Pharmacy Programs Administrator

PORTAL USER GUIDE – NATIONAL IMMUNISATION PROGRAM VACCINATIONS IN PHARMACY (NIPVIP) PROGRAM

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PHARMACY PROGRAMS ADMINISTRATOR PORTAL USER GUIDE – NIPVIP PROGRAM

INTRODUCTION

This Pharmacy Programs Administrator Portal User Guide provides a step by step process for the National Immunisation Program Vaccinations in Pharmacy (NIPVIP) Program. It describes the following processes for:

- NIPVIP Program Registration
- NIPVIP Service Claims.

For best performance, we recommend the most recent version of the **Google Chrome** browser is used. Whilst you can successfully submit your registration and make claims using other internet browsers, they may not have all the features required to provide you with the best user experience.

If you require further assistance with using the Pharmacy Programs Administrator Portal, please do not hesitate to contact the Pharmacy Programs Administrator Support Centre on 1800 951 285 or email support@ppaonline.com.au.

Please note that registration and claiming for the NIPVIP Program will only be available from **1 January 2024**.

NIPVIP PROGRAM REGISTRATION

This section details how to submit a NIPVIP Program Registration through the Pharmacy Programs Administrator Portal from **1 January 2024**. *Please note only the Main Authorised Person (MAP) for the Service Provider can register for a new program.*

1) Open the **Home** page to display a list of your approved Service Provider(s)

2) To register for a new program, click the **Register for New Program** link underneath the name of the Service Provider you are trying to register for the program

3) The Program registration screen will display a list of all programs a Service Provider may register for. Use the drop-down list to select **National Immunisation Program Vaccinations in Pharmacy**

4) You will be prompted to enter your pharmacy's AIR Provider Number

5) Ensure you carefully read through and check each box in the Program Declaration showing that the pharmacy agrees to meet each of the requirements, then click **Submit Registration** button to continue

Declaration

THE FOLLOWING IS A LEGALLY BINDING DECLARATION, PLEASE ENSURE YOU HAVE PROPERLY READ AND AGREED BEFORE CLICKING SUBMIT.

By checking the following boxes and clicking Submit Registration you declare that:

- ☑ The pharmacy will deliver the National Immunisation Program Vaccinations in Pharmacy (NIPVIP) Program in accordance with the Pharmacy Programs Administrator (PPA) General Terms and Conditions, the NIPVIP Program Rules and any relevant Professional Standards and Pharmacy Board Guidelines, as outlined in the NIPVIP Program Rules

- ☑ The NIP vaccination will be administered by appropriately trained immunisers (who have also undertaken the required training) and with consideration to the patient's comfort and right to privacy

- ☑ The pharmacy agrees to cooperate in providing information requested by the PPA, the Australian Government, or State and Territory Governments in support of investigations or audits of NIPVIP claims

- ☑ The pharmacy agrees that the PPA, the Australian Government, or State and Territory Governments may also audit the pharmacy at any time to ascertain whether they are continuing to meet the program requirements

- ☑ The pharmacy holds current and relevant accreditation to administer NIP vaccinations as required by its applicable State or Territory requirements/legislation.

By clicking Submit Registration you confirm that you are authorised to bind the pharmacy to comply with the terms and conditions detailed above and all other Program Rules relating to the NIPVIP Program. Providing false or misleading information is a serious offence and auditing of claims made under the program may occur. All records should therefore be maintained in accordance with the Program Rules.

Submit Registration

6) The Program registration will be automatically approved. A Green Message box will appear in the top right-hand corner of the screen. You can now proceed to submitting claims for the NIPVIP Program.

✓ Your NIPVIP program registration has been approved.

If you have any queries, please don't hesitate to contact the Support Centre on 1800 951 285 or via support@ppaonline.com.au for assistance.

NIPVIP SERVICE CLAIM

This section details how to submit a NIPVIP Service Claim through the Pharmacy Programs Administrator Portal after **1 January 2024.**

Please note in order to submit a NIPVIP Service Claim the pharmacy must first be registered for the program by the Main Authorised Person using the steps in the previous section.

1) Once logged into the Pharmacy Programs Administrator Portal, click on the **Home** icon to access a list of approved Service Providers and their registered programs

2) Click on the **View** button next to the NIPVIP Program under the relevant Service Provider

3) Once you have clicked on **View**, the following screen will display. Select the **Service Claim** tab

4) The NIPVIP Service Claim form will display (part of form shown below). Complete all the fields in the NIPVIP Service form. Once the AIR Provider Number field is filled in and submitted in the first claim, the Portal will remember and pre-fill the details in your next claim from the last claim you submit. Please note this field is editable – if your AIR Provider Number changes between claims please update the pre-filled number in your current claim form to the correct number

5) If there are issues with any of the information entered into the application form, an error message will appear (see below). Correct any entries where necessary

Patient Given Name(s)

Patient Given Name(s) is required.

Patient Family Name

Patient Family Name is required.

6) If you need to return to the application at another time, click the **Save** button. Saved claims will save with a *Pre-Submission* status

🖫 Save   🖥 Submit

7) Once you have completed all fields, carefully read the declaration and then click on the **Submit** button to submit the application

Declaration

By clicking Submit you acknowledge and agree that:

  a. The information provided within this application is true and correct

  b. The pharmacy will notify the Pharmacy Program Administrator immediately of any change in the operation of the pharmacy that may affect the payment of this allowance, including a change of opening hours, ownership or PBS approval number.

By submitting your application for the RPTA Program you confirm that you are authorised to bind the pharmacy/business to abide by the terms and conditions detailed above. Providing false and misleading information is a serious offence and auditing of applications made under the RPTA Program may occur.

🖫 Save   🖥 Submit

8) A successful submission message will then appear advising that your claim has been submitted and the claim will appear with the Approval Status of 'Granted' in your **View Claims** Tab

✔ Claim Submitted

9) To see a list of all submitted and/or saved applications, click on the **View Claims** tab. Click on the **Continue Submission** button to complete any previously saved applications. Only

submitted claims will be paid. If claims are not submitted within the claiming deadlines they cannot be paid.

NATIONAL IMMUNISATION PROGRAM VACCINATIONS IN PHARMACY - EXAMPLE PHARMACY

	Service Claim	View Claims						

ENTRIES

Search [🔍]

ID	PATIENT FAMILY NAME	PATIENT MEDICARE/DVA NUMBER	VACCINATION BRAND	DATE OF VACCINATION	DATE SUBMITTED	APPROVAL STATUS	ACTIONS	VIEW CLAIMS
142065	-	-	-	-	-	PreSubmission	Continue Submission	🔍

If you have any queries, do not hesitate to contact the PPA Support Centre on 1800 951 285 or via email at support@ppaonline.com.au.