

Non-Health Zealand Health and Disability Workers

Influenza Reimbursement Portal
Setup Guide
April 2024

Introduction

Claims Portal

Health New Zealand | Te Whatu Ora (Health NZ) is accepting claims for non-Health New Zealand health and disability workers influenza vaccinations from 2 April 2024 to 11 October 2024 for up to \$35 excluding GST (\$40.25 GST inclusive). New claims or claims still incomplete will not be accepted after the 11 October 2023 - please make sure everything is completed prior to this date.

Reimbursement is available for non-Health New Zealand health and disability sector employees, self-employed lead maternity carers, and carers employed under individualised funding arrangements who satisfy all three of the following criteria:

- 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

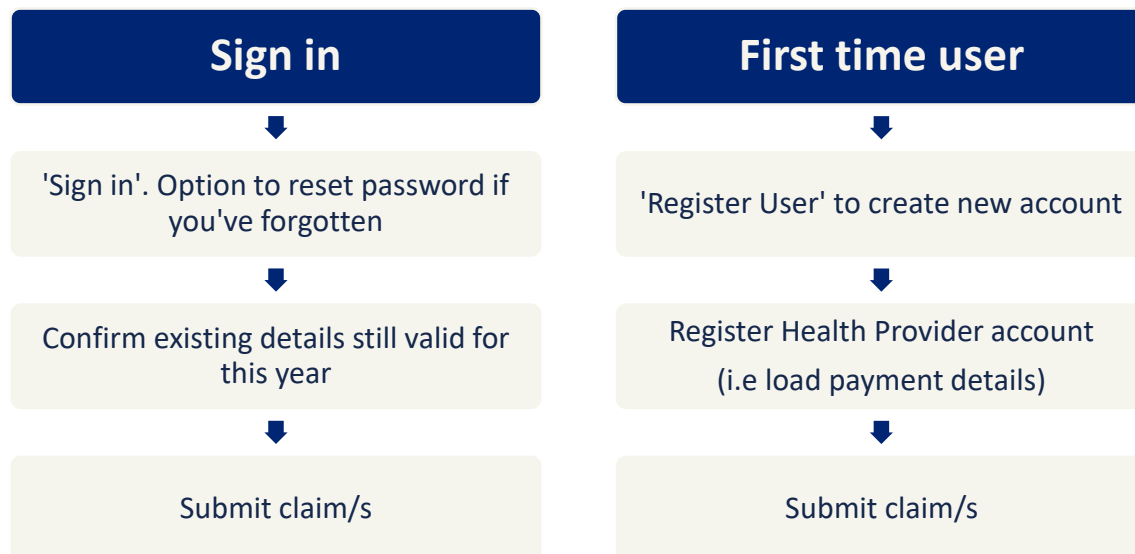
- **Claims can only be made by an employer on behalf of their employees.** Claims cannot be lodged from individual employees on behalf of themselves.
- Claims cannot be lodged by organisations on behalf of other providers
- All available influenza vaccine brands in New Zealand (excluding the Pharmac-funded vaccine for eligible populations) are eligible for reimbursement when administered to non-Health NZ health and disability workers who are patient-facing and fit the criteria. The specific influenza vaccine brand is the choice of the employer.
- **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 Health NZ 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
- We aim to process reimbursements within two months from receipt of a completed valid claim.

Create a User Account

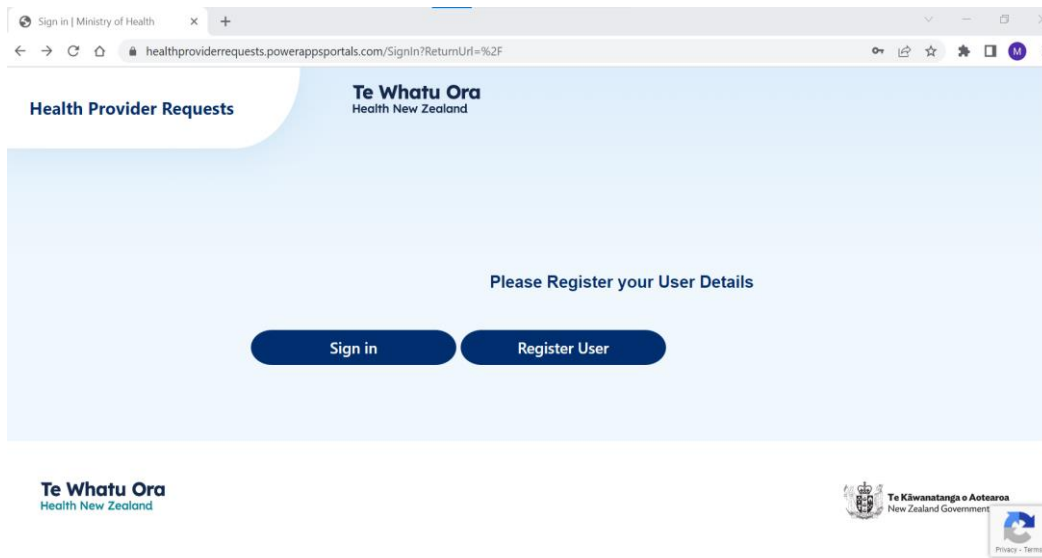
Entering User Details

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'**.

A screenshot of a mobile application registration form titled 'Te Whatu Ora Health New Zealand User Details'. The form is displayed on a dark blue background with a white overlay. It contains several input fields: 'Email Address', 'New Password', 'Confirm New Password', 'Given Name', and 'Surname'. A blue button labeled 'Send verification code' is located below the 'Email Address' field. At the bottom of the form, there is a blue button labeled 'Create'. A 'Cancel' link is visible in the top left corner of the form overlay.

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.

Send verification code

Create

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.

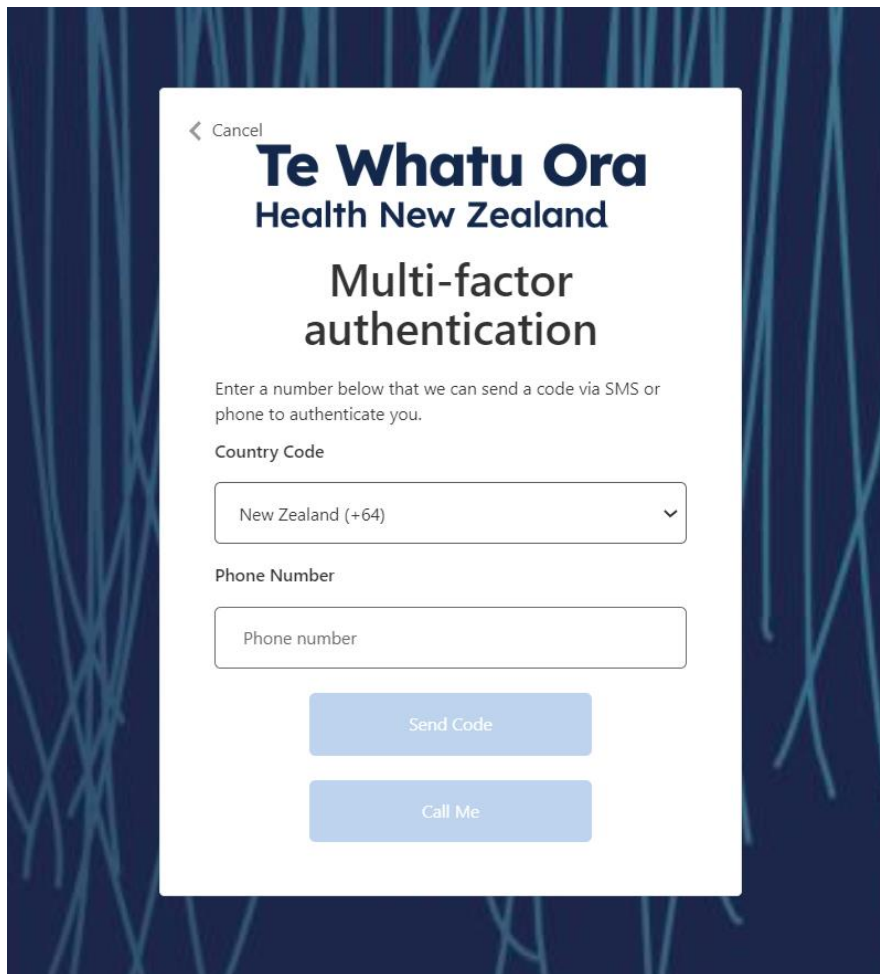
Your password must have **at least 3** of the following:

- 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.



< Cancel

Te Whatu Ora Health New Zealand

Multi-factor authentication

Enter a number below that we can send a code via SMS or
phone to authenticate you.

Country Code

New Zealand (+64) ▾

Phone Number

Phone number

Send Code

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.

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 *

Diff influenza reimbursement

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

Registering 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.

Health Provider Registration

Trading as *

Have you been paid by Te Whatu Ora before?
 Yes
 No

GST number *

Bank account number *
 00-0000-0000000-000

Provider type *

Phone number *
 Provide a telephone number

Street address *

Town/city *

[Privacy](#) [Terms](#)

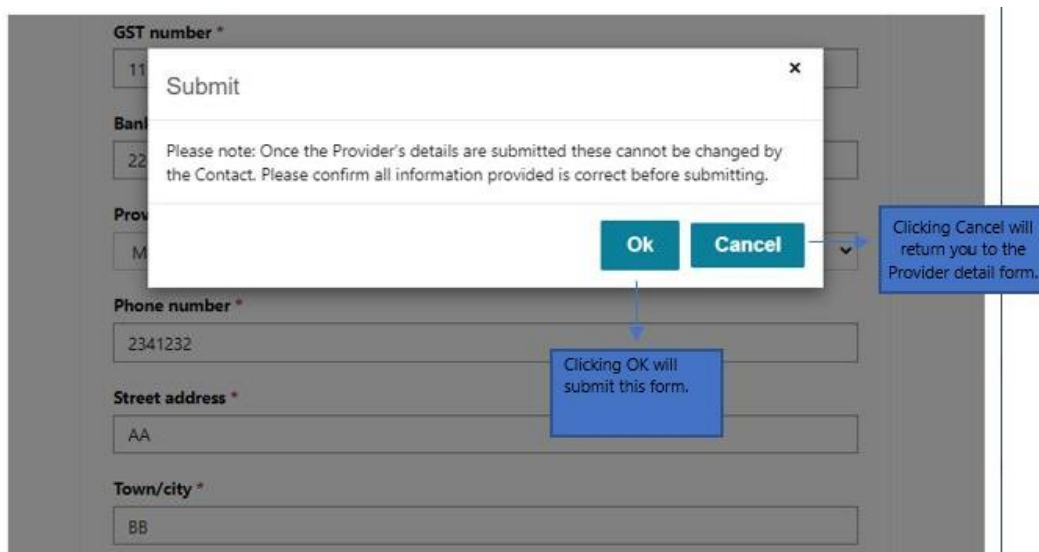
Please Note: If you respond “No” to *Have you been paid by Te Whatu Ora before?* **You will be asked to email verification of your bank account details to immunisation@health.govt.nz**

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.



Step 3

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

The screenshot shows the 'Health Provider Registration' form. At the top left, it says 'Health Provider Requests' and 'Te Whatu Ora Health New Zealand'. The form has several fields: 'Trading as' (with a dropdown menu), 'Provider type' (with a dropdown menu), 'Bank account number', and 'GST number'. The 'Trading as' field is set to 'Immunisation Team', 'Provider type' is 'Other', 'Bank account number' is '02-0248-0082046-001', and 'GST number' is '21345'. Below these fields is a 'Request types' dropdown menu set to 'Staff influenza reimbursement'. At the bottom of the form, 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 dashboard for the 'Health Provider Registration' form. At the top left, it says 'Te Whatu Ora Health New Zealand'. The dashboard has a central message: 'Please lodge your claim using the Add Request button.' and a note: 'Note: You will be prompted to upload your tax invoice.' Below this is a 'Request Details' section with an 'Add Request' button. There is a table with the following columns: 'Request Number', 'Number of Vaccinations', 'Invoice Date', 'Invoice Number', and 'Total Cost of Claim'. The table is empty, and the text 'There are no records to display.' is shown below it. At the bottom of the dashboard, there are 'Previous' and 'Log out' buttons. A note at the bottom says: 'For further assistance please email immunisation@health.govt.nz'.

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-000002407	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: Health New Zealand | Te Whatu Ora
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: Health New Zealand | Te Whatu Ora
Invoice Number: [#####]
Amount Due: [\$\$]

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