronic claim message received before midnight on 5th April						

Note: For scenarios 3 and 4, these EPS prescription claims will **NOT** be included in your payment for prescriptions dispensed in March, even if it was inadvertently declared in your FP34C submission document for the March dispensing month bundle.

Declaration of end-of-month totals

CNs should be sent on time and the correct number of items 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 have an impact on 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.

Further information

Find out more by visiting the following PSNC resources.

Claiming EPS scripts in time webpage: psnc.org.uk/timeEPS

Reconcile EPS prescription figures factsheet: psnc.org.uk/reconcileEPS

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

9%*

*data from the twelve months ending October 2018.

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