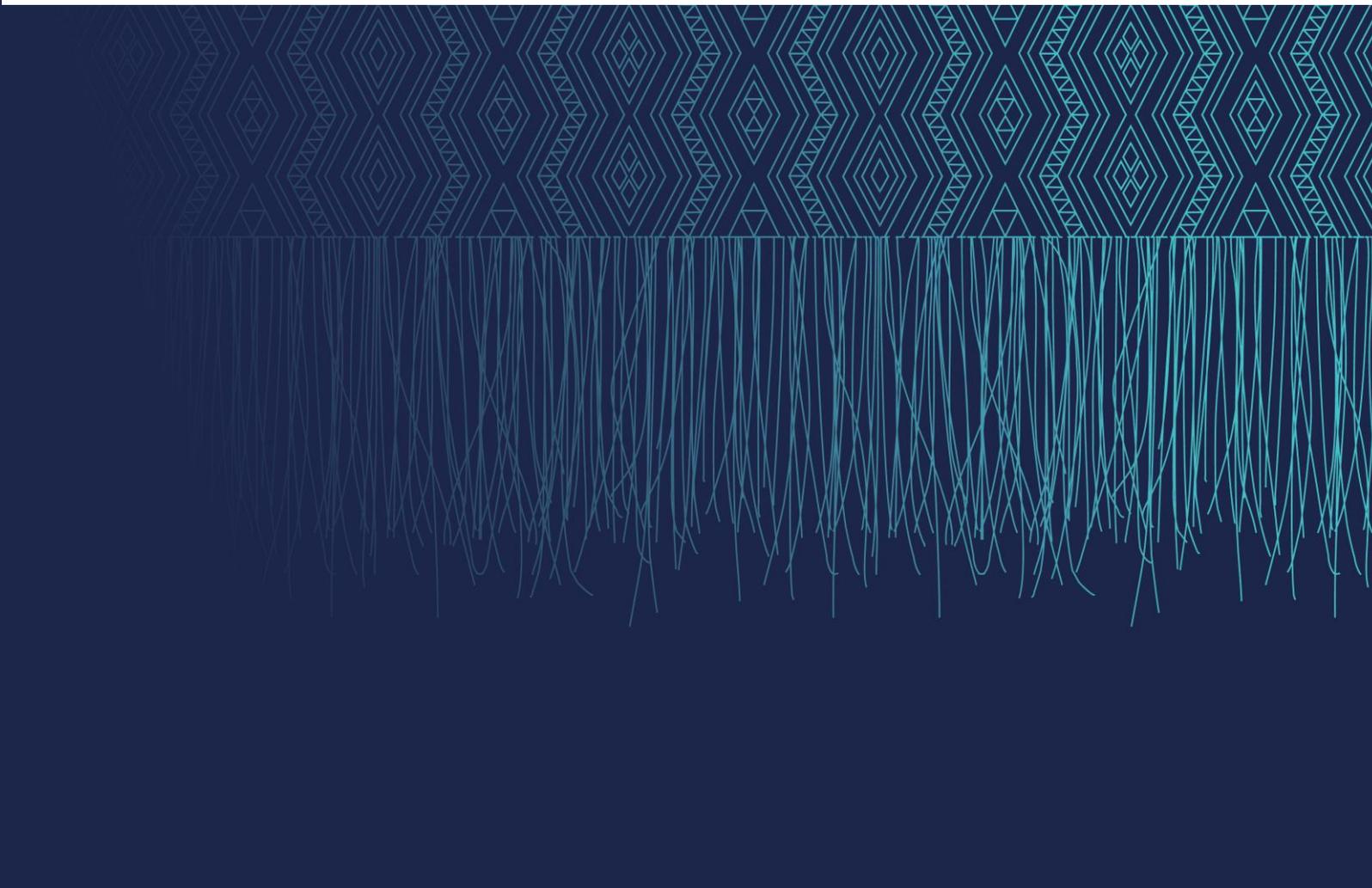


Non-District Health and Disability Workers

Influenza Reimbursement Portal Setup Guide

April 2023



Introduction

Claims Portal

Te Whatu Ora - Health New Zealand is accepting claims for non-district health and disability workers influenza vaccinations from 4 April 2023 to 13 October 2023 for up to \$35 (excluding GST). New claims or claims still incomplete will not be accepted after the 13 October 2023 - please make sure everything is completed prior to this date.

Reimbursement is available for non-district health and disability sector employees, self-employed lead maternity carers, and carers employed under individualised funding arrangements who:

- provide a health and/or disability service
- have direct patient/client contact
- are not eligible for a publicly funded influenza vaccine

The employer is required to register an account on the portal to then create a claim request. Included below are step-by-step instructions to registering an account and lodging a claim.

If you have any questions, email immunisation@health.govt.nz

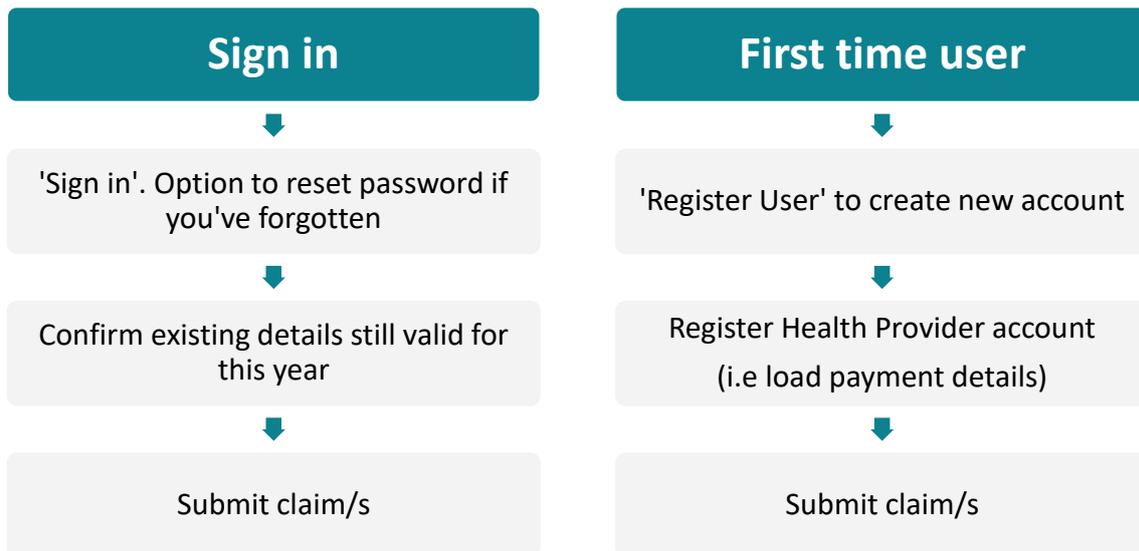
Notes before starting

- Claims can only be made by an employer on behalf of their employees. Claims cannot be lodged from individual employees on behalf of themselves.
- Please submit only one claim per employer – for all your eligible staff, even if you have multiple sites.
- You will need a mobile phone for multi-factor authentication.
- You will not be able to edit your details after they have been entered into the system. Take your time, and ensure your information is entered correctly. Please email any requests for amendments to immunisation@health.govt.nz
- If you have not received a payment from Te Whatu Ora before you must supply verification of bank account details. This can include a bank statement, deposit slip or a screenshot from online banking (containing the bank logo, account name and number). Please email this to immunisation@health.govt.nz

Create a User Account

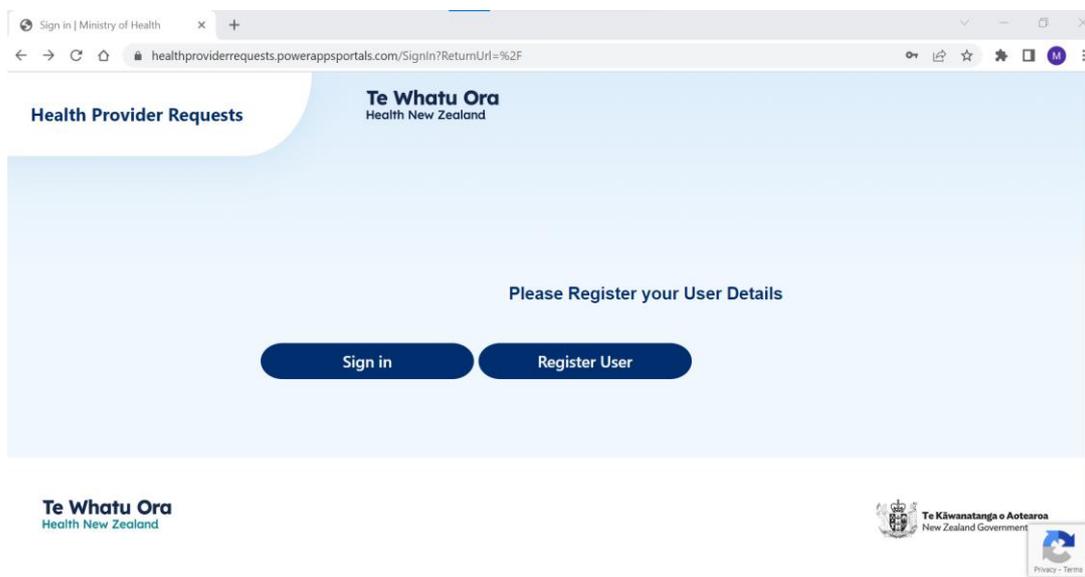
Entering User Details

To begin your registration, you will first be required to set up a User Account by entering your User Details. Once this account is established and verified, the user will be able to register and link their Health Provider/Employer profile, through which claims can be submitted.



Step 1

Enter <https://healthproviderrequests.powerappsportals.com/SignIn?ReturnUrl=%2F> into your browser. The following page should appear:

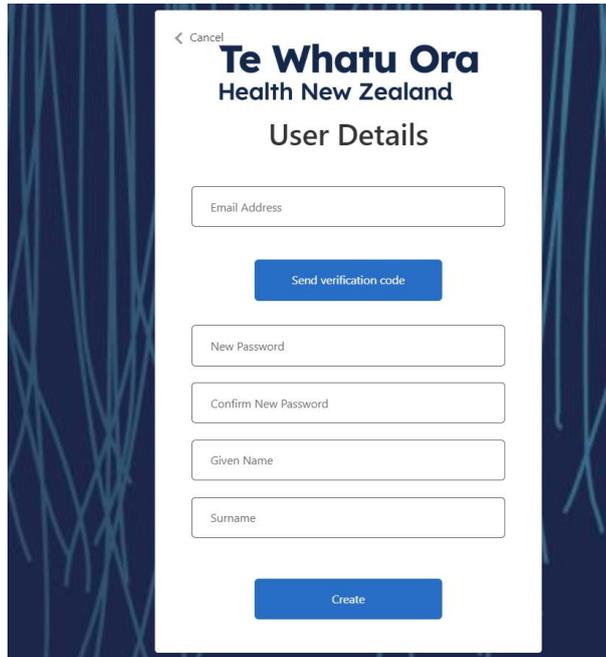


Step 2

Click on the 'Register User' button to begin.

Step 3

Enter your email address and click 'send verification code'.



The screenshot shows a mobile-style registration form titled "Te Whatu Ora Health New Zealand User Details". At the top left is a "Cancel" link. The form contains the following fields and buttons:

- Email Address (text input)
- Send verification code (blue button)
- New Password (text input)
- Confirm New Password (text input)
- Given Name (text input)
- Surname (text input)
- Create (blue button)

Check your email inbox - you will receive an email with your code shortly.

Influenza Reimbursement account email verification code



Microsoft on behalf of Influenza Reimbursement <msonlineserviceteam@microsoftonline.com>
To: Olivia Haslam

Verify your email address

Thanks for verifying your olivia.haslam@health.govt.nz account!

Your code is: 907631

Sincerely,
Influenza Reimbursement

This message was sent from an unmonitored email address. Please do not reply to this message.

Te Whatu Ora
Health New Zealand

Step 4

Copy and paste the code and click **'Verify Code'**

User Details

Verification code has been sent to your inbox. Please copy it to the input box below.

Note: If you try to fill in your details without verifying your account first you will encounter an error as follows:

User Details

A required field is missing. Please fill out all required fields and try again.

Step 5

Once verified, proceed to enter your password and given names, then press **'Create'**

Note: The password must be between 8 and 64 characters.

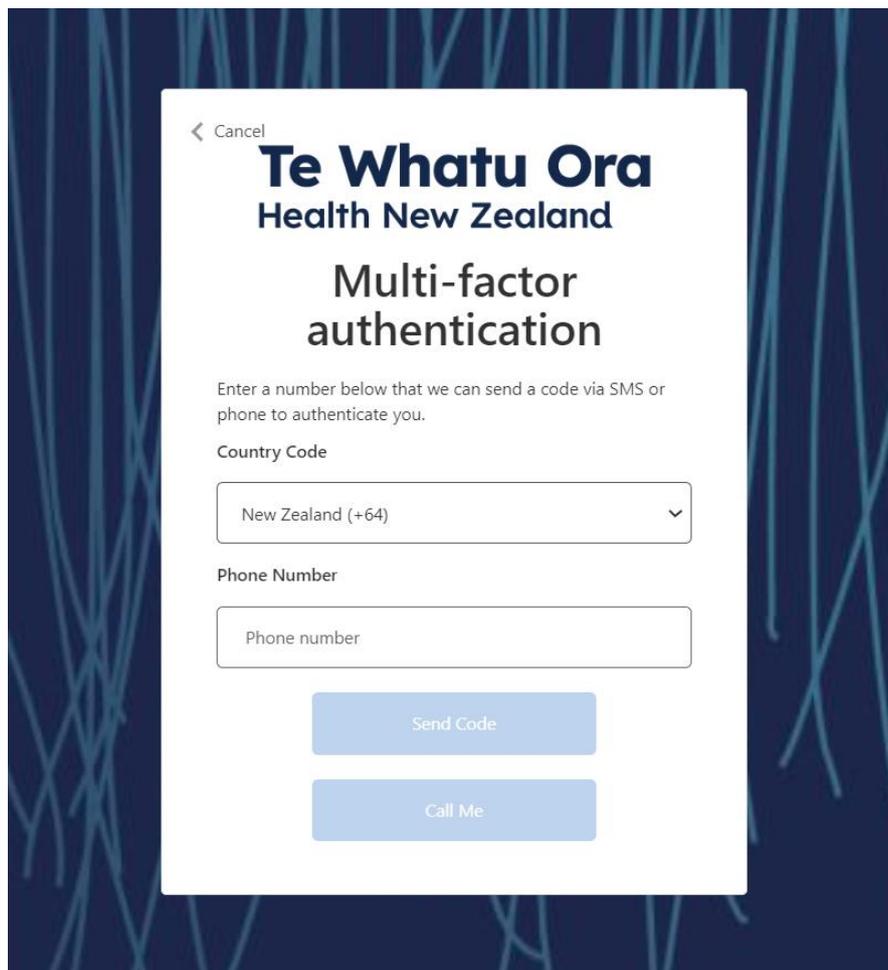
Your password must have **at least 3** of the following:

- lowercase letter
- uppercase letter
- number
- symbol

Step 6

Multi-Factor authentication (MFA) is required to progress. Please make this a phone number that you will have continued access to as MFA will be required on all further sign ins.

Select the correct country code: NZ (+64). Enter your phone number that we can send a code via SMS or phone to authenticate you. Select either 'Send Code' to receive a text/SMS or 'Call Me'. You will then be asked to enter in your verification code.



The screenshot shows a mobile application interface for Te Whatu Ora Health New Zealand. At the top left, there is a back arrow and the word "Cancel". The main heading is "Te Whatu Ora Health New Zealand" in a large, bold, dark blue font. Below this, the title "Multi-factor authentication" is displayed in a bold black font. A sub-heading reads "Enter a number below that we can send a code via SMS or phone to authenticate you." There are two input fields: "Country Code" with a dropdown menu currently showing "New Zealand (+64)", and "Phone Number" with a text input field containing the placeholder "Phone number". At the bottom, there are two blue buttons: "Send Code" and "Call Me".

Step 7

You will arrive at your home screen. This means you have successfully set up your user account. You can log out and return to this point later to register your provider using your sign in details and MFA.

Health Provider Requests

Te Whatu Ora
Health New Zealand

Please Register your Organisation

If you are an individual registering for a single reimbursement you **must** be either:

- A self-employed lead maternity carer
- A carer employed under an individualised funding arrangement
- A sole trader

AND have patient/client contact and are not eligible for a publicly funded influenza immunisation (criteria available on the [PHARMAC Website](#))

For your request to be processed promptly, please ensure that your trading name is filled in. This must be your legal trading name.

Health Provider Registration *

[Add Provider](#)

Trading as	Provider type	Bank account number	GST number
There are no records to display.			

Request types *

Staff influenza reimbursement

For further assistance please email immunitisation@health.govt.nz

Register a Health Provider Account

Enter Employer Details

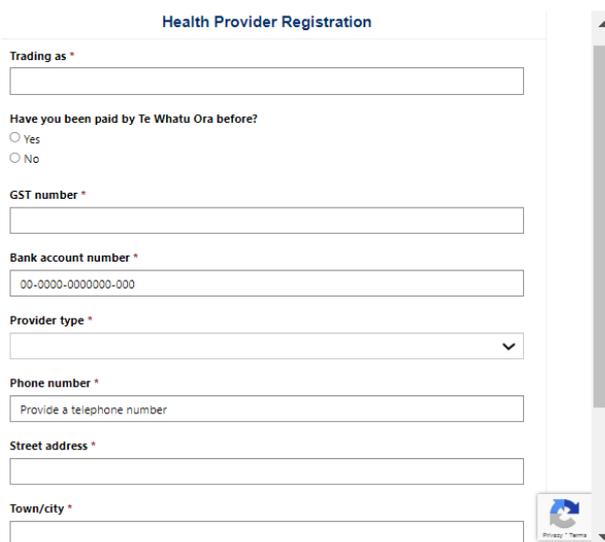
Now that you have created a user account, you can register the Health Provider/Employer who will make the request on behalf of their employees.

Step 1

Click on the **'Add Provider'** button to prompt a pop-up to enter your business details.

Note: Take care in entering your details as you will NOT be able to edit them later. If you need to amend any details, please email immunisation@health.govt.nz with the details of your amendment along with your business name and contact details.

The boxes with red stars denote a compulsory field. Enter your business details and address. Under 'Trading Name', enter your legal trading name in order for your request to be processed promptly.



The screenshot shows a web form titled "Health Provider Registration". The form contains several fields, each with a red asterisk indicating it is compulsory. The fields are: "Trading as *", "Have you been paid by Te Whatu Ora before?" (with radio buttons for "Yes" and "No"), "GST number *", "Bank account number *" (with a placeholder "00-0000-00000000-000"), "Provider type *" (a dropdown menu), "Phone number *" (with a placeholder "Provide a telephone number"), "Street address *", and "Town/city *". There is a "Privacy Terms" link at the bottom right of the form.

Please Note: If you respond "No" to *Have you been paid by Te Whatu Ora before?* You will be asked to email verification of your bank account details to immunisation@health.govt.nz

You must supply the following one of the following as bank account verification:

- Bank verified deposit slip (needs to be a printed copy)
- Statement header scan
- Bank letter
- Screenshot from online banking showing account name and number along with bank name and logo

Step 2

Confirm your organisations details and press 'Submit'. You will be prompted to confirm your details. Please click 'Ok' to verify and submit the form (there can be a small delay while this loads). Or click 'cancel' to return to the form and edit your details.

The image shows a confirmation dialog box titled "Submit" with a close button (X) in the top right corner. The dialog contains the following text: "Please note: Once the Provider's details are submitted these cannot be changed by the Contact. Please confirm all information provided is correct before submitting." Below the text are two buttons: "Ok" and "Cancel".

Annotations in blue boxes provide additional context:

- An arrow points from the "Ok" button to a box that says "Clicking OK will submit this form."
- An arrow points from the "Cancel" button to a box that says "Clicking Cancel will return you to the Provider detail form."

The background shows a partially visible form with fields for "GST number", "Bank", "Phone number", "Street address", "Town/city", and "Postcode". A "Submit" button is visible at the bottom left of the form area.

Step 3

Click **Ok**. Your business details will be submitted and will appear as below:

The image shows a confirmation page for "Health Provider Registration" under the heading "Te Whatu Ora Health New Zealand". The page displays the following details:

Trading as	Provider type	Bank account number	GST number
Immunisation Team	Other	02-0248-0082046-001	21345

Below the table, there is a "Request types" dropdown menu with "Staff influenza reimbursement" selected.

At the bottom of the page, there is a "Next" button and a note: "For further assistance please email immunisation@health.govt.nz."

Step 4

Click on the 'Next' button to proceed to enter a staff Influenza reimbursement claim. You will arrive at the following dashboard. This page has two functions:

1. Serves as the site to submit your staff Influenza claims
2. Provides an overview of the claims that you have submitted.

The screenshot shows the 'Te Whatu Ora Health New Zealand' dashboard. At the top, it says 'Please lodge your claim using the Add Request button.' and 'Note: You will be prompted to upload your tax invoice.' Below this is a section for 'Request Details' with an 'Add Request' button. A table with columns 'Request Number', 'Number of Vaccinations', 'Invoice Date', 'Invoice Number', and 'Total Cost of Claim' is shown, but it contains no data. At the bottom, there are 'Previous' and 'Log out' buttons.

Submitting a Claim

Step 1

Click on the 'Add Request' button to prompt a pop-up to enter your Influenza claim details.

Please check that your invoice contains the following information for your claim to be processed.

- Must contain the words 'Tax Invoice'
- Must show the GST or state it is GST inclusive
- Must be addressed **from** your business **to** Te Whatu Ora
- Please ensure you are claiming for the cost of each vaccination to you, with a maximum of \$35 +GST per person/employee reimbursed
- If you have not received a payment from Te Whatu Ora before you must supply verification of bank account details. This can include a bank statement, deposit slip or a screenshot from online banking (containing the bank logo, account name and number). Please email this to immunisation@health.govt.nz

Number of vaccinations *

Invoice date *

Invoice number *

Total cost of claim GST exclusive *

- I confirm I will maintain, in line with the Privacy Act 2020, a record of the individuals for whom I am making this reimbursement claim against, and that I can provide this to Te Whatu Ora on request. *

Please Note: You will need to enter your claim details and attach the tax invoice associated with the claim as supporting evidence. Please use the template provided at the end of this document.

Step 2

Click **'Submit'** to complete the request. You will be prompted to confirm your details. Please click **'OK'** to verify and submit the form (there can be a small delay while this loads). Or click **'cancel'** to return to the form and edit your details.

You will then be returned to the overview dashboard view which should now include your newly submitted claim.

Please lodge your claim using the Add Request button.
Note: You will be prompted to upload your **tax** invoice.

Request Details *

[Add Request](#)

Request Number	Number of Vaccinations	Invoice Date	Invoice Number	Total Cost of Claim	
HPR-0000002407	1	29/04/2023	1	\$45.00	▼

For further assistance please email immunisation@health.govt.nz

[Previous](#) [Log out](#)

Thank you, you have submitted your staff influenza vaccination reimbursement claim.

We will aim to process your claim within two months from receipt of a valid claim. We will email you if we require more information.

TAX INVOICE TEMPLATE

To: Te Whatu Ora Health New Zealand
PO Box 5013, WLG 6140

Re: Staff Influenza Vaccination Reimbursement

Invoice Date:
INVOICE
NUMBER:
GST
NUMBER:

Name
Company Name

Street Address
City
Post Code

Phone

Email

DESCRIPTION	QUANTITY	Unit Price	AMOUNT
		SUBTOTAL	
		TOTAL GST (15%)	
		TOTAL NZD	

Please pay direct credit to bank account: *[bank account number]*

PAYMENT ADVICE

Customer: Te Whatu Ora Health New Zealand
Invoice Number: [#####]
Amount Due: [\$\$]

To:
Company Name
Street Address
City,
Post Code
Phone
Email