Review the Claim and Payment Enquiry

This article provides guidance for a payments officer to:

- understand the steps required to review all claim and payment enquiries (CPEs)
- understand the enquiry for a SAP CRM plan
- understand the enquiry for a PACE plan

Recent updates

Date	What's changed
07 November 2025	Transaction ID field process added for MSC forms and PCFs

Topic	Checklist
Pre-requisites	• Received a Claim and Payment Enquiry.
Actions	Sections: • Steps required to review claim and payment enquiries • Enquiry for a PACE Plan • Enquiry for a SAP CRM Plan • Complete Enquiry Closure Additional Information • Related procedures or resources

Integrity Compliance Alerts and Locks

Where Claim and Payment Enquiries submitted by Providers or Self-managed Participants or their Authorised Representatives relate to Pending Payments or Payment Failures **and** those payments are related to an Integrity Compliance Alert/Lock identified on the Provider or Participant Account, these CPE's are unable to be actioned by Payments Officers.

For more information:

Payments Triage Officers can refer to Integrity Compliance Alerts and Locks - Triage Procedure

Payments Officers can refer to Integrity Compliance Alerts and Locks

Section 45A(5) - 2-year claiming period

Section 45A(5) introduced a 2-year claiming period for all NDIS supports, payments triage officers will need to check the earliest support start date on the invoice to determine if claims are within the 2-year period.

- Refer to Section 45A payment review for process information.

Steps required to review claim and payment enquiries

Update CPE status

- Receive enquiry via the Omni channel or by manual allocation.
- Change CPE status to in progress. This means Omni-channel won't show the work as un-assigned for other payments officers to select.

Stop! Look! Check!

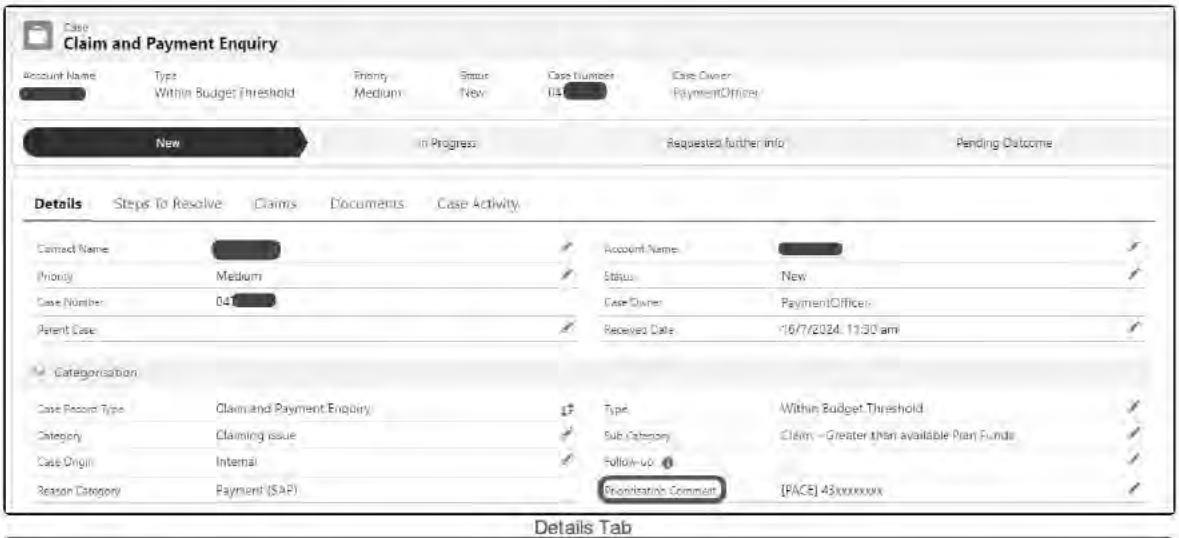
If a different work type has been received via the **Omni-channel** that is not a CPE refer to Non-Claim and Payment Enquiries in PACE queues for instructions.

Check for duplicate enquiries

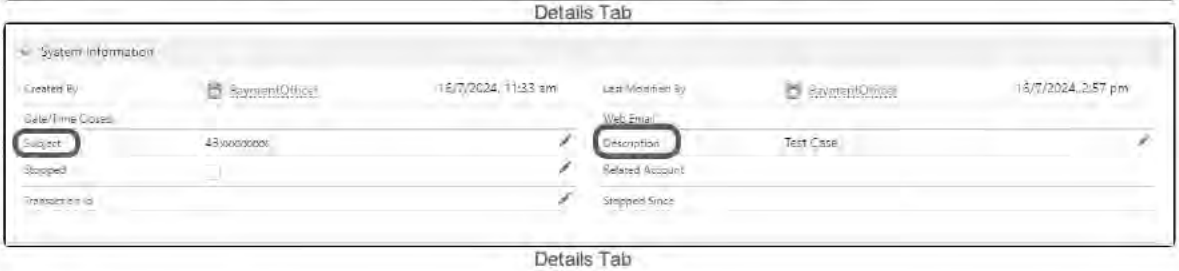
- Check PACE for **related payment enquiries** and **consolidate** any duplicate and related enquiries as necessary.
- Refer to article PACE related enquiries consolidation for detailed steps.
  Note: If you have identified a potential **duplicate account,** refer to Manage a duplicate person account **PACE knowledge article.**

Check subject, prioritisation comment and description fields

- Navigate to the Details tab of the enquiry and review the **Subject, Prioritisation comment** and **Description.**
- Ensure prioritisation comment field aligns with the Naming and Categorisation guidelines.



Details Tab



Details Tab

Stop! Look! Check!

The **subject** and **description** will be entered by providers for enquiries submitted by the portal and may contain useful information but sometimes details may not be accurate so ensure you compare with provided documents and participant information.

Review attached documents

- Review attached **documents** by navigating to the **Documents** tab.

Stop! Look! Check!

From 13 June 2025, PTOs will send an email for every CPE they refer to the **Claims and Payments Routing Queue**.

This email will allow participants and providers to reply with more information about their enquiry, without needing to submit a new CPE while the current one is still being reviewed.

As a result, CPEs might now include emails and attachments that were sent after the triage team referred the case to the payments team.

Payments officers should check both the **Case Activity tab** and the **Documents** tab to see if any emails have been received with extra information including invoices or Manual Self-Management Claim (MSC) forms.

If new invoices have been received and an IAT (Invoice Analysis Tool) has already been created for the CPE, payments officers should add the new invoices to the existing IAT and continue reviewing the CPE.

There's no need to ask the triage team to re-run the IAT in these cases.

- Enquiries submitted via the NCC:
  - If the enquiry was originally submitted as an email to the National Contact Centre (NCC), a **general enquiry case** would have been created.
    The NCC will create a claim and payment enquiry where the issue is payment related.
    Staff are unable to attach the original email to the claim and payment enquiry.
    When the NCC create the claim and payment enquiry they will add the general enquiry case number as the **parent case** for the claim and payment enquiry to enable staff to view these details.

Details Tab

- Ensure the document related to the participant or provider account has not been uploaded to the incorrect account.
  - If a document has been incorrectly uploaded, submit a request to the **Privacy Service Desk** to delete the documents,
  - refer to article Delete a document from PACE

Note: The provider details including the employee's name, mobile number, email, account manager name, role status, role start date and role end date are available in PACE. The **employee list** can be obtained from the **provider account** under the **employee** tab within the **relationships** tab.

- Enquiries submitted with **MSC forms or PCFs**
  - Update the **transaction ID field**.

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  - If a MSC form, PCF and invoices or other supporting evidence are located in the original general enquiry case - attach the documents to the CPE, this can be done by linking the document or re-uploading.
  - Refer to Attaching and locating documents for further information.

Review the action required (Reason Category)

- Determine if enquiry relates to CRM plan or PACE plan.

On the Details screen the **Reason Category** should state one of the following:

- **Payment (PACE)** - Payments triage identified the enquiry relates to PACE plan and meets requirements for potential payment resolution.

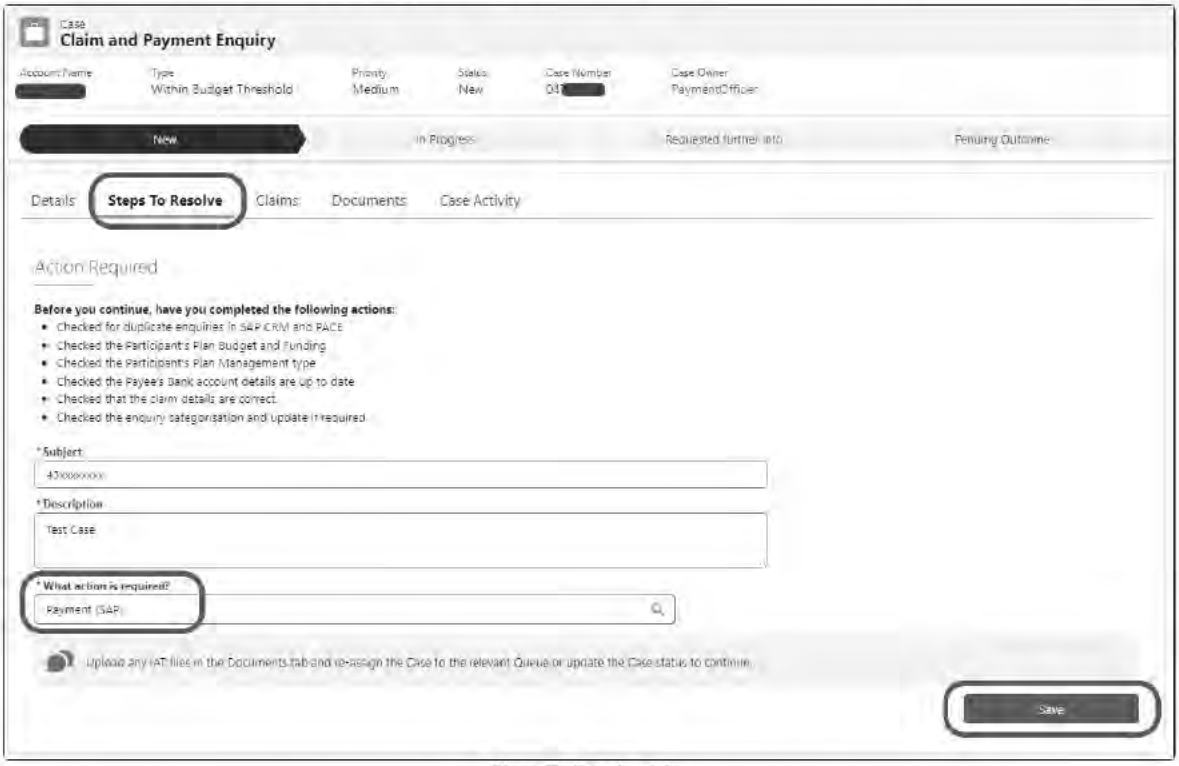
> **Stop! Look! Check!**
>
> When **Payment (PACE)** is selected a **Link Claims** function will become available for payments staff.
>
> This function will only be used for **section 45(5)** related CPEs.
>
> **Do not** link claims to CPEs for any manual payments using other payment resolution processes.

- **Payment (SAP)** - Payments triage identified the enquiry relates to CRM plan and meets requirements for potential payment resolution.
- **Unsure if payment required** - Payments triage were unable to determine if payment was required and were unable to resolve.

Details Tab

- The **Reason Category** is linked to the '**What action is required?**' entry on the **Steps To Resolve** tab.

Note: Once the CPE has the status changed to "**In Progress**" you will not be able to save the status as **Payment (SAP)** or **Payment (PACE)** as the button will change to a "**Next**" button prompting you to enter payment details.



Steps To Resolve tab

- For reporting purposes, you may need to update the **action required** before you are ready to action the payment.
  To do this:

- Change the status of the case back to 'New' and then save.
- Proceed to the Steps to Resolve tab and change the action required appropriately and select Save.
- Once this is done you can update the status of the Claim and Payment Enquiry back to 'In Progress'.

Note: If action required was not selected, you will need to check PACE for a current plan period.
Review plan dates to **determine if the invoice dates relate to a PACE or CRM plan**.
When this has been determined you will select the appropriate action required.

Review Invoice Details and Invoice Analysis Tool (IAT)

- Review invoice support item details and dates against the participant's relevant claim coverage/CRM plan and approved supports.
- Ensure invoice/MSC meets requirements
  - refer to Invoice and Manual Claim Form Requirements for details.

Note: If the invoice/MSC is not compliant then first determine if a manual claim would be processed before requesting an amended invoice/MSC.
You should only request an invoice prior to determining if payment is required if no invoice was provided or you are unable to determine the potential payment with the current invoice, e.g. dates are missing so you are unable to determine which plan it relates to.

Note for payments officers: If, upon review, you have identified that reasonable contact attempts have already been made by payments triage staff to request additional/missing information prior to assigning the CPE to the payments team, and a response has not been received, payments officers are only required to make **one additional phone attempt** and send **one additional follow-up email** requesting the missing information using the templates Request for Additional Information Not Received - Follow Up (Self-Managed) or Request for Additional Information Not Received - Follow Up (Provider/Plan Managed).

If the information has still not been received after 24 hours, payments officers can then close the enquiry following the steps outlined in Payment Enquiry Closure and using the templates Request for Additional Information Not Received - Closure (Self-Managed) or Request for Additional Information Not received - Closure (Provider/Plan Managed).

- Check if there is an Invoice Analysis Tool (IAT) saved in SharePoint and review the details.

Note: If it has been identified within the CPE that an IAT has been generated by a payments triage officer, payments officers **must** use the IAT to support any manual claims being processed. If no IAT was created and invoices are compliant, then refer to Invoice Analysis Tool (IAT) Overview for further information on how to request or create one.

- Ensure supports provided on or after 3 October 2024 are an NDIS support.

NDIS Supports

The list of NDIS supports is available on What does NDIS fund? and is part of a transitional rule about NDIS Supports, remaining in place until the Commonwealth and States and Territories formally agree on a new rule to replace it.

Manual Claims

Before processing any manual claims, payments staff must first check the date that the support was provided.

If the support was provided **on or after 3 October 2024** payments staff must review the **"Supports that are NDIS supports" list (in-list)** available on the **What does NDIS fund?** webpage, to confirm the claim is for an NDIS support.

Where a support is not on the **"in-list"**, payments officers will not be able to proceed with the manual payment unless:

- There is evidence that the support is a **replacement NDIS support** which has been approved; or
- Participant has been funded for the support in their plan **prior to 3 October 2024** and evidence exists to support payment.

For more information:

- **Payments triage officers** can refer to Section 10 - NDIS Supports and Exceptions.
- **Payments officers** can refer to NDIS Supports Manual Claim Exceptions.

Once you have completed an initial analysis and determined if the enquiry relates to a PACE or CRM plan then you can proceed to the below section and review the appropriate guidance.

Short Term Respite (STR)

When Short Term Respite (STR) claims are identified, payment officers must review the participant's claiming history to ensure claims, do not exceed the annual limit of 28 days or the consecutive limit of 14 days for this support type. For more information, refer to Our Guidelines.

Stop! Look! Check!

Note: If the claim and payment enquiry has been raised on the incorrect account, the CPE will need to be assigned to the correct record and any documents incorrectly placed on the participant or provider account remediated. The payments officer will then be able to progress the claim and payment enquiry.

Enquiry for a PACE Plan

Plans commencing 9th October 2024

Plans approved from the 9th of October 2024 (in PACE) are built with s33 funding limits and funding periods and are also subject to s45 which restricts payments officers from processing manual claims when the payment exceeds the participants funding limits without Delegate approval in exceptional circumstances.

Payments Officers will not be able to process manual payments when the payment exceeds the Participant's funding limit without Delegate approval.

Note: This does not include payments due to system limitations or Planner errors where the funding was approved but not correctly applied in the system.

Payments staff will progress these CPEs for s45 review.

Payments officers will follow the steps outlined in Section 45(5) Payment Review

Where the CPE relates to another issue identifiable within the CPE or on the participant or provider accounts the CPE should be progressed in accordance with the relevant resolution process.

Examples:

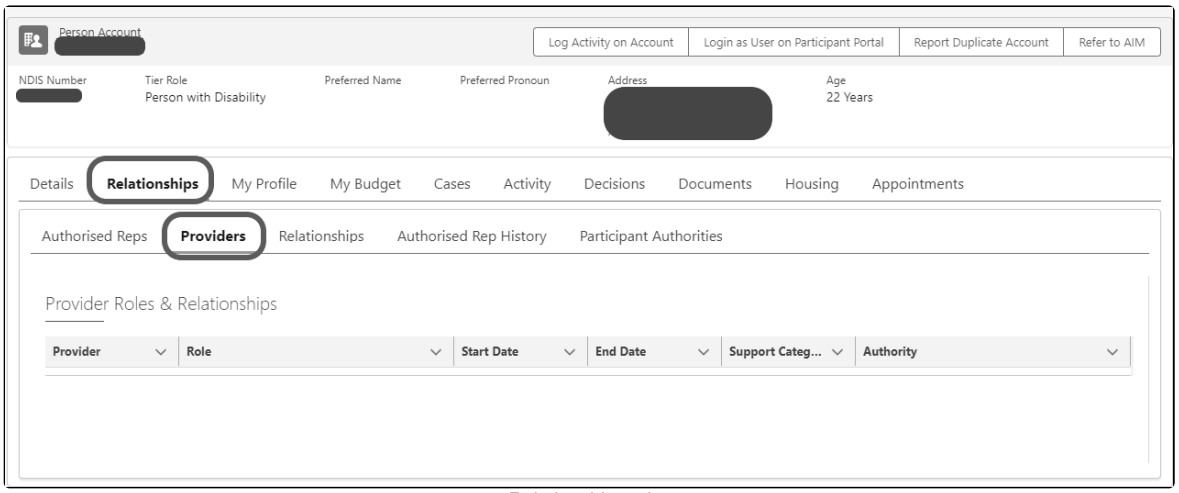
- Plan build errors - Funds were included in plan incorrectly
- Rejected Payments - not related to funds exhausted/overspends
- Recurring Transport related issues
- Bank account and Nominee account issues
- MSC form processing for Self-Managed participants - funds are available
- Unregistered and Deregistered Provider Enquiries
- Provider and Plan Manager Relationship Enquiries
- Bulk upload error enquiries
- Cancelled payments

Review Participant Budget

- Review participant's **PACE budget and plan management**.
  - Refer to Review the budget for further information.
- Ensure plan management type matches with who is claiming the support (Provider/Plan Manager/Participant/Nominee etc).
- Check remaining funds for claimed supports.
- If sufficient funds are available in the participant's plan and the plan management type aligns with who is claiming the support, consider providing education on how to claim for supports.

Review approved Providers (Agency/Plan Managed Supports)

- Approved providers can be found in the Participant's person account under the Relationships tab and the Providers sub tab.



Relationships tab

- Review the approved provider's **role**, **support category** and **relationship start and end date**. Also, ensure the dates align with the support period being claimed.

Note: Most supports can be claimed as long as the provider relationship is present and the category aligns with the plan management type and the role of the provider relationship (e.g. Plan Manager or my provider roles).
Some specific supports such as Home and Living need to have a provider relationship implemented specifying the category in order to be able to claim.

Where the provider is not an approved provider:

- Check claims history to determine if the relevant claims are recorded with a status of **pending verification**, **pending review** or **payment declined**.
  - Refer to Review Claim History PACE - Claim Line Items List User Guide for further information.
  - Payments officers **must not** create a manual claim where these statuses are displayed.
  - In these cases, the participant/provider will be contacted by a claim review officer for further investigation. Payments staff can relay the information about the status of the claim back to the provider/participant as this information has been disclosed by a claim review officer.
  - No further action is required by the payments staff to resolve these issues.
- If there are no claims with these statuses in the claim history, proceed with the following steps:
  - Contact the participant to confirm the supports were delivered and they agree to pay the provider for the supports.
  - Create an internal note or outbound phone call note to record the confirmation from the participant,
    - Refer to Phone a Participant or Provider for Payments Staff and Create and view internal notes.
  - If the provider relationship is missing or does not align with the support dates being claimed, create an **internal referral** to the **Core Planning Enquiry Routing Queue**.
    - Refer to Service Delivery - Internal Staff Referral for more guidance.
  - Provide the participant with education on approved providers and impacts to future claiming if the relationship is not created.
  - Where the enquiry requires a manual claim, the payment validation approved provider can be bypassed.

Check for Duplicate or Rejected payments

- After the July PACE enhancement full claim history lists are no longer viewable from the Participant Person Account and the **Claim Line Items List** **must** be used.
  - Refer to Review Claim History PACE - Claim Line Items List User Guide for further information.
- If the payee has already claimed for the same support item on the same support date, for the same $ Amount, it will most likely identify as a duplicate payment.
- If duplicate claims are found, request information from the payee to determine if it is a true duplicate.
- The validation field within the claim details will provide insight into the claim rejection reason.
  - Refer to Claim Validation Guide - Rejection Error Codes.

Determine next steps and if Payment is Required

- Consider if there is enough information to proceed with the enquiry and request information if necessary.
  - Refer to Request Information Internal/External and follow the **Phone First** approach and instructions on emailing providers/participants.
- Determine if a manual claim is required. Determine the resolution - PACE plans provides further information on PACE plan resolutions.
- If a **payment is required** ensure you have checked and obtained an IAT if required.
- Follow the Create a Claim and Request Authorisation (PACE) guide.
- If a **payment is not required** - consider providing advice or response to the enquirer as appropriate and select the "**no payment required (education or duplicate)**" option in the action required section under the **Steps To Resolve** tab.

Enquiry for a SAP CRM Plan

- Navigate to CRM to view the participant's plan details.
  - Refer to Review the CRM Plan Funding and Invoice or MSC Form.
- Review the **enquiry** to determine if a payment is required.

    - Refer to Determine Resolution Process CRM Plans.
- Check for **duplicate** or **rejected** payments
    - Refer to Checking for Duplicate Payments Help Card for instructions.
- Consider if there is enough information to proceed with the enquiry and request information if necessary.
    - Refer to Request Information Internal/External and follow the **Phone First** approach and instructions on emailing providers/participants.
- If a **manual payment is required** – follow the instructions in the Request Payment Authorisation for a CRM Plan article.
- If a **manual payment is not required** – change the **action required** within the **Steps To Resolve** tab of the claim and payment enquiry to **no payment required (education or duplicate).**

Complete Enquiry Closure

After completing the payment and authorisation process for either a SAP CRM or PACE plan or determining no payment is required:

- Notify the enquirer of the outcome.
- Proceed through the **Steps To Resolve** tab to finalize claim and payment enquiry closure.
    - Refer to Payment Enquiry Closure for detailed instructions.

Related procedures or resources

- NDIS Supports Section 10
- PACE related enquiries consolidation
- Naming and Categorisation guidelines
- Attaching and locating documents
- Delete a document from PACE
- Invoice and Manual Claim Form Requirements
- Review the budget
- Review Claim History PACE - Claim Line Items List User Guide
- Claim Validation Guide - Rejection Error Codes
- Request Information Internal/External
- Phone a Participant or Provider for Payments Staff
- Create and view internal notes
- Service Delivery - Internal Staff Referral
- Determine the resolution - PACE plans
- Create a Claim and Request Authorisation (PACE)
- Payment Enquiry Closure

CRM Plan Processes

- Review the CRM Plan Funding and Invoice or MSC Form

- Determine Resolution Process CRM Plans
- CRM Resolution Processes
- Checking for Duplicate Payments Help Card
- Request Payment Authorisation for a CRM Plan

Document Owner and Approver

Director Service Delivery Enablement

Feedback

To submit **feedback** to the Payments Team visit the Scheme Claims and Payments Feedback page. The Capability Team is responsible for managing all feedback on our guidance articles.

Review the budget

This article provides guidance for a payments staff to:

- view a participant's plan, plan history and claim coverages and identify when a plan reassessment or variation has occurred
- determine funds availability, budget types and support types, and understand changes to a participant's budget
- determine fund management type interpreting claim statuses

Recent updates

Date	What's changed
03 October 2025	Claim coverage history tab instructions added.

Topic	Checklist
Pre-requisites	You have: • Received a Claim and Payment Enquiry • Have compliant invoice/s

Actions	Steps or Sections:
	• Integrity Compliance Alerts and Locks
	• Overview
	  • Budget overview sub-tab
	  • Budget history tab
	• View plan information, plan history and claim coverage information
	  • Locating plan information
	  • Locating plan history and claim coverage information
	  • Locating claim coverage history information
	  • Ceased participants
	  • Changes to a participant's budget
	  • Identify a plan reassessment or variation
	Additional Information
	• Related procedures or resources

Integrity Compliance Alerts and Locks

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For more information:

Payments Triage Officers can refer to Integrity Compliance Alerts and Locks - Triage Procedure

Payments Officers can refer to Integrity Compliance Alerts and Locks

Overview

The participant **Person account** includes the **My budget tab**, which is crucial for reviewing the plan in PACE. The sub-tabs under **My budget** include **Bud get overview, Budget history, Budget updates, Transactions, Recurring claims, Bank accounts, Claim verification** and **Claim reviews.**

The **My Budget** provides a high-level overview of the participant's approved funds, plan management type and available balance for the PACE plan.

For budget review on a CRM Plan:

- **Payments officers** can follow the CRM Resolution Processes to review the CRM budget.

Budget overview sub-tab

When reviewing current plan supports, this information can be obtained from the participant's **Budget overview** sub tab under the **My budget** tab.

New Budget Overview Tab View

From 19 May 2025, the **Budget overview tab** will display a different view depending on the start date of the plan payments staff are reviewing:

Plans approved before 9 October 2024

Plans approved prior to **9 October 2024** are not subject to the section 33 and section 45 rulings.

How will this look on the Budget overview screen?

Plans approved prior to 19 May 2025 will have the same view. These plans will show the **total funding amount and the total released amount as the same amount**.

What does this mean for payments staff?

CPEs relating to these plans can be progressed for resolution following the relevant BAU process identified.

Plans approved on or after 9 October 2024

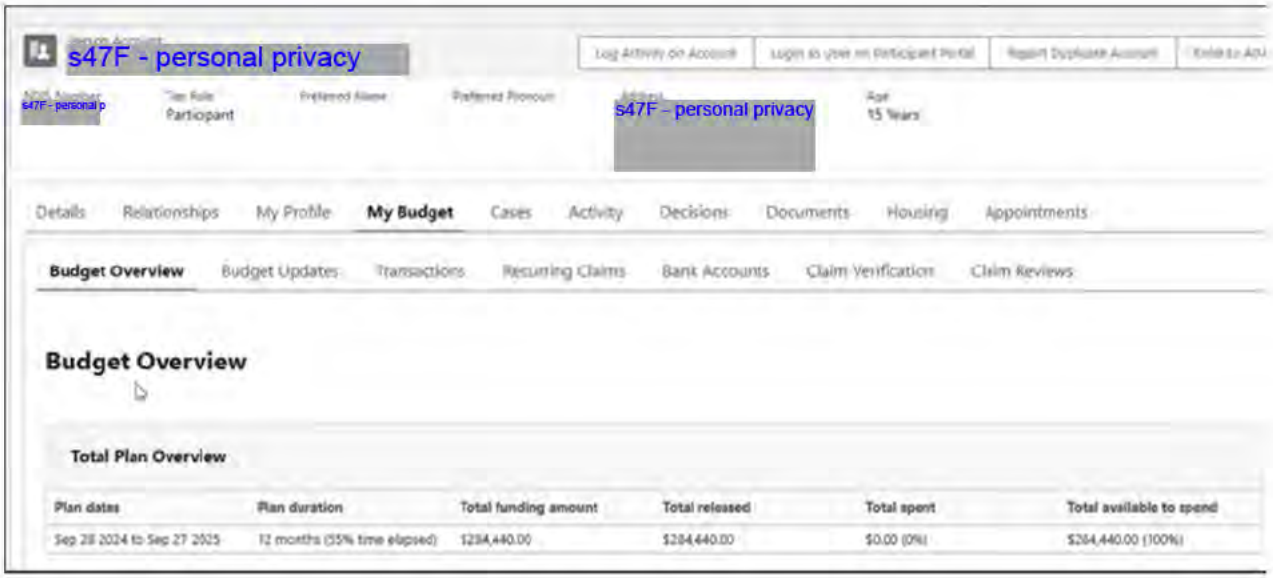
Plans approved **between 9 October 2024 and 18 May 2025** are built with s33 funding limits and funding periods and are subject to s45 rulings.

How will this look on the Budget overview screen?

These plans have a singular funding period implemented on the plan for the entire plan period.

What does this mean for payments staff?

CPEs relating to these plans where the payment request will result in an over-spend of funds or where funds are exhausted, will need to be reviewed and where it meets the s45 review criteria will need to be progressed for an s45(5) payment consideration.



Plans approved from **19 May 2025** will have the same layout but will have multiple funding periods implemented within the plan.

These plans will also have the function to view claims for each funding component.

How will this look on the Budget overview screen?

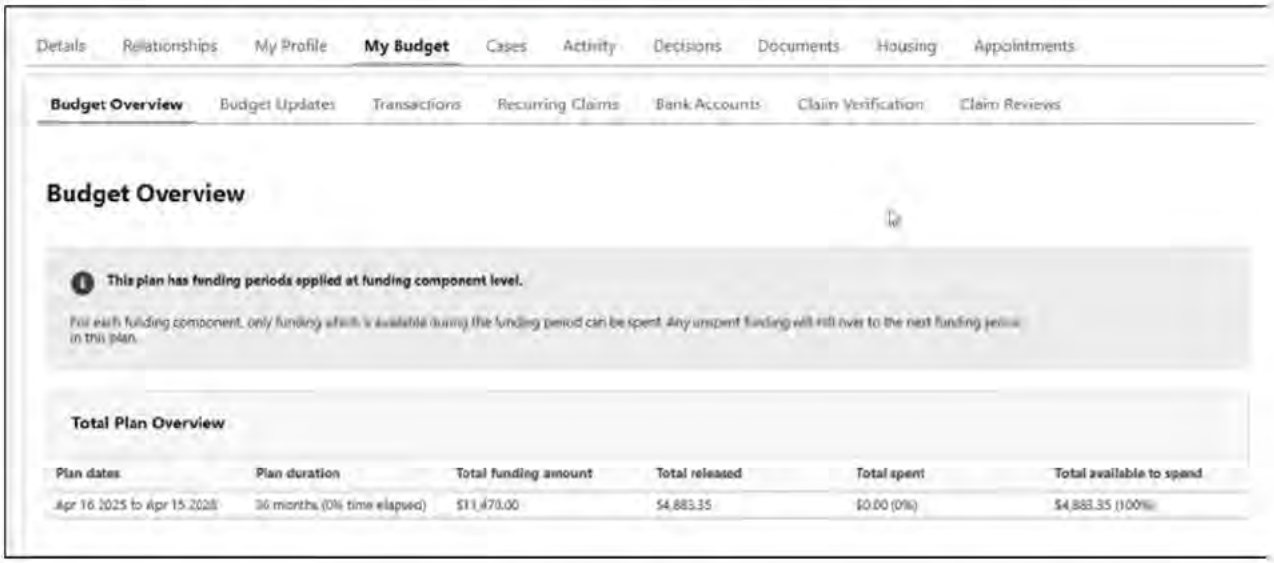
The **total funding amount and the total released amount will be different** throughout the plan until the last funding period.

- Any unspent funds from previous funding periods will roll-over into each current funding period.
- Those funds can be utilised for any timeframe between the **plan start date and the current funding period end date.**
- Future funding period amounts **cannot be drawn forward for claiming prior to their release date.**

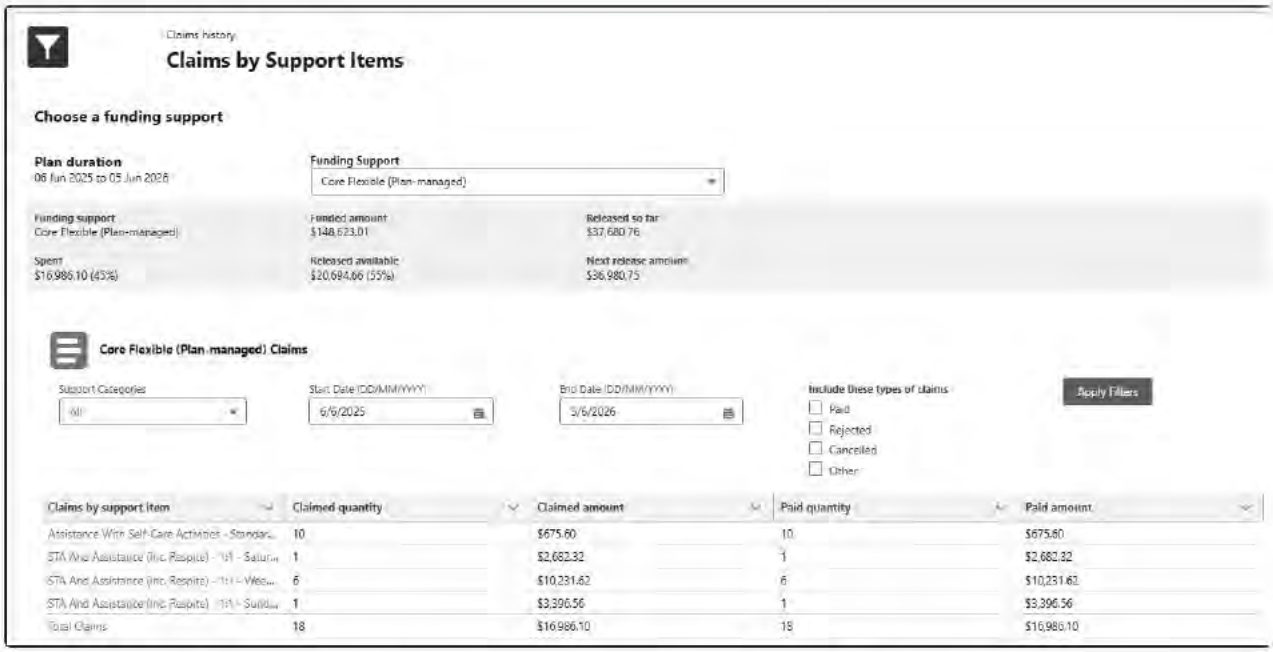
The **View claims made by this support button** can be selected to review the claims relevant to that **funding component.**

What does this mean for payments staff?

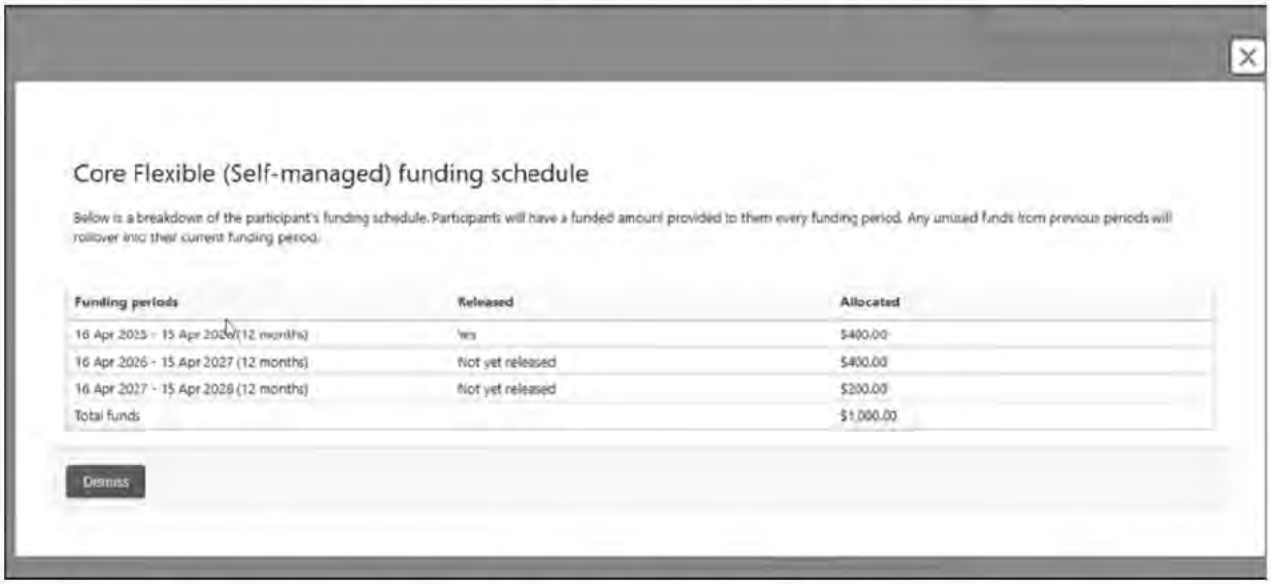
CPEs relating to these plans where the payment request will result in an over-spend of funds or where funds are exhausted for the current funding period or the funding component (including any roll-over amounts), will need to be reviewed and where it meets the s45 review criteria will need to be progressed for an s45(5) payment consideration.



- Payments staff can view the claim information by selecting the **view claims made by this support button** under the **funding component title**:
  These results can be filtered using the filter options and selecting the **Apply Filters button**.



- Payments staff can view the funding schedule by selecting the more button under the **Action column:**



- The total funds available for a support category for the remainder of the participant's plan is stated in the **Available to spend** column in the **Funding Components Section** of the Budget Overview sub-tab.

Budget types

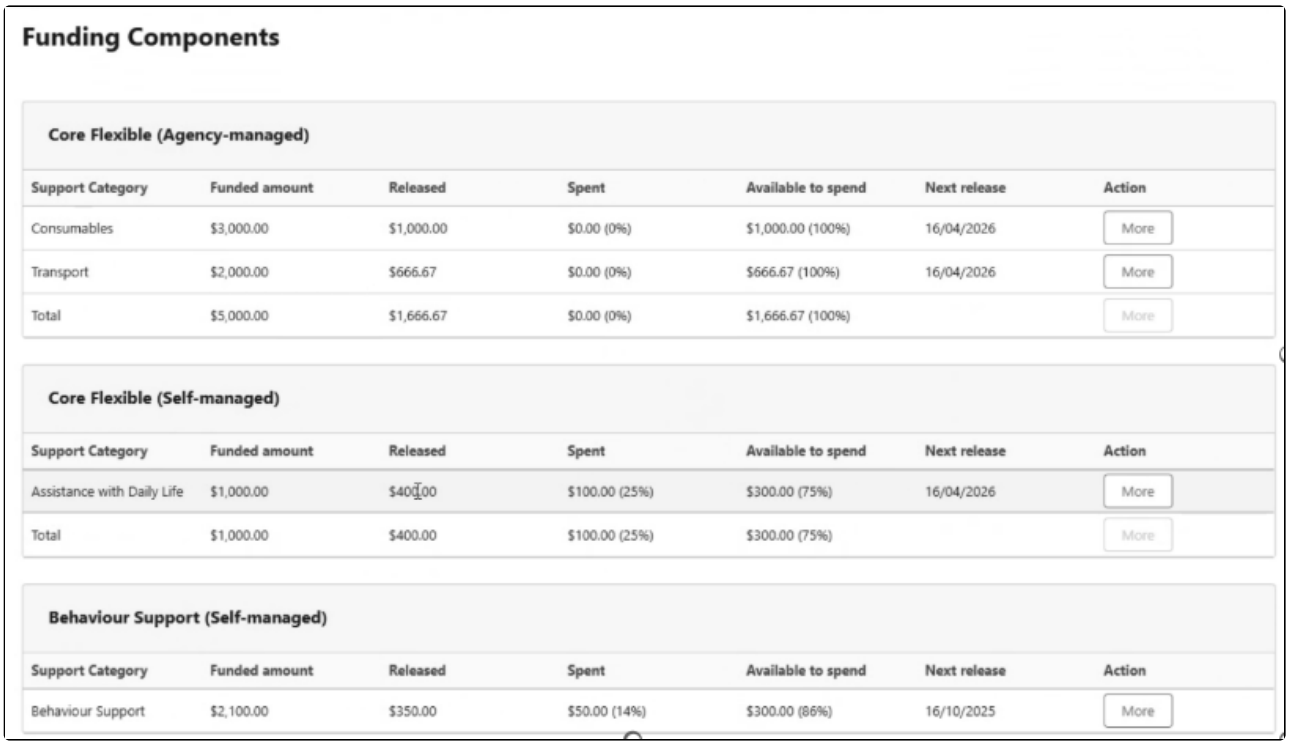
The participant's budget may include the following 3 funding types:

- **Flexible Support Categories:** The 4 core support categories (Assistance with Daily Life, Transport, Consumables, and Assistance with Social, Economic and Community Participation) **may** be funded as flexible allowing the Participants to have greater flexibility over what disability supports, they can purchase within these categories of the supports and use the funds flexibly across the categories included. **Note:** Any of the 4 categories may be funded differently and then this would exclude them from the CORE flexible total funding e.g. **Recurring Transport**, or a **State d Consumables** budget.
- **Stated Support Categories:** Stated support categories have flexibility within that support category **only**. This means that they can purchase support line-items from that category but cannot use the funds flexibly for other categories.
- **Recurring payments:** Recurring budgets provide the functionality to set automatic, recurring claims for NDIS supports and services. Currently this is used for Recurring Transport only.

Funding Components

Support categories can be viewed within the funding components section and this section is displayed by flexible and stated supports and plan management type.

- **Core Supports:** Supports for everyday activities, disability-related needs and to work towards goals. This can include **core flexible supports** such as Assistance with Daily Life, Consumables, Transport, and Assistance with Social, Economic and Community Participation. It also includes **stated core supports** such as **Home and Living** which includes Supported Independent Living (SIL) and Independent Living Options (ILO).
- **Capacity building supports:** Supports to help maintain or build skills and increase independence. All capacity building supports are **stated support categories**. This includes supports such as Improved Daily Living Skills, Relationships, and Support coordination and psychosocial recovery coaches.
- **Capital supports:** Supports such as assistive technology, home modifications and specialist disability accommodation. All capital supports are **st ated support categories**.
- **Recurring Supports:** Supports paid to the Participant directly on a regular basis. Currently this only includes Transport Recurring payments.



Funding Components

Core Flexible (Agency-managed)

Support Category	Funded amount	Released	Spent	Available to spend	Next release	Action
Consumables	$3,000.00	$1,000.00	$0.00 (0%)	$1,000.00 (100%)	16/04/2026	More
Transport	$2,000.00	$666.67	$0.00 (0%)	$666.67 (100%)	16/04/2026	More
Total	$5,000.00	$1,666.67	$0.00 (0%)	$1,666.67 (100%)		More

Core Flexible (Self-managed)

Support Category	Funded amount	Released	Spent	Available to spend	Next release	Action
Assistance with Daily Life	$1,000.00	$400.00	$100.00 (25%)	$300.00 (75%)	16/04/2026	More
Total	$1,000.00	$400.00	$100.00 (25%)	$300.00 (75%)		More

Behaviour Support (Self-managed)

Support Category	Funded amount	Released	Spent	Available to spend	Next release	Action
Behaviour Support	$2,100.00	$350.00	$50.00 (14%)	$300.00 (86%)	16/10/2025	More

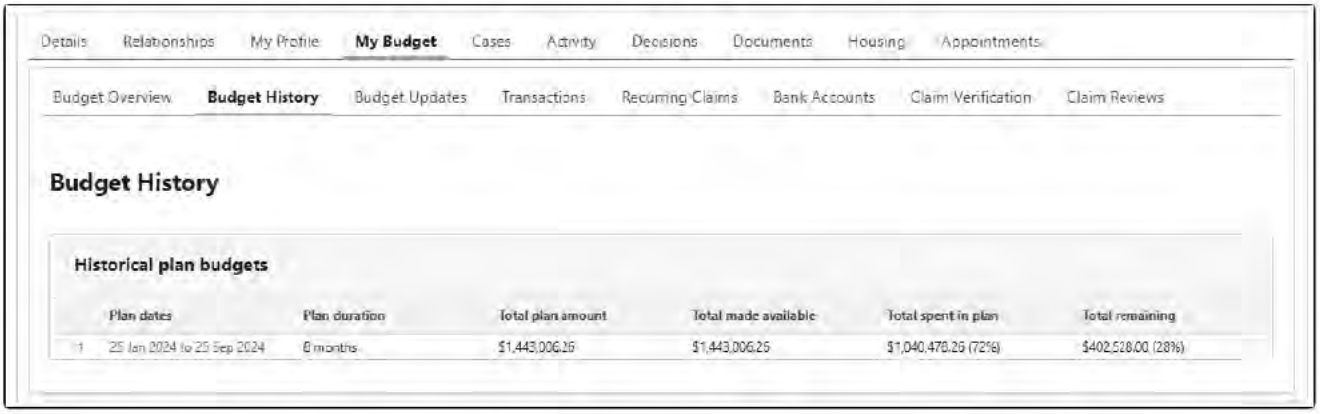
Determine funds management type

Payments staff can view the **Budget Overview** section to identify funds management types for each funding component.
Reviewing the funds management when receiving an enquiry is important for determining who can enquire about the payment.

- **Self-managed:** Participant or plan nominee can enquire about payments.
  Provider cannot enquire about payments and will need to be advised to contact the participant/plan nominee.
- **Plan-managed:** Plan manager and participant/plan nominee can enquire about payments.
  Provider cannot enquire about payments and will need to be advised to contact the participant's plan manager.
- **NDIA-managed:** Registered provider and participant/plan nominee can enquire about payments.
  Supports can only be provided to the participant by NDIA registered providers.

Budget history tab

Payment staff can view the Budget history section to identify historical PACE plan budget information.



View plan information, plan history and claim coverage information

New Claim Coverage View

Payments staff may identify some plans built before 19 May 2025 for a period greater than 12 months. In these plans the funding periods were implemented for a maximum of 12 months. This means the **released amount** and **total approved** may be different amounts. For these plans the **remaining amount** on PACE will be the released amount less any amount paid. This could make it look like the plan has been overspent.

Plans approved before 9 October 2024

If a plan was approved before 9 October 2024, Section 33 doesn't apply. Payments staff can resolve these enquiries using any of the appropriate tier 1, 2 or 3 resolutions.

Example:

A provider has asked to be paid $2,000 for support coordination services.

- The participant's plan period was 24 months and started on 15 June 2024.
- They were originally approved for $7,009.92 for support coordination.
- During the first 9 months of the 12-month funding period $5,089.25 of that money was paid.
- The participant now has a **new plan** with a start date of 17 March 2025.

The claim coverage from 15 June 2024 to 16 March 2025 will now display a released amount of $3,504.96.

This amount represents the first 12-month funding period, however as the plan was approved before 9 October 2024 the participant is entitled to the full $7,009.92 of funding and should still have $1,920.67 remaining.

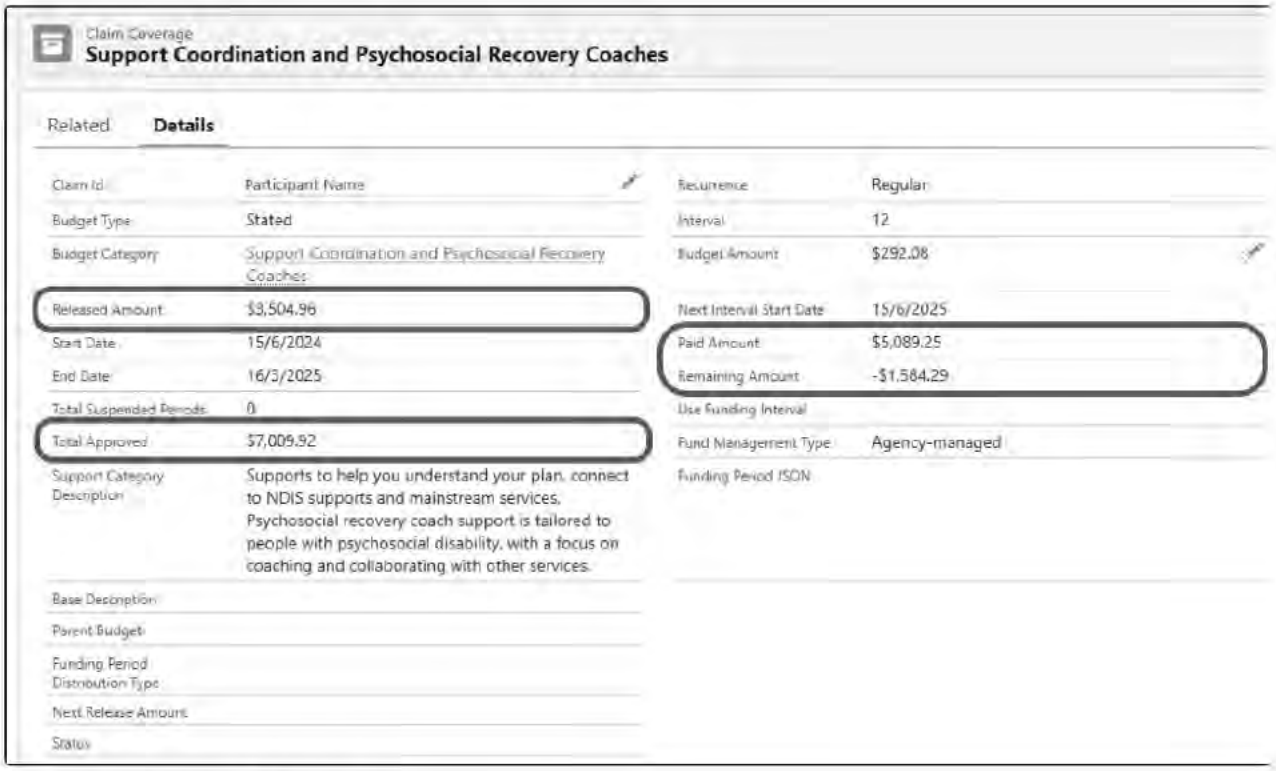
How will this look in the claim coverage?

The claim coverage details screen will show a negative balance of -$1,584.29.

What does this mean for payments staff?

Using the **total approved** amount minus the **paid amount** the participant will have $1,920.67 remaining in their funding.

Where this CPE meets all other criteria for payment, this payment request for $2,000 can be progressed using the **Tier 2 Within Budget Threshold** process.



Claim Coverage
Support Coordination and Psychosocial Recovery Coaches

Related | **Details**

Claim Id	Participant Name	Recurrence	Regular
Budget Type	Stated	Interval	12
Budget Category	Support Coordination and Psychosocial Recovery Coaches	Budget Amount	$292.08
Released Amount	$3,504.96	Next Interval Start Date	15/6/2025
Start Date	15/6/2024	Paid Amount	$5,089.25
End Date	16/3/2025	Remaining Amount	-$1,584.29
Total Suspended Periods	0	Use Funding Interval	
Total Approved	$7,009.92	Fund Management Type	Agency-managed
Support Category Description	Supports to help you understand your plan, connect to NDIS supports and mainstream services. Psychosocial recovery coach support is tailored to people with psychosocial disability, with a focus on coaching and collaborating with other services.	Funding Period JSON	
Base Description			
Parent Budget			
Funding Period Distribution Type			
Next Release Amount			
Status			

Plans approved on or after 9 October 2024

Section 33 is applicable, and these plans are subject to section 45 rulings. Payments staff will need to identify if there has been an overspend of funds, or if the request for payment will result in an overspend of funds.

If the remaining amount on PACE is a negative amount, this is an overspend. If the remaining amount is less than the requested amount, this will result in an overspend. In both of these instances' payments staff will refer to the s45 review process.

Example:

A provider has asked to be paid $2,000 for support coordination services.

- The participant's plan period was 24 months and started on 15 October 2024.
- They were originally approved for $7,009.92 for support coordination.
- During the first 5 months of the 12-month funding period $5,089.25 of that money was paid.
- The participant now has a **new plan** with a start date of 17 March 2025.

The claim coverage from 15 October 2024 to 16 March 2025 will now display a released amount of $3,504.96.

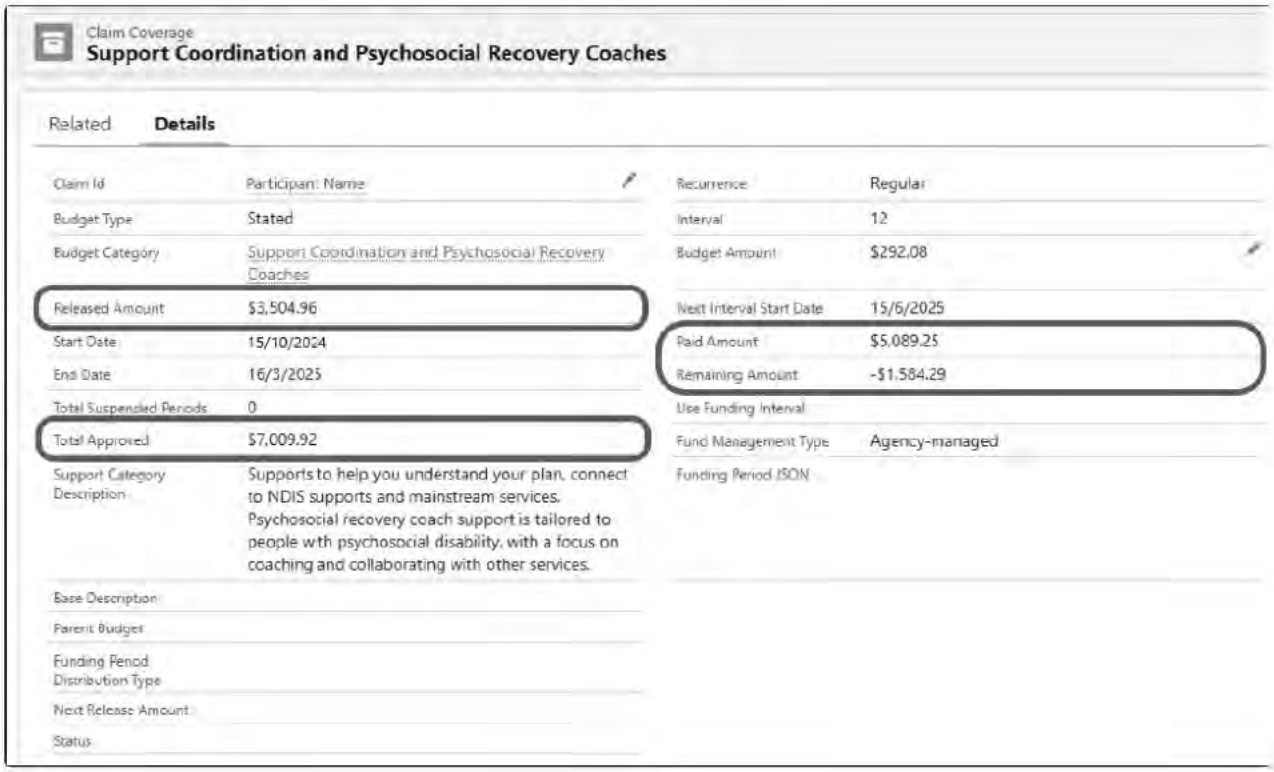
This amount represents the first 12-month funding period, as the plan was approved after 9 October 2024 the participant is entitled to the released amount of $3,504.96.

How will this look in the claim coverage?

The claim coverage details screen will show a negative balance of -$1,584.29.

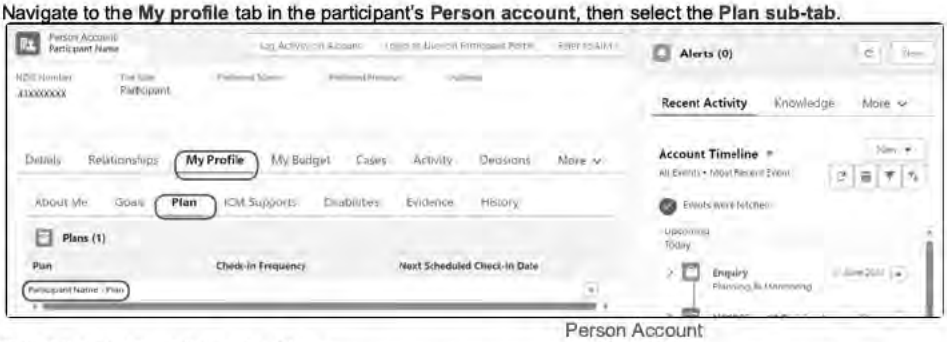
What does this mean for payments staff?

This is an overspend of funds and payments staff will action this enquiry following the s45 review process.



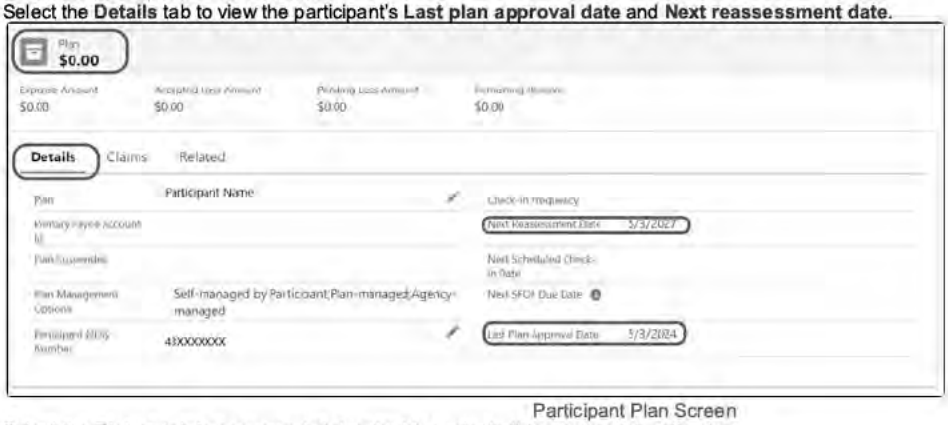
Locating plan information

1. Navigate to the **My profile** tab in the participant's **Person account**, then select the **Plan sub-tab.**



Person Account

2. Select the plan hyperlink under **Plans.**
3. Select the **Details** tab to view the participant's **Last plan approval date** and **Next reassessment date.**

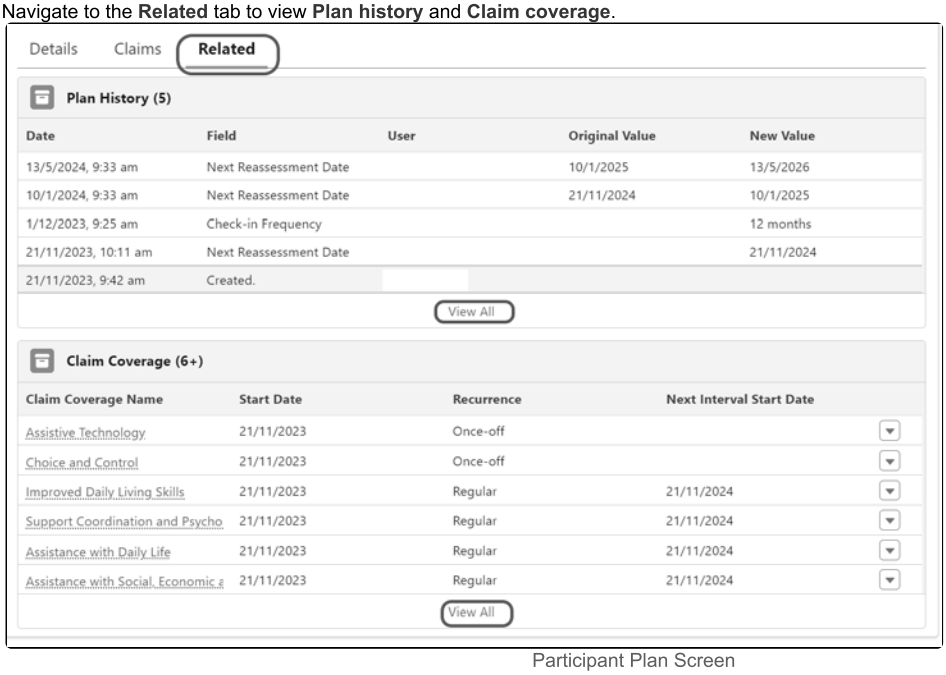


Participant Plan Screen

4. Select the **Claims** tab to see recent claims (paid or rejected) for the participant's plan.
   To view all claim history:
   Payments officers can refer to the Review Claim History PACE - Claim Line Items List User Guide.

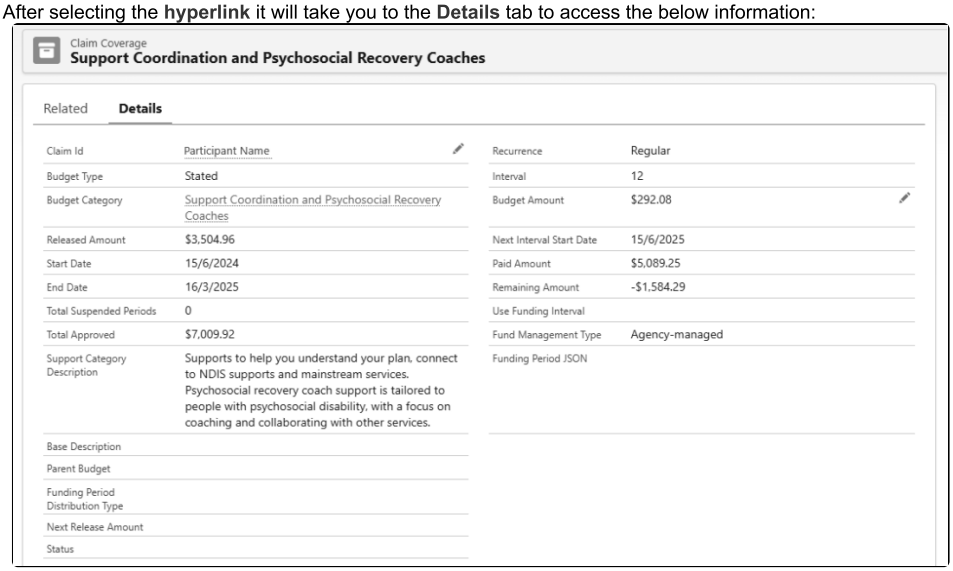
Locating plan history and claim coverage information

1. Navigate to the **Related** tab to view **Plan history** and **Claim coverage**.



Participant Plan Screen

2. To view the full **Plan history**, select **View all** within the **Plan history** section.
3. To view the full **Claim coverage**, select **View all** within the **Claim coverage**.
   To view a budget for the individual budget category, select the appropriate **Claim coverage name** hyperlink, ensure you take note of the **Start Date** and **End Date** of each category so you select the correct **claim coverage budget** related to your enquiry.
4. After selecting the **hyperlink** it will take you to the **Details** tab to access the below information:



- **Released amount** is what is currently available during this plan period. **Note:** Some plans may be for 24 months so during the first 12 months this will display only the first half of the budget. (previously called the available amount)
- **Next released amount** is what amount is due for release in the next funding period.
- **Total approved** is the total plan approved amount. **Note:** This will differ from the **released amount** if the plan is longer than the funding period.
- **Budget amount** is the monthly interval amount.
- **Paid amount** is what has been spent so far in the plan.
- **Remaining amount** is the released amount minus paid amount.

Note: Next released amount and budget amount are not relevant to payments officer review process.

Plans approved before 9 October 2024

Total approved minus **paid amount** (spent) will provide you with the available funds.

Plans approved on or after 9 October 2024

Released amount minus **paid amount** (spent) will provide you with the available funds. **Note:** This amount is also displayed in PACE as the **remaining amount**.

5. When reviewing the claim coverage details for a core support, to establish the **flexible budget** availability, select the flexible total hyperlink **Parent budget**. Total approved minus paid amount (spent) will provide you with the available flexible funds. Funds will be separated into agency/self-managed /plan managed for flexibility.

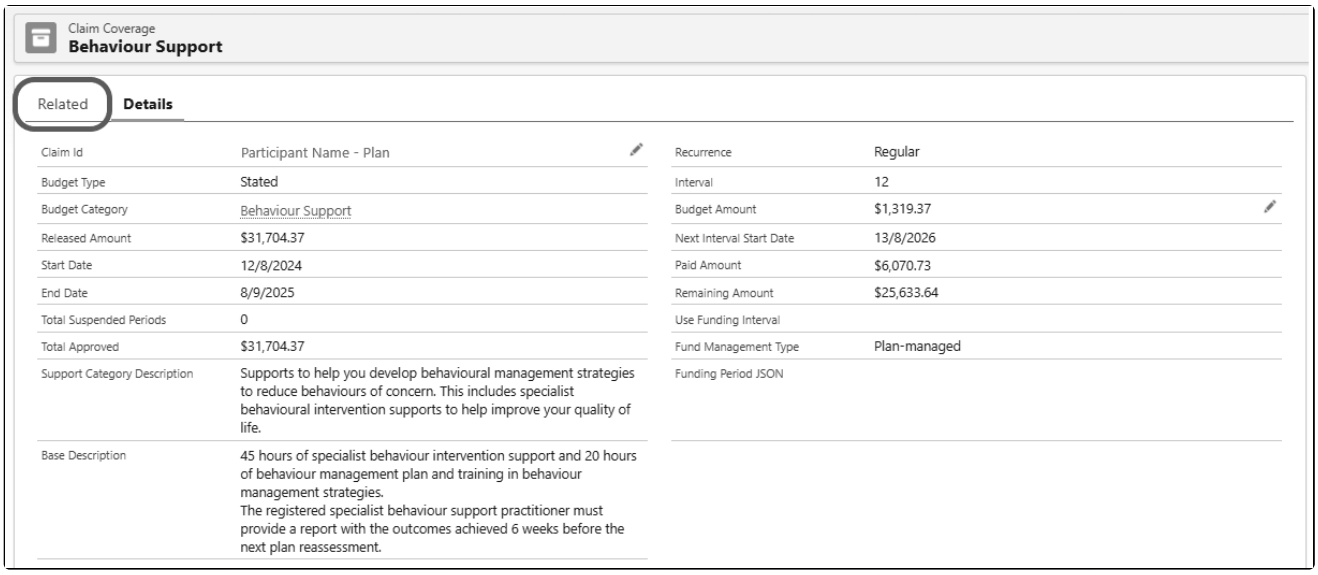
6. While in the **Claim Coverage budget** screen select the **Related** tab to view additional information.
7. Recent claims for the support category budget will be displayed under **Claim line items.**
8. Claims displayed show **Claim number, Payee name, Status** and **Total amount.**
   To view or search all claims:
   Payments officers can refer to the Review Claim History PACE - Claim Line Items List User Guide.

Locating claim coverage history information

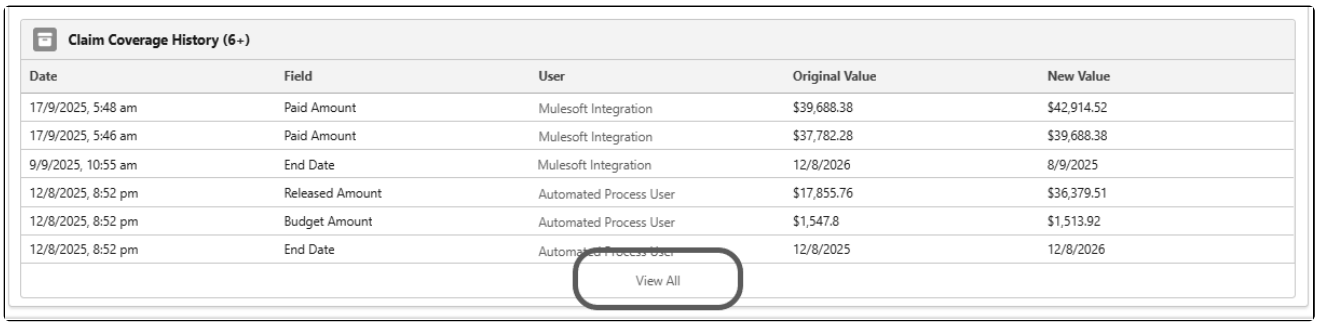
How to identify if there were available funds prior to a funding period release

When reviewing claim coverage details, payments staff will be able to identify the amount of available funds prior to a funding period being released by navigating to the **claim coverage history subtab**.

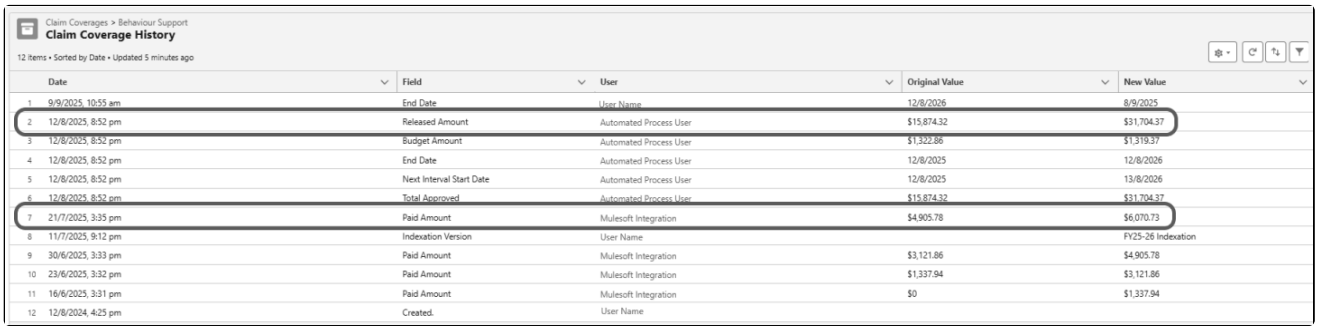
From the claim coverage details tab select the **related tab.**



Under the claim coverage history section, select **view all.**



You will then be able to identify the amount paid from the claim coverage up to the date of the **next released amount**. Using the **claim coverage original released amount** and subtracting the last **new value paid amount** this will provide the amount of funds that were remaining before the next released amount occurred.



Ceased participants

For ceased plans you can **only** access the plan information by:

- Navigating to the **My Profile** tab.
- Select the **Plan** tab and clicking on the **Plan hyperlink.**
- Navigate to the **Related** tab and review the relevant **claim coverage** in the plan.

Changes to a participant's budget

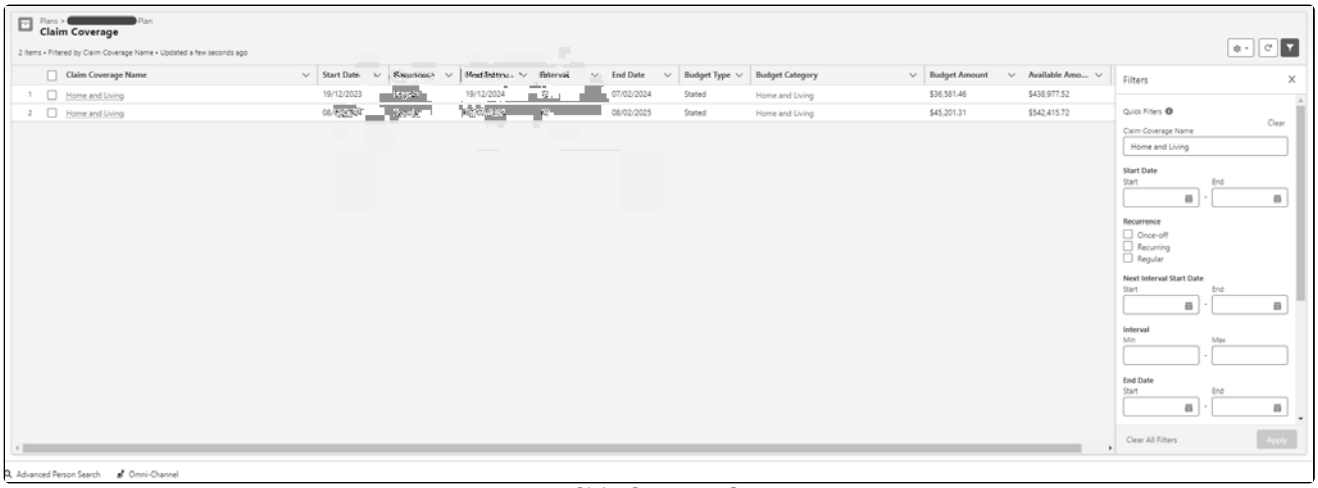
Occasionally, budget updates can be made within a **current claim coverage** period to correct plan management types or funding errors. These updates are visible under the **Budget Updates** tab.

In other cases, the budget change requires ending the current claim coverage period and starting a new one.

To review these funding changes:

- Compare each affected claim coverage period
- Check the **Case history** under the **Cases tab** for additional details and any new justifications.

Note: The **source case** can be accessed from inside the **claim coverage,** however you may need to view the full case history if there have been multiple changes.



Claim Coverages Screen

When viewing the claim coverages, you can also apply filters to easily compare category changes.

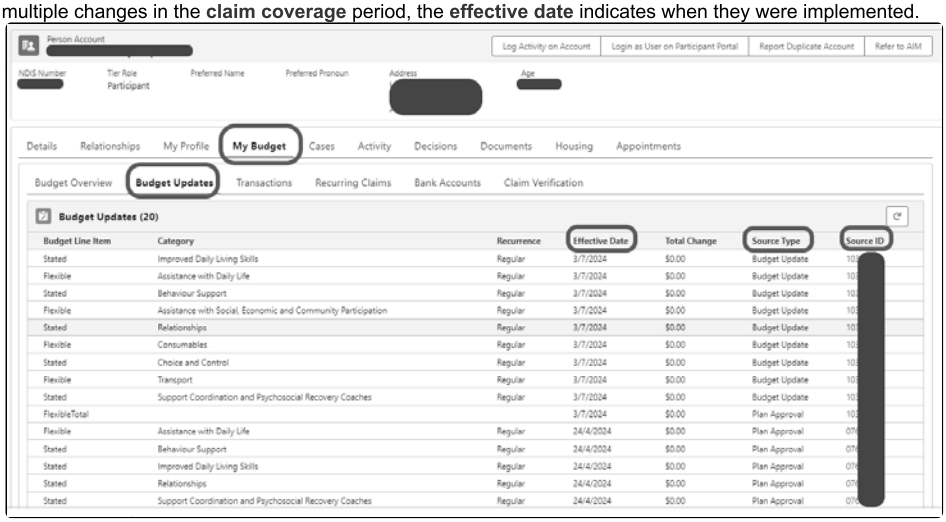
When a **claim coverage** is approved the source case will usually be a **Plan Approval case** but if a **change** is made the source case will be updated to a **P articipant Budget Update Case.**

To view changes to a participant's past claim coverage:

To view changes made to past **claim coverages,** select the impacted **claim coverage** and open the **source case** or review the participants **Case history** to determine any changes.

To view changes to a participant's current claim coverage:

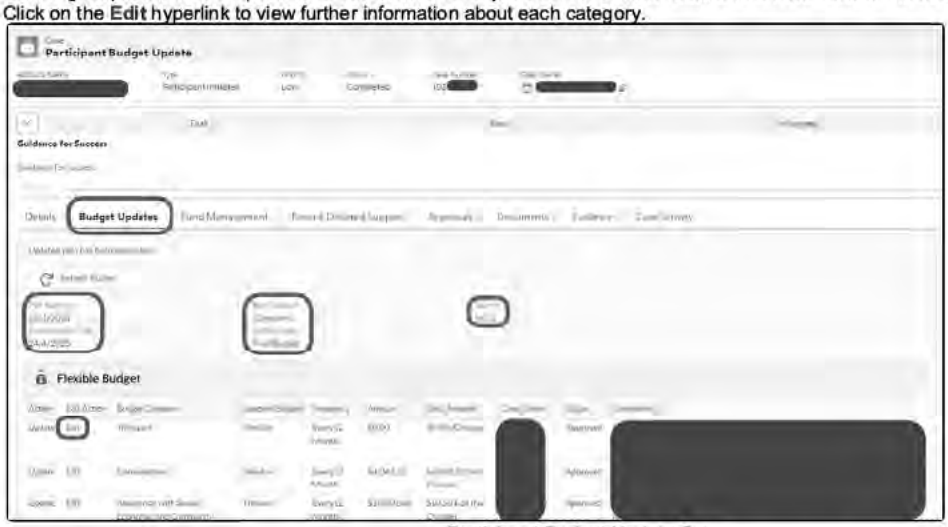
1. Navigate to the **My Budget** screen, select **Budget Updates** and select **View all**.
2. **Budget update** will display the current **claim coverage** details. The **effective date** is when the approval or change went into effect.
   For further information select the **Source ID** hyperlink which will link to either a **Plan Approval case** or the **Participant Budget Update case**.
3. When reviewing the list of budget updates, the first entries will have an **effective date** that matches the start of the **claim coverage** period, and the **source case** will be a **Plan Approval case**.
   If there has been a change, there will be subsequent entries where the **source case** is now a **Participant Budget Update case**. There may be multiple changes in the **claim coverage** period, the **effective date** indicates when they were implemented.



Person Account My Budget Tab

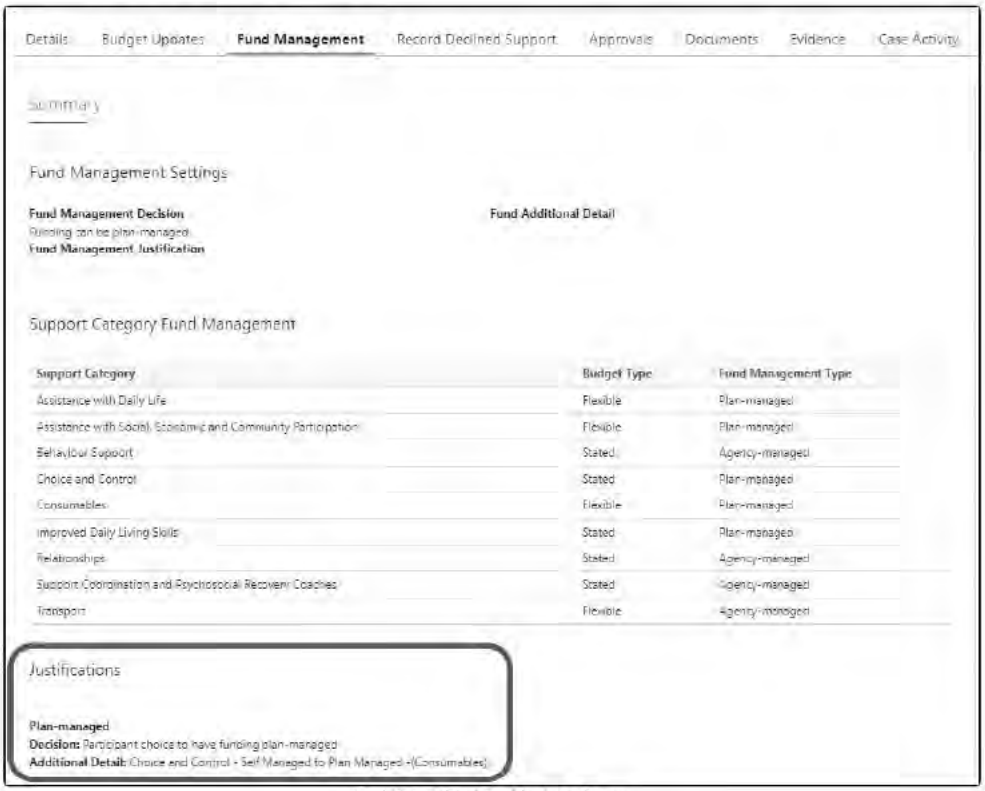
4. Select the **Source ID** hyperlinks to view the **Participant Budget Update case** for details of the changes, and the **Plan Approval case** to compare the original plan approval if needed.

5. View the **Participant Budget Update case** and navigate to the **Budget Updates** tab. The screen will provide information relating to the **Source** of the budget update, for example a **Plan variation S47 or plan reassessment S48**, and an overview of the budget changes.
Click on the **Edit** hyperlink to view further information about each category.



Participant Budget Update Case

6. View the **Fund Management** tab to view the decisions for funding management. If there has been a change in plan management type an explanation should be provided.



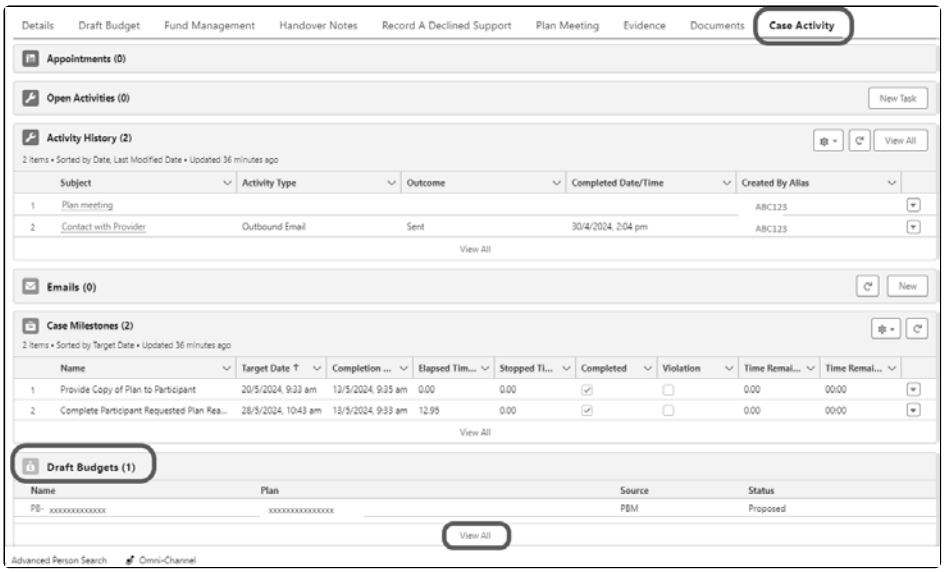
Participant Budget Update Case

Further information can be found in:

- the **Record declined support** tab if anything has been requested and declined.
- the **Documents** tab for the plan change letter.
- the **Evidence** tab if the participant provided evidence for the change.
- the **Case Activity** tab for history of actions on the case.

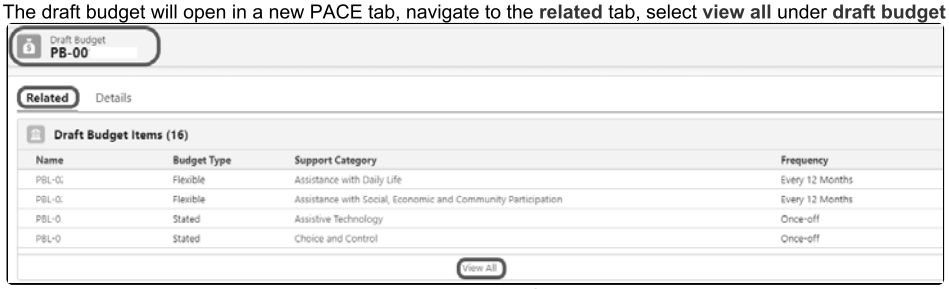
The **draft budgets** can also be accessed from the **Case activity** tab which may contain further information on any budget changes.
To Access draft budgets:

1. Navigate to the **Case activity** tab and select the hyperlink under the **draft budgets** section.



Case Activity Tab

2. The draft budget will open in a new PACE tab, navigate to the **related** tab, select **view all** under **draft budget items** to view all budget changes.



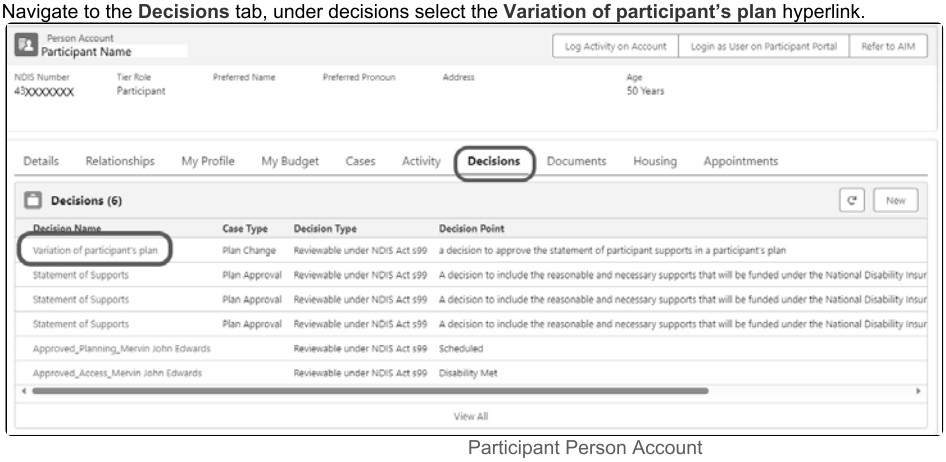
Draft Budget screen

3. The **Draft budget items** section has two links, the **Name** and the **Support Category**, selecting the **Name** hyperlink will show details of the funding amounts and the **Support Category** hyperlink will show justifications and details about the support.

Identify a plan reassessment or variation

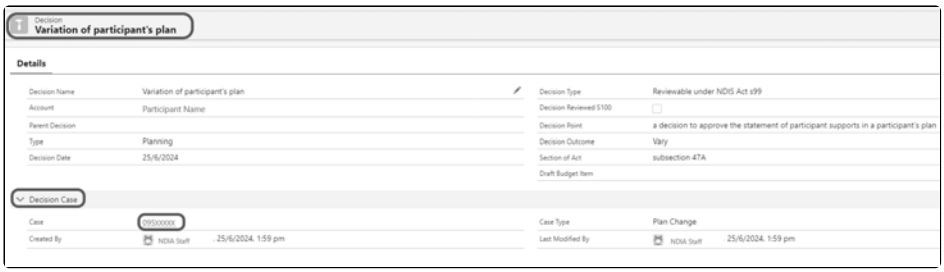
Within the participant's **Person account**:

1. Navigate to the **Decisions** tab, under decisions select the **Variation of participant's plan** hyperlink.



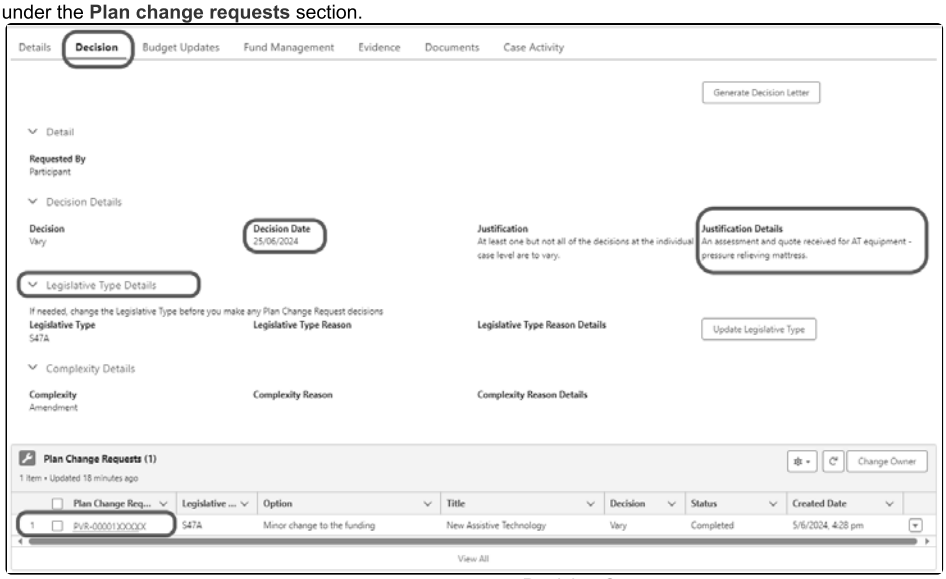
Participant Person Account

2. Navigate to the **Decision case** and select the hyperlink to open the case in a new tab.



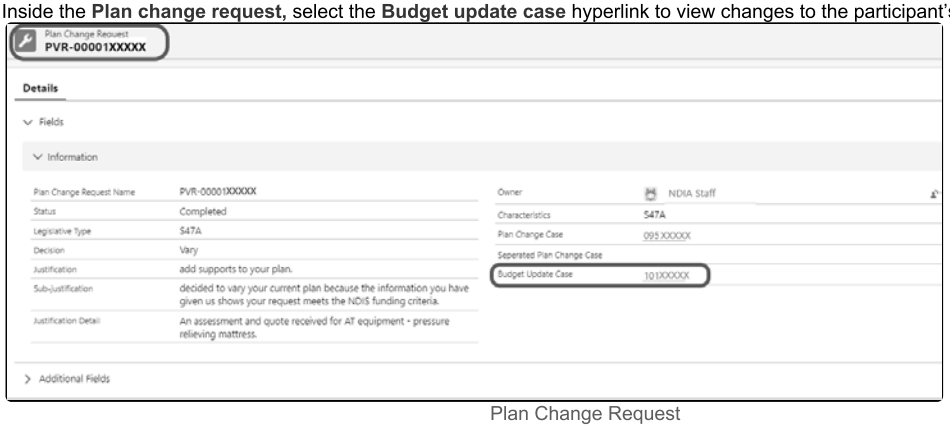
Variation of a Participants Plan

3. Once in the **Decision case**, navigate to the **Decision** tab, to view the **Legislative type, Decision date** and **justification**. Select the hyperlink under the **Plan change requests** section.



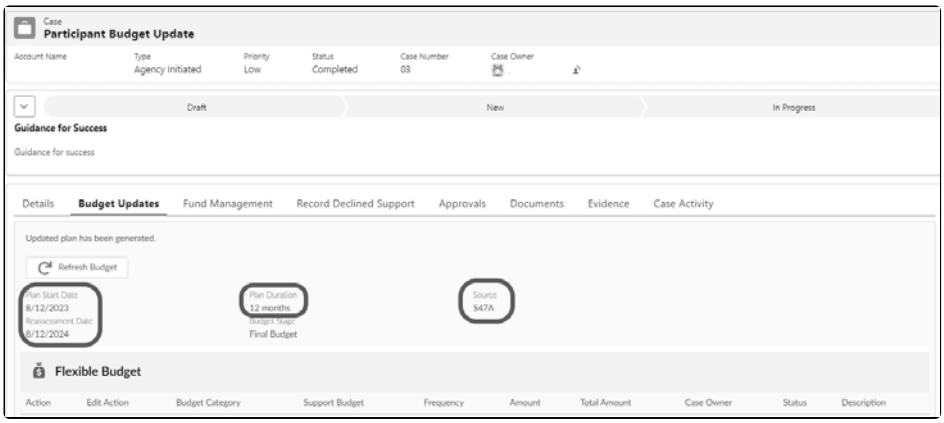
Decision Case

4. Inside the **Plan change request,** select the **Budget update case** hyperlink to view changes to the participant's budget.



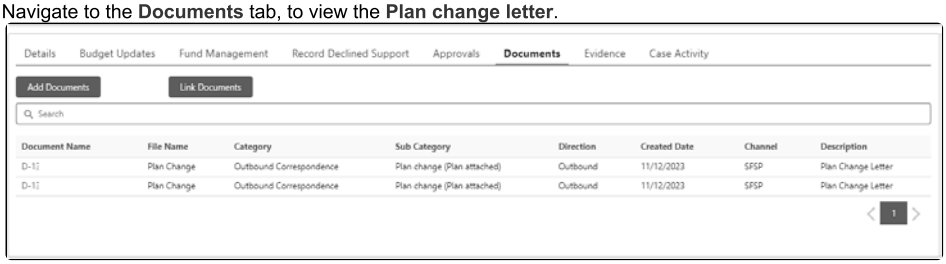
Plan Change Request

5. Inside the **Budget update case,** navigate to the **Budget updates** tab, screen displays **Plan start date, Plan duration, Source, Reassessment date,** all new or updated support category budgets, **Fund management – justifications and decisions and budget – justifications and decisions**. Select the **Edit** hyperlink to view more details on any listed supports.
6. Navigate to the **Record declined support** tab, to view details of any declined supports.



Participant Budget Update case

7. Navigate to the **Documents** tab, to view the **Plan change letter**.



Participant Budget Update Case

Related procedures or resources

- Review Claim History PACE - Claim Line Items List User Guide

Document Owner and Approver

Director Service Delivery Enablement

Feedback

To submit **feedback** to the Payments Team visit the Scheme Claims and Payments Feedback page. The Capability Team is responsible for managing all feedback on our guidance articles.

Agency or Plan Managed - Alternative Service Booking Resolution Payment Requirements

Determine Resolution Process CRM Plans

Where a Claim and Payment Enquiry is received from a Provider regarding an Agency or Plan Managed cancelled service booking for a non-stated plan support item, the Payments Officer should determine if a CRM Claim Approval task would process successfully if an alternative level service booking is created, prior to proceeding with the next resolution methods.

- If the cancelled service booking was created at the support item level and is not a stated support, the Provider or Payments Officer can create a service booking at the alternate category level and submit a CRM claim approval (payment request) against the alternate service booking.
- If supports were delivered less than 90 days ago, the provider should be able to select the appropriate service booking when submitting an individual payment via the My Place Portal.

> **Important Information & Messages**
>
> Bulk uploads will not be successful in these scenarios due to a system limitation.

As a result, all Payment Enquiries which relate to supports which are over 90 days old should be processed using the Alternative Service Booking Payments SOP page.
To qualify for the Alternative Service Booking resolution payment:

- The support must not be a stated support in the plan;
- There must be an invoice;
- The Provider has a cancelled service booking;
- The Provider has created or the Payments Officer is able to create, a second service booking at the alternative level;
  - If the cancelled booking is at support item level the Provider or Payments Officer can create a category level booking for the same period;
  - If the cancelled booking is at category level the Provider or Payments Officer can create a booking at support item level for the same period;
- Remaining Budget is available in the alternative level service booking or the Payments Officer is able to create an alternative level service booking with sufficient budget to facilitate the payment;

Plan Adjustment Requirements

Determine Resolution Process CRM Plans

A Plan Adjustment will be required when a Payment Enquiry is received regarding a Payment Request and:

- Is for supports provided in an expired plan;
- Is in a Plan that has undergone an early Plan Reassessment or variation resulting in a pro-rata reduction of funds after 90 days; and
- The Payment Request is within budget if the funds are increased up to but not exceeding the originally budgeted amount.

Where a Plan Adjustment will enable the Provider or Plan Manager to claim funds through the Portal, Payments Officers **must not** process a claim and refer to the Plan Adjustment Payments CRM for details on assessing and completing Plan Adjustments.

Invoices are not required for a Plan Adjustment because the Provider or Plan Manager will submit claims themselves if the plan adjustment is successful. There is no need to request an invoice/s unless a plan adjustment failure is required, providing you know how much the provider needs to claim.

If a Manual Self-Managed Claim (MSC) Form has been provided from a self-managed Participant this should be processed using the Manual Self-managed Claim Form (MSC) Process CRM plans after completing a Plan Adjustment.

Plan Adjustment Failure Payment Requirements

Determine Resolution Process CRM Plans

Where a Payments Officer has completed the Plan Adjustment resolution process finding the request has qualified for resolution, however, received an error message resulting in a Plan Adjustment Failure, the Plan Adjustment Failure Payments process must be reviewed to asses if the payment request qualifies for a manual payment. Payments processed via this method must not be for greater than the original approved budget.

- Before a plan managed payment can be made, the Plan Manager must provide:
  - the Service Provider's ABN; or
  - a completed ATO Statement by a supplier form stating why they are exempt from providing an ABN
- The Payment Enquiry must have met the Plan Adjustment Requirements
- The Payments Officer must have attempted to adjust the reviewed plan, resulting in an error.
- The invoice/MPP Claim have been provided and must not have already been paid or have a Payment Request awaiting approval.
- The payment request is not for a current plan
- The matter has not been referred to the Administrative Appeals Tribunal

Important Information & Messages

Wherever a SAP approval payment is required, Providers and Plan Managers must have provided an invoice that meets all the relevant requirements and, Self-managed Participants must have provided an MPP form (excluding periodic transport payments) prior to any payment process being completed.
Where all the required information has not been provided, a Payments Officer should attempt to gain the information via a phone call and record the details in an interaction. Refer to Payments Outbound Phone Call - Help Card.
Payments Officers can keep the Payment Enquiry status as **In Progress** while the additional information is requested and uploaded by the Provider Portal (as an inbound document). When the inbound document is received on the Provider Record, Payments Officers can upload the attachment to the Payment Enquiry and proceed with resolution.
If phone contact is unable to be made then the information should be requested using the relevant payments response template and the payment enquiry should be updated and closed.

PACE Payment Threshold

This article provides guidance for payments officers to process PACE plan related Claim and Payment Enquiries that meet the criteria for a within threshold payment resolution.

Recent updates

Date	What's changed
30 October 2025	Short Term Respite (STR) annual limit information added.

Topic	Checklist

Pre-requisites	• The **plan start date** must be **before 9 October 2024.**
	• The support being claimed must have been **funded** in the affected claim coverage period. Noting, **Core Support** budgets are flexible.
	• If supports were provided **on or after 3 October 2024** the support must meet the definition of an **NDIS Support** under section 10.
	• All **tier 1** resolutions have been considered and are not applicable.
	• The payment request **will not** exceed the total **category** budget by more than s47E(d) - certain operations of agencies budget is the combined **Total Flexible** supports.
	
	SIL funding in Assistance with Daily Life category in error.
	Where a plan error may have occurred and SIL funding was included in the **Assistance with Daily Life** budget category in error and should have been funded in the **Home and Living** category budget, these amounts must be removed before calculating to confirm if it meets the within threshold requirements.
	
	This process **must not** be followed in the below circumstances:
	• Where a **payments officer** receives a claim and payment enquiry related to a **plan commencing the 9th of October**, and
	  ◦ The request for payment exceeds the funded supports,
	  ◦ the participant has not been funded for the supports; or,
	  ◦ there is evidence of a Change of Circumstances for the participant.
	s47F - personal privacy (ALK575) after updating the categorisation and prioritisation comment field.
	
	Note: This is a holding bay, please **do not** contact Alice directly about these CPEs.
	• The claim and payment enquiry can be resolved via a self managed CRM or PACE manual claim.
	• The claim and payment enquiry can be resolved by the provider or participant (education can be provided).
	• The claim and payment enquiry is for Short Term Respite (STR) and exceeds the annual limit of 28 days or the consecutive limit of 14 days for this support type.
	• The claim and payment enquiry is for a Home and Living support. This includes Supported Independent Living (SIL), Individualised Living Options (ILO), Medium Term Accommodation (MTA) and Younger People in Residential Aged Care (YPIRAC).
	• The claim and payment enquiry is for Specialist Disability Accommodation (SDA).
	• The claim and payment enquiry is related to a participant with compensation recovery amounts or compensation reduction amounts. An overspend should only be considered for a Tier 3 manual payment with very strong evidence and planner endorsement, or otherwise declined.
	• The participant or provider (including providers requesting payment through a plan manager) is listed on the Compliance Watchlist.
	• This process is not applicable if the supports being claimed are under review by the Administrative Review Tribunal.
	• For a plan managed payment the plan manager has not provided:
	  ◦ the service provider's ABN; or
	  ◦ a completed ATO statement by a supplier form stating why they are exempt from providing an ABN.
	• The provider or plan manager has not provided compliant invoices for supports provided refer to Invoice and Manual Claim Form Requirements.
	• A self-managed participant has not provided an MSC form AND invoices or receipts where payment will be over budget. Refer to Invoice and Manual Claim Form Requirements.
	• The payment request is for a current plan or claim coverage period.
	• The invoice/MSC has previously been paid or have a payment request awaiting approval.

Actions	Sections: • Requirements • Review and Assess the Enquiry • Payments Process Calculator Tool Additional Information • Related procedures or resources

Requirements

Requirements for Plan Managed or Agency Managed Provider Payments:

Providers must provide:

- The service provider's ABN, or
- A completed Australian Taxation Office (ATO) Statement by a Supplier form if exempt from providing an ABN.
- For agency-managed plans, ensure the provider is NDIA-approved and the appropriate relationships are established.

Requirements for Self-Managed Participants:

- Self-managed participants must provide a Manual Self-Management Claim (MSC) form with compliant invoices or receipts if the payment will exceed the budget, where a manual payment exceeds the initially intended budget but remains within the 15% threshold.

Additional Criteria:

- Funded support must be included in the affected plan.
- The invoice/MSC must not have already been paid or be awaiting approval.
- If payment requests cover multiple claim coverage, plan periods or categories, all must meet the threshold criteria.

Review and Assess the Enquiry

- Review the enquiry according to Review the Claim and Payment Enquiry and determine the most appropriate resolution method per Determine the resolution - PACE plans.
- Use the pre-requisites checklist above and the Payments Process Calculator Tool to determine if the enquiry meets the criteria for processing a payment under the payment threshold process.

If the service provider's ABN or ATO Statement by a Supplier form is not provided, payments staff must:

- Not process the payment request.
- Inform the plan manager via the Payments Email Response Templates, requesting the missing documentation.

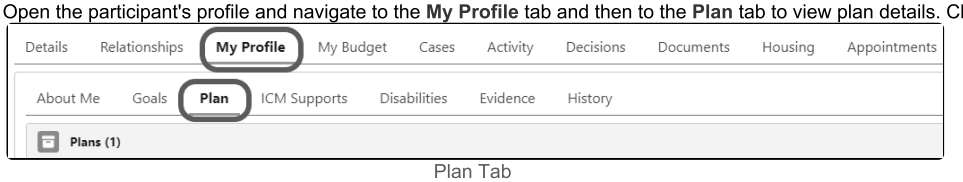
For Non-Registered Providers (Agency Managed):

- Respond using the relevant Payments Email Response Templates, explaining that NDIA cannot pay providers not registered for the supports delivered directly.

Payments Process Calculator Tool

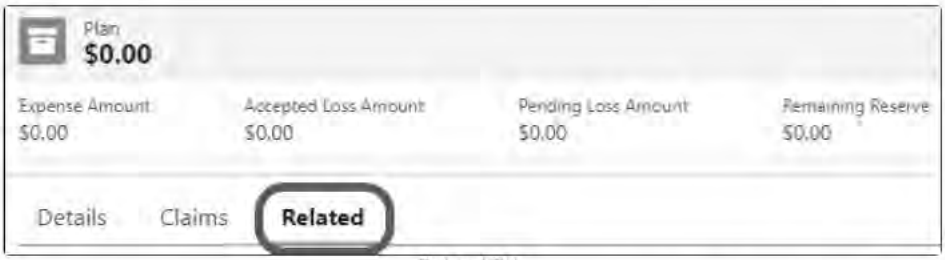
When assessing if a request for payment meets the criteria for payment under this process, payments officers should use the PACE Payments Process Calculator located on Payments Processes Calculators - Pace and CRM to determine eligibility to proceed.

1. Open the participant's profile and navigate to the **My Profile** tab and then to the **Plan** tab to view plan details. Click on the plan hyperlink.



Plan Tab

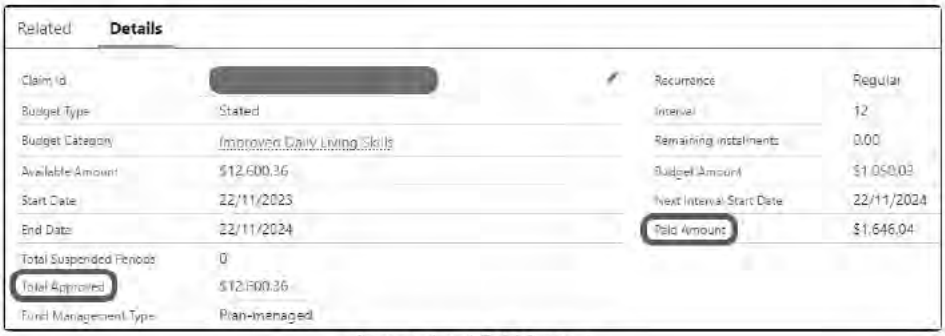
2. Select the **Related** tab and then view the **Claim Coverage on this page**.



Related Tab

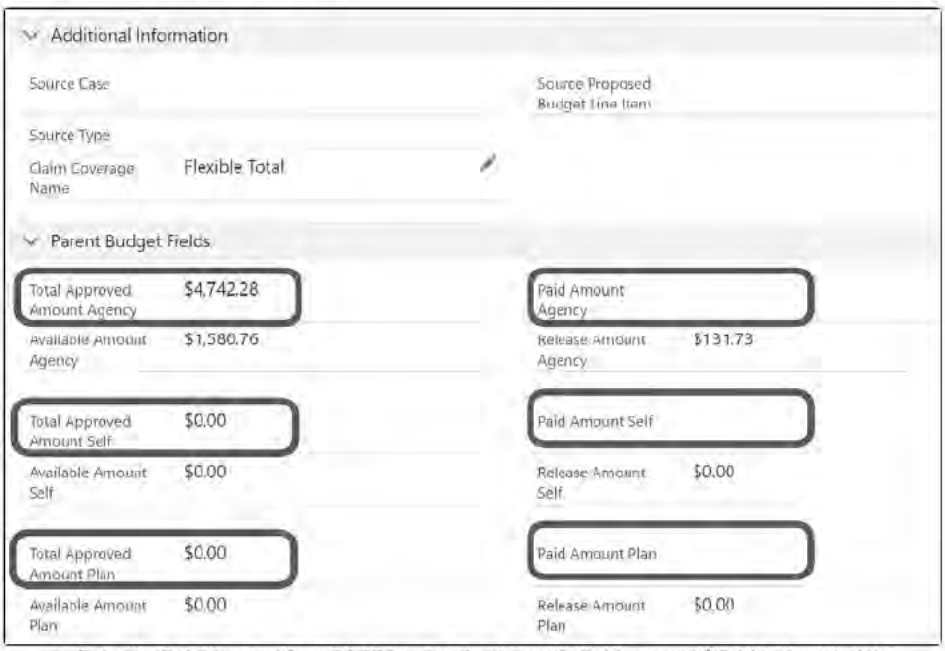
3. Locate the **applicable category budget** and select the claim coverage name to view funded support information. For **CORE** supports select the **Flexible Total** category
   Note: There may be more than one claim coverage period with the same category, select the category budget within a claim coverage period with support start and end date that aligns with the supports being claimed.
4. Select the **claim coverage name** to view the funded support information.
5. Review the funds in the participant's budget in the affected plan and the **Total Approved** and the **Paid Amount**.

NOTE: For flexible CORE Supports select the **Flexible Total** budget category and combine plan management totals from the **Parent Budget.**



Approved and Paid Amount

Flexible Total - Parent Budget Fields



a. Enter the **Paid Amount** from PACE into the **Participant's Paid amount $** field in the calculator.
   For **Flexible Totals** (CORE) where there are multiple plan management types use the bottom section to calculate the total amounts to be input.

s47E(d) - certain operations of agencies

s47E(d) - certain operations of agencies

- Review the Claim and Payment Enquiry
- Determine the resolution - PACE plans
- Payments Email Response Templates
- Payments Processes Calculators - Pace and CRM
- Claims and Payments Forms
- Create a Claim and Request Authorisation (PACE)
- Review Payment Authorisation Outcome

Document Owner and Approver

Director Service Delivery Enablement

Feedback

To submit **feedback** to the Payments Team visit the Scheme Claims and Payments Feedback page. The Capability Team is responsible for managing all feedback on our guidance articles.

Within Budget Threshold Manual Payment Requirements CRM plans

Determine Resolution Process CRM Plans

Before considering if a payment can be made using the within budget threshold process. The payments officers must first ensure that the payment **does not** meet the requirements for resolution under any of the following processes:

- The support was provided on or after 3 October 2024 and is not an NDIS support under section 10.
- The Payment enquiry can be resolved by providing education
- The Payment enquiry can be resolved via the Plan Adjustment Failure process
- The Payment enquiry can be resolved via a Self Managed CRM payment
- The Payment enquiry can be resolved using Agency or Plan Managed - Alternative Service Booking Resolution
- The Payment enquiry can be resolved via the Specialist Disability Accommodation (SDA) Process
- This process is **not** applicable if the matter has been referred to the Administrative Review Tribunal.
- This process should not be used if the Provider or Self-Managed Participant is on the Compliance Watchlist. Refer to the Compliance Watchlist SOP for details. In those instances payment may be appropriate if it meets the requirements of the Over Budget - Tier 3 Payment Requirements CRM Plan
- Before a plan managed payment can be made, the Plan Manager must provide:
    - the Service Provider's ABN; or
    - a completed ATO Statement by a supplier form stating why they are exempt from providing an ABN.
- The Provider, Plan Manager or Self-Managed Participant must have submitted a payment enquiry.
- The Provider or Plan Manager must provide invoices for supports provided, containing relevant details.
- A Self-Managed Participant must provide an MSC form AND invoices or receipts where payment will be over budget.
- The funded support must be included in the affected plan.
- The payment request must be for an old/expired plan.
- The invoice/MSC must not have already been paid or have a Payment Request awaiting approval.

Over Budget - CRM Tier 3 Manual Payments

This article provides guidance for a payments officer to:

- Review and determine eligibility for a CRM Tier 3 manual payment consideration.

Recent updates

Date	What's changed
27 May 2025	Broken links fixed

Checklist

Topic	Checklist

Pre-requisites	• Before a plan managed payment can be made, the plan manager must provide:
	  ◦ the service provider's ABN; or
	  ◦ a completed ATO statement by a supplier form stating why they are exempt from providing an ABN.
	• The provider or participant must have submitted a payment enquiry.
	• The payment request must be for an old/expired plan.
	• The participant must have submitted a Manual Self-Management Claim (MSC) form and invoices for self-managed claims unless the Tier 3 manual payment relates to Periodic Transport
	• The provider must provide invoices for supports provided. The invoice **must** contain:
	  ◦ NDIS number (not required for invoices submitted by self-managed participants)
	  ◦ Support dates (start and end)
	  ◦ Support item
	  ◦ Hours / quantity
	  ◦ Unit price
	  ◦ Total amount claimable.
	
	NOTE: Date of birth is no longer a requirement on the invoice.
	
	• The support provided must not have already been paid or have a payment request awaiting approval.
	• Where a participant's circumstances have changed resulting in over expenditure the following must have occurred:
	  ◦ Change of Circumstance must have been submitted by the participant
	  ◦ Change of Circumstance must have been approved by the planning delegate
	  ◦ A plan reassessment must have been undertaken in line with the Change of Circumstance.
	• If the enquiry is related to a participant with compensation recovery amounts or compensation reduction amounts an overspend should only be considered for a Tier 3 manual payment with very strong evidence and planner endorsement, or otherwise declined.
	• If the enquiry is related to a deregistered provider's claim(s) for a participant's current plan and they are unable to claim themselves the Tier 3 manual payment process can be considered.

Actions	• Checklist
	• Overview
	• Important Messages
	  ◦ Participant Personal Information Requirements
	  ◦ Administrative Review Tribunal (ART) Claim and Payment Enquiries
	  ◦ Plan Manager Invoices
	• Review and Assess the Enquiry
	
	Additional Information
	
	Related procedures or resources

Overview

The purpose of this article is to define the process to be used by payments staff to review and process requests for manual payment processed by Public Sector Collections and Disbursements (PSCD). The approval delegation for a Tier 3 manual payment is determined according to the Authorisation Matrix: Claims and Payments Branch

This resolution process can be used where an enquiry includes a request for payment for services provided in certain circumstances, where the NDIS Business System (CRM) behaviours or administrative defects are preventing legitimate payment requests from being processed. This process can be used in other circumstances where a participants circumstances changed after their plan was approved which required a higher level of supports resulting in an impact to the participant's NDIS funding.

Important

Payments officers need to also review the participant record and any subsequent plans in **PACE**. Review activities include but are not limited to collecting evidence of Change of Circumstances, subsequent **PACE** plan budget, planning decision and funding justifications.

Important Messages

Participant Personal Information Requirements

- NDIA requires NDIS participant number as a requirement on invoices for claims that are not self-managed.
- NDIA payments team accept NDIS number (with or without DOB and full participant name) on invoices where a service booking is present in the system.
- A service booking can be current or historic and mitigates risk of inappropriate payments whereby;
  - On the provider portal when creating a service booking, providers are required to tick a box confirming they have a service agreement with the participant to look up participant using DOB, NDIS number and name.
  - Other service bookings are made by NDIA staff members that relate to stated items.
- The method to do this aligns with the Consent Phone Enquiry KA.
  - Payments officers are to be satisfied they have verified and are using the correct records, it is not mandatory that this information is listed on the invoice.

Administrative Review Tribunal (ART) Claim and Payment Enquiries

The Administrative Review Tribunal (ART) formerly known as the Administrative Appeals Tribunal (AAT) is responsible for conducting independent merit reviews of a wide range of administrative decisions made under Commonwealth law, including those made by the Australian Government. Certain decisions made by the National Disability Insurance Agency under the NDIS Act fall under the jurisdiction of the ART.

- For Payment escalations relating to ART in **PACE**, refer to Payment Enquiry Escalations.
- To determine whether a Payment Enquiry is ART related in **CRM**, review Checking if a Payment Enquiry is Administrative Review Tribunal (ART) related

Plan Manager Invoices

Plan managers are now required to provide invoices from third party service providers when making claims. These invoices are not required to include the NDIS number. However, the plan manager must provide the NDIS number when submitting. This can be handwritten on the invoice by the plan manager or noted in the description of the issue when submitting by the portal. Refer to Invoice and Manual Claim Form Requirements.

Review and Assess the Enquiry

1. Use the pre-requisites checklist above to determine if the enquiry meets the criteria for processing a payment under the Over Budget Threshold process
2. Review and analyse the enquiry following the steps outlined in the CRM plan Claim and Payment Enquiry Analysis **article.**
3. Determine that the enquiry meets the criteria for processing a Tier 3 manual payment. **Refer to** Over Budget - Tier 3 Payment Requirements CRM Plan **and the** Tier 3 Manual Payment Process Scenarios **document for additional guidance.**
4. Complete a thorough duplicate check using the payment request report in SAP and the Checking for Duplicate Payments Help Card
5. Complete and/or review any Invoice Analysis Tool following the steps outlined in Reviewing the IAT for a CRM plan
6. Review the participant record to ensure there is sufficient evidence to support a manual claim. **Note:** Check closed CPEs to see if previous related requests have been made and what response was provided.
7. Download and complete the **Claims and Payments Manual Payment Authorisation Form from** Claims and Payments Forms **when progressing** a Tier 3 manual payment.
8. Follow the steps outlined in Complete the Authorisation Form

Important Message & Hints

If a plan manager has not provided the service provider's ABN or a completed ATO statement by a supplier form stating why they are exempt from providing an ABN, the payments officer must:

- not process the payment request,
- Use the Phone a Participant or Provider for Payments Staff guidance when making a phone call. Ensure you record contact attempts and successful contact in the payment enquiry as an Interaction using Outbound Phone Call Interactions.
- If the contact attempts are unsuccessful, respond to the plan manager using the Payments Email Response Templates advising them to provide the service provider's ABN or a completed ATO statement of supplier form.

Related procedures or resources

- Authorisation Matrix: Claims and Payments Branch
- Consent Phone Enquiry KA
- Invoice and Manual Claim Form Requirements
- CRM plan Claim and Payment Enquiry Analysis
- Over Budget - Tier 3 Payment Requirements CRM Plan
- Tier 3 Manual Payment Process Scenarios
- Checking for Duplicate Payments Help Card
- Reviewing the IAT for a CRM plan
- Claims and Payments Forms
- Complete the Authorisation Form
- Phone a Participant or Provider for Payments Staff
- Outbound Phone Call Interactions.
- Payments Email Response Templates

Document Owner and Approver

Director Service Delivery Enablement

Feedback

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Invoice and Manual Claim Form Requirements

This article provides guidance for payments staff to:

- check what information must be included on an invoice
- understand invoice requirements for self-managed participants
- check manual self-managed claim form requirements.

Recent updates

Date	What's changed
20 Feb 2026	Clarified language regarding support line items
08 Dec 2025	Associated support line items and primary supports information included.

Topic	Checklist
Pre-requisites	• Participant NDIS number • Provider NDIS number • Invoices and Manual Self-Managed Claim Form
Actions	Sections: • NDIS supports • Manual self-management claim form requirements • Invoice requirements self-managed • Invoice requirements plan and agency managed • Date/s the support was delivered • Activity based transport • Temporary transformation payment (TTP) • Associated support line items • Provider claim form requirements Additional Information: • Related procedures or resources

Draft Invoices

Draft invoices are not considered a **valid Tax Invoice** for the purposes of processing a manual payment.

Where it is evident the invoice is a draft and you have determined eligibility for payment consideration:

- You should request a final invoice.
- Refer to Request Information Internal/External.

NDIS supports

The list of NDIS supports is available on **What does NDIS fund?** and is part of a transitional rule about NDIS Supports, remaining in place until the Commonwealth and States and Territories formally agree on a new rule to replace it.

Manual Claims

Before processing any manual claims, payments staff must first check the date that the support was provided.

If the support was provided **on or after 3 October 2024** payments staff must review the **"Supports that are NDIS supports" list (in-list)** available on the **What does NDIS fund?** webpage, to confirm the claim is for an NDIS support.

Where a support is not on the **"in-list"**, payments officers will not be able to proceed with the manual payment unless:

- There is evidence that the support is a **replacement NDIS support** which has been approved; or
- Participant has been funded for the support in their plan **prior to 3 October 2024** and evidence exists to support payment.

For more information:

- **Payments triage officers** can refer to Section 10 - NDIS Supports and Exceptions.
- **Payments officers** can refer to NDIS Supports Section 10 **NDIS supports manual claim exceptions section.**

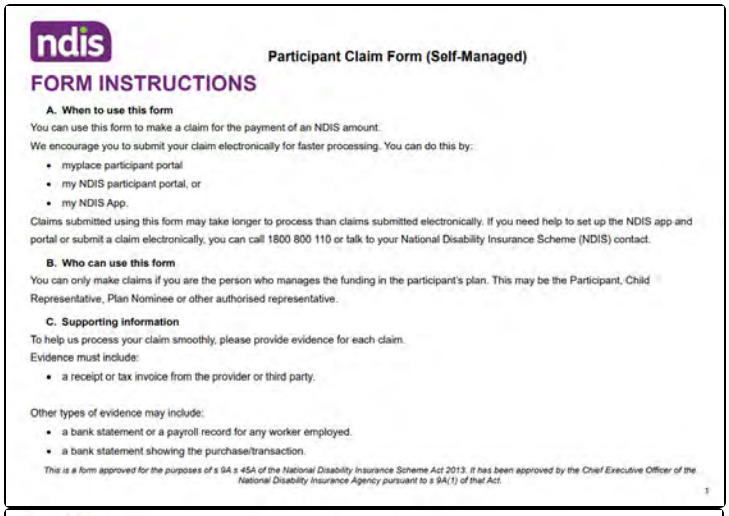
Self-Managed

Important Notice: Effective from **14 July 2025**, an updated manual self-managed claim form has been published.

Enhancements include a new layout of the claim details table.

Additionally, **new requirements include:**

- Third-party NDIS number (nominee or representative)
- Payee name (service provider) in claim details table.



Participant Claim Form (Self-Managed)

FORM INSTRUCTIONS

A. When to use this form

You can use this form to make a claim for the payment of an NDIS amount.

We encourage you to submit your claim electronically for faster processing. You can do this by:

- myplace participant portal
- my NDIS participant portal, or
- my NDIS App.

Claims submitted using this form may take longer to process than claims submitted electronically. If you need help to set up the NDIS app and portal or submit a claim electronically, you can call 1800 800 110 or talk to your National Disability Insurance Scheme (NDIS) contact.

B. Who can use this form

You can only make claims if you are the person who manages the funding in the participant's plan. This may be the Participant, Child Representative, Plan Nominee or other authorised representative.

C. Supporting information

To help us process your claim smoothly, please provide evidence for each claim.

Evidence must include:

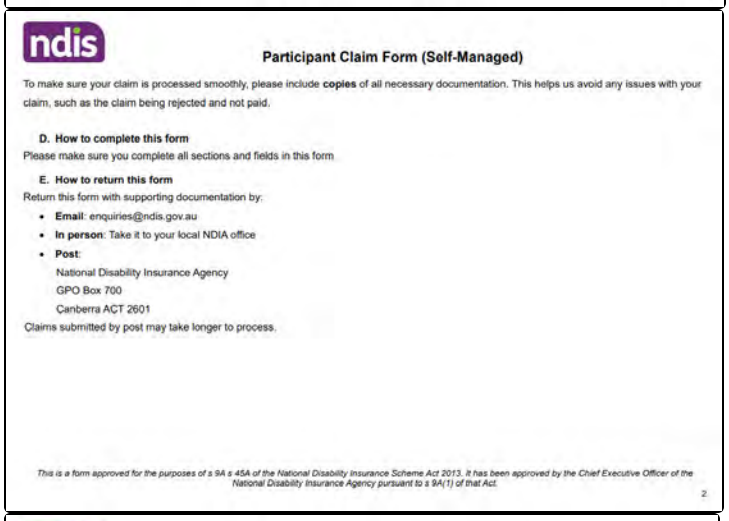
- a receipt or tax invoice from the provider or third party.

Other types of evidence may include:

- a bank statement or a payroll record for any worker employed.
- a bank statement showing the purchase/transaction.

This is a form approved for the purposes of s 9A s 45A of the National Disability Insurance Scheme Act 2013. It has been approved by the Chief Executive Officer of the National Disability Insurance Agency pursuant to s 9A(1) of that Act.

1



Participant Claim Form (Self-Managed)

To make sure your claim is processed smoothly, please include **copies** of all necessary documentation. This helps us avoid any issues with your claim, such as the claim being rejected and not paid.

D. How to complete this form

Please make sure you complete all sections and fields in this form.

E. How to return this form

Return this form with supporting documentation by:

- **Email**: enquiries@ndis.gov.au
- **In person**: Take it to your local NDIA office
- **Post**:
  National Disability Insurance Agency
  GPO Box 700
  Canberra ACT 2601

Claims submitted by post may take longer to process.

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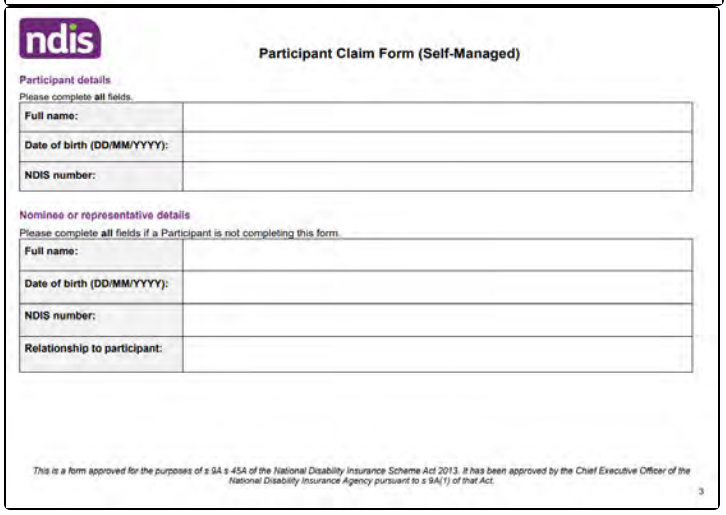

Participant Claim Form (Self-Managed)

Participant details

Please complete **all** fields.

Full name:	
Date of birth (DD/MM/YYYY):	
NDIS number:	

Nominee or representative details

Please complete **all** fields if a Participant is not completing this form.

Full name:	
Date of birth (DD/MM/YYYY):	
NDIS number:	
Relationship to participant:	

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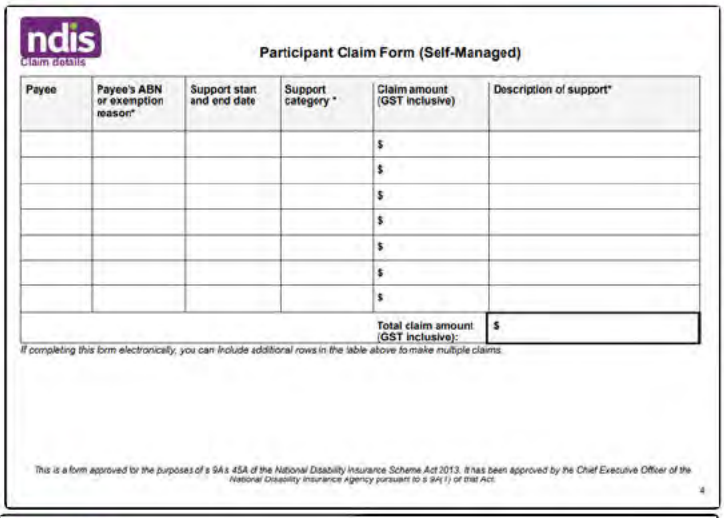
3



ndis

Claim details

Participant Claim Form (Self-Managed)

Payee	Payee's ABN or exemption reason*	Support start and end date	Support category *	Claim amount (GST inclusive)	Description of support*
				$	
				$	
				$	
				$	
				$	
				$	
				$	
			Total claim amount (GST inclusive):	$	

If completing this form electronically, you can include additional rows in the table above to make multiple claims.

This is a form approved for the purposes of s 9A s 45A of the National Disability Insurance Scheme Act 2013. It has been approved by the Chief Executive Officer of the National Disability Insurance Agency pursuant to s 9A(1) of that Act.

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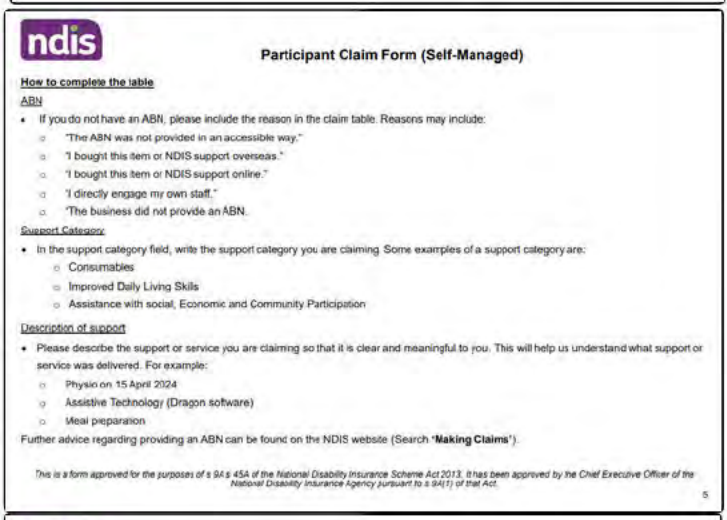

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Participant Claim Form (Self-Managed)

How to complete the table

ABN

- If you do not have an ABN, please include the reason in the claim table. Reasons may include:
  - "The ABN was not provided in an accessible way."
  - "I bought this item or NDIS support overseas."
  - "I bought this item or NDIS support online."
  - "I directly engage my own staff."
  - "The business did not provide an ABN.

Support Category

- In the support category field, write the support category you are claiming. Some examples of a support category are:
  - Consumables
  - Improved Daily Living Skills
  - Assistance with social, Economic and Community Participation

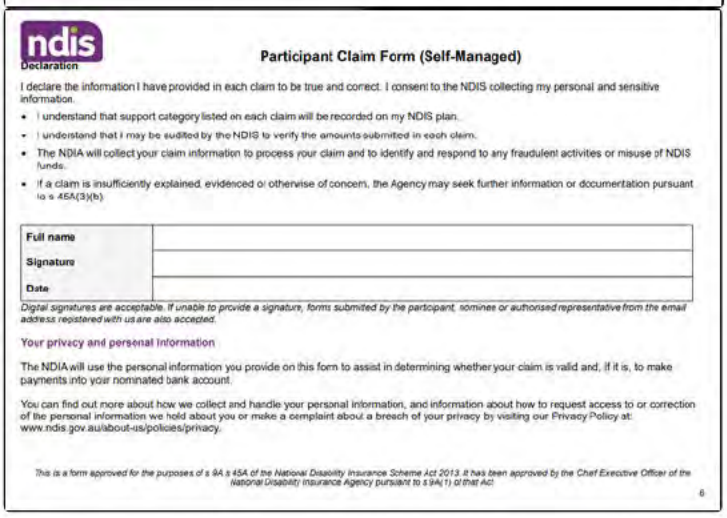
Description of support

- Please describe the support or service you are claiming so that it is clear and meaningful to you. This will help us understand what support or service was delivered. For example:
  - Physio on 15 April 2024
  - Assistive Technology (Dragon software)
  - Meal preparation

Further advice regarding providing an ABN can be found on the NDIS website (Search **'Making Claims'**).

This is a form approved for the purposes of s 9A s 45A of the National Disability Insurance Scheme Act 2013. It has been approved by the Chief Executive Officer of the National Disability Insurance Agency pursuant to s 9A(1) of that Act.

5



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Declaration

Participant Claim Form (Self-Managed)

I declare the information I have provided in each claim to be true and correct. I consent to the NDIS collecting my personal and sensitive information.

- I understand that support category listed on each claim will be recorded on my NDIS plan.
- I understand that I may be audited by the NDIS to verify the amounts submitted in each claim.
- The NDIA will collect your claim information to process your claim and to identify and respond to any fraudulent activities or misuse of NDIS funds.
- If a claim is insufficiently explained, evidenced or otherwise of concern, the Agency may seek further information or documentation pursuant to s 45A(3)(b).

Full name	
Signature	
Date	

Digital signatures are acceptable. If unable to provide a signature, forms submitted by the participant, nominee or authorised representative from the email address registered with us are also accepted.

Your privacy and personal information

The NDIA will use the personal information you provide on this form to assist in determining whether your claim is valid and, if it is, to make payments into your nominated bank account.

You can find out more about how we collect and handle your personal information, and information about how to request access to or correction of the personal information we hold about you or make a complaint about a breach of your privacy by visiting our Privacy Policy at: www.ndis.gov.au/about-us/policies/privacy.

This is a form approved for the purposes of s 9A s 45A of the National Disability Insurance Scheme Act 2013. It has been approved by the Chief Executive Officer of the National Disability Insurance Agency pursuant to s 9A(1) of that Act.

6

The new claim form is available from the NDIS website ndis.gov.au self-management page – How you can pay for NDIS supports as a self-manager | NDIS

Stop! Look! Check!

For new CPE's created from 28 July 2025, you will be required to follow the request for information process to obtain an updated participant claim form from the participant or their authorised representative if they have used an old form.

- Follow the Request Information Internal/External process to request an updated MSC form.

Manual self-management claim form requirements

The Manual Self-management Claim (MSC) form must be completed correctly and in full, with a valid signature if it has been signed. If the form has not been signed, please see below.

- The signatory must be the participant, an authorised representative or a third-party with **consent** on file that specifically states they are able to act on the participants behalf and can submit payment requests.

You must confirm the following MSC form requirements to progress the CPE.

Participant and third-party (nominee or representative) details

- Confirm the following information is correct.
  - Third-party (nominee or representative) details (full name, date of birth, third party NDIS number and relationship to participant).
  - Participant details (full name, date of birth and participant NDIS number).

- Other parties are able to assist with filling out the form as long as the form is signed and submitted by someone with consent.
  If there is any doubt about the authenticity of the form, payments staff should contact the participant or authorised representative to confirm:
  - Refer to Phone a Participant or Provider for Payments Staff.

Valid signature or unsigned form

- Both written and digital signatures are acceptable.
  If the **participant** or **authorised representative** is unable to sign, unsigned forms can be accepted.

Digital signature and unsigned form additional requirement

When a MSC form is submitted **unsigned** or with a **digital signature** it must be received from an email address registered on the participant or authorised representatives account to be accepted.

- The original email must be viewed to confirm it has been submitted from the registered email address.
  Note: Staff are unable to attach the original email to the CPE, when the NCC create the CPE, they will add the general enquiry case number as the parent case to enable staff to view these details.
  - Refer to Attaching and locating documents to understand how to locate and attach documents in PACE.

Claim details

- Confirm the following information is completed in full.
  - Payee (service provider)
  - Payee's ABN or exemption reason
  - Support start and end date
  - Support category
  - Claim amount (GST inclusive)
  - Description of support

Claim details on the MSC form match compliant invoice details

- Confirm invoices attached are compliant refer to the invoice requirements for self-managed below.
- Verify that the purchase receipts or invoice details match the information provided on the form as requested.
  If there are any inconsistencies, you may need to contact the enquirer:
  - Refer to Phone a Participant or Provider for Payments Staff.

Incorrect form, form incomplete, no invoices

Where the incorrect form has been submitted, form is incomplete and/or there are no purchase receipts/invoices, you must request the required information to progress the CPE.

You must attempt to contact the participant or nominee by phone if listed as a contact method and refer to the additional information below.

In all instances when there is incomplete or missing information you must:

- First attempt to phone the participant or their authorised representative if it is listed as a contact method before using email.
  Refer to Phone a Participant or Provider for Payments Staff and the Request Information Internal/External article for guidance.
- If phone contact was successful or unsuccessful, email the participant or nominee to request the required information.
  Refer to the Request for Additional Information (Self-Managed) template.
- Allow the participant or nominee 5 business days to return the required information.
  If not received send a follow up email Request for Additional Information Not Received - Follow Up (Self-Managed)
- If information is not received within the 24 hours outlined in the template use the Request for Additional Information Not Received - Closure (Self-Managed)

> **Note for payments officers:** If, upon review, you have identified that reasonable contact attempts have already been made by payments triage staff to request additional/missing information prior to assigning the CPE to the payments team, and a response has not been received, payments officers are only required to make **one additional phone attempt** and send **one additional follow-up email** requesting the missing information using the templates Request for Additional Information Not Received - Follow Up (Self-Managed) or Request for Additional Information Not Received - Follow Up (Provider/Plan Managed).
>
> If the information has still not been received after 24 hours, payments officers can then close the enquiry following the steps outlined in Payment Enquiry Closure and using the templates Request for Additional Information Not Received - Closure (Self-Managed) or Request for Additional Information Not received - Closure (Provider/Plan Managed).

Invoice requirements self-managed

- Support dates (start and end)
- Support or item description
- Total amount claimable

> **Note:** Support line-items are not required on invoices for self-managed participants.
>
> Purchase receipts or invoices only need to contain information that they would have provided if claiming in the Portal.
>
> When processing payments in PACE a support line-item will need to be input by payments officers to represent a support item name and support category name in PACE.

Plan and agency managed

Invoice requirements plan and agency managed

Before a plan managed payment can be made, the plan manager must provide:

- the service provider's ABN; or
- a completed ATO Statement by a supplier form stating why they are exempt from providing an ABN.

The provider must provide invoices for supports provided. The invoice **must** contain:

- Business name or trading name (This may be the person's name if they are a sole trader)
- Participant's name
- NDIS number
  - Plan managers - If the NDIS number is not on the third-party providers invoice but the plan manager has provided it in the payment enquiry when submitting it, **this is acceptable.**
- Support dates (start and end)
- Support line item
- Hours **or** quantity
- Unit price - refer to the NDIS Pricing Arrangements
  Note: If the unit price charged is above the unit price limit you can proceed however any payment will be capped at the unit price limit for agency or plan managed supports.
- Total amount claimable.
  - GST component if applicable

Unit price not specified

Note: If the unit price is not specified on the invoice, however the total amount claimed divided by the quantity or hours is at or below benchmark price this can be considered a compliant invoice.

Example

Support	Line item	quantity	unit price	total
Assistance With Decision Making Daily Planning and Budgeting	15_035_0106_1_3	2		$124.34

The benchmark price for this support is $62.17. The total $124.34 divided by the quantity of 2 equals $62.17 which is the benchmark price.

Small variances due to rounding or hours to decimal conversion

If there are any small variances due to rounding or Invoice Hours to Decimal Conversion this would not be a reason to deem an invoice non-compliant, and request amended invoices.

s47E(d) - certain operations of agencies

Date/s the support was delivered

A provider's invoice may list the supports delivered for each date per invoice line.

Alternatively, a provider's invoice may provide a date range for a **specific line item** with the unit price and quantity on one invoice line.

Both are acceptable but consider the unit of measure a provider is claiming for e.g.:

- Are they claiming for 136 hours of support within a 48-hour period for an hourly line item
- Are they claiming for 40 days of support within 20-day range for a daily line item

There are no system validations currently in place to prevent this claiming, but we should query discrepancies.

Providers should not put a date range at the top of an invoice for multiple different, listed line items.

It may be that only one hour of support in total was delivered on one day for one particular line item. We would not input a range for the support date.

It is acceptable for invoices to contain support dates for different claim coverage periods or plans.

- If a date range is used for a line item, and support dates cross over different claim coverage periods or plans we will need an invoice with a breakdown of dates.

Remember: We should not process agency and plan managed manual payments in a participant's current claim coverage period.

If the line item used is for a specific day or time of day e.g. Saturday, Sunday, Public Holiday or Weekday evening does this correspond to the date, and time (if noted) on the invoice.

Activity based transport

If a provider incurs costs, in addition to the cost of a worker's time, when accompanying and/or transporting participants in the community (such as road tolls, parking fees and the running costs of the vehicle), they may negotiate with the participant for them to make a reasonable contribution towards these costs.

The following is a guide as to what these contributions might be:

- For a vehicle that is not modified for accessibility, up to $0.97 a kilometre.
- For a vehicle that is modified for accessibility or a bus, up to $2.76 a kilometre.
- For other forms of transport or associated costs, such as road tolls, parking, and public transport fares, up to the full amount

While service agreements help to ensure a shared understanding of expectations, supports, responsibilities, obligations and problem resolution.

- Service agreements (external) explains that "A written service agreement is required for Specialist Disability Accommodation (SDA) supports under the NDIS rules. For other NDIS services, the NDIA does not require written service agreement".
- You do not need to request a service agreement for Activity Based Transport.

If an invoice displays $1 for this line item (e.g., 04_590_0125_6_1) and it doesn't detail what it's for e.g., km rate, road, tolls, parking, vehicle running costs please seek additional information from the provider including an updated invoice.

If the km rate is higher than $0.97 per km or $2.76 for a vehicle that is modified for accessibility or a bus it may be worth investigating.

The policy around activity-based transport is about 'reasonable contribution towards these costs.

- The figures of $0.97 and $2.76 are not price limits per se, but they are considered to be reasonable costs negotiated by provider and participant for delivering the support.
- The provider may travel 20 km at a negotiated price of $0.97 per km for a total amount of $19.40 (20*0.97).
- In the provider portal, the payment request may involve one of the following methods for lodging that request:
  - $19.40 = $1.00 x 19.4 units
  - $19.40 = $0.97 x 20 units

The suggested figures of $0.97 and $2.76 will not necessarily translate to precise claiming behaviour in the provider portal.

- Where you come across a claim for $20 at 20km, then it might be worth investigating.
- Be mindful that the provider may be claiming additional costs such as road tolls, parking fees, etc.

Temporary transformation payment (TTP)

Eligible registered providers are able to claim a TTP (Temporary Transformation Payment) which is a higher rate than the standard price rates.

- A number of supports in the Assistance with Daily Living Support Category and the Social, Economic and Community Participation Support Category are in the scope of the TTP.
- These support line items end in '_T.'

In order to access the higher TTP price limits, providers must meet the following eligibility criteria:

- they must publish their service prices prominently on their website, and make them available to participants, including participants who are not their clients, and the NDIA on request; and
- they must list their business contact details in the Provider Finder in the myplace portal and ensure that those details are kept up to date; and
- they must participate annually in a NDIA-approved market benchmarking survey.

Registered providers who meet these eligibility criteria are known as TTP providers.

- You do not need to a check if a provider is eligible for TTP but must ensure that they are a registered provider.

Plan managers

- are not responsible for ensuring registered providers are TTP compliant. They can accept the claim for a TTP support item **by a registered provider** as proof of TTP compliance.
- are required to inform the NDIA, when requested, which registered providers have made a claim for a TTP support item through the plan manager.
- should not use TTP line items to claim for services delivered by non-registered providers. **Non-registered providers are not eligible for the TTP**

Associated support line items

Associated support line items, such as non-labour transport, cannot be claimed on their own.

These items must always be used in conjunction with a corresponding primary support.

- Refer to the Pricing Arrangements and Price Limits | NDIS.

When reviewing an invoice that includes associated support line items, confirm that a primary support was provided on the same date.

If the invoice does not include the primary supports:

- review the participant's budget or claim history to determine whether a primary support has previously been claimed.

If a primary support cannot be identified in either the invoice or claim history, contact the provider to request further clarification.

- Refer to the Request for Additional Information (Provider/Plan Managed) template.

Provider claim form requirements

> ⚠ **Stop! Look! Check!**
>
> Before proceeding with the provider claim form checks, payments staff must first determine if the provider claim form is required.

Registered providers

Registered providers can submit a **provider claim form** to request manual payment if they are unable to submit a claim or submit a CPE electronically.

Registered providers do not need to submit this form if they are able to submit a claim or submit a claim and payment enquiry via the portal.

Deregistered providers

Once a **deregistered provider** loses their provider portal access, they will no longer be able to submit claims or create service bookings.

They will be required to submit **provider claim forms** for each of their claims.

Unregistered providers

Unregistered providers cannot use this form. Unregistered providers must submit their claim to a participant or their nominated plan manager.

Claiming through the portal remains the preferred submission channel.

- Claims submitted using this form will take longer to process than claims submitted through the portal.
- The provider claim form **must be completed correctly and in full.**
- If providers need to claim for more than one support line-item, **they will need to complete a new form for each claim.**
- Evidence must be provided to support each claim.

Confirm the following **provider claim form requirements** to progress the CPE.

Provider contacts details

Confirm the following information is correct.

- **Provider details:** (Provider name, provider number, ABN, Provider contact)
  Note: Other parties are able to assist with filling out the form as long as the form is signed and submitted by a provider contact.

If there is any doubt about the authenticity of the form, payments staff should contact the participant or authorised representative to confirm the supports.

- Refer to Phone a Participant or Provider for Payments Staff.

Valid signature or unsigned form

- Both written and digital signatures are acceptable.
- If the **provider contact** is unable to sign, unsigned forms can be accepted.

Digital signature and unsigned form additional requirement

When PCFs are submitted **unsigned** or with a **digital signature** they must be received from an email address registered on the provider contact or provider account to be accepted.

- The original email must be viewed to confirm it has been submitted from the registered email address.
  Note: Staff are unable to attach the original email to the CPE, when the NCC create the CPE, they will add the general enquiry case number as the parent case to enable staff to view these details.
- Refer to Attaching and locating documents to understand how to locate and attach documents in PACE.

Claim details

Confirm the following information is **completed in full.**

Participant name	Participant NDIS number	
Support start date	Support end date	Invoice number
Support category	Item number (Claim line-item number)	Claim type
Cancellation reason	Item quantity	Unit of measure
ABN of support provider or exemption reason	Payment amount (GST inclusive)	GST

Claim details on the PCF match compliant invoice details

- Confirm invoices attached are compliant refer to the invoice requirements for plan and agency managed above.
- Verify that the purchase receipts or invoice details match the information provided on the form as requested.

If there are any inconsistencies, you will need to contact the enquirer:

- Refer to Phone a Participant or Provider for Payments Staff.

Incorrect form, form incomplete, no invoices

Where the incorrect form has been submitted, form is incomplete and/or there are no purchase receipts/invoices, you must request the required information to progress the CPE.

- Refer to Request Information Internal/External for guidance.

If phone contact is successful, you **must** inform them that you will follow up with an email request covering the required information and this will allow them to reply to the email and have the information attached directly to the CPE.

If phone contact is unsuccessful or preferred method of contact is not phone, you **must** follow the request for information process allowing the provider 5 business days to respond.

- Refer to Email a Participant or Provider for Payments Staff.

Related procedures or resources

- Phone a Participant or Provider for Payments Staff
- Email a participant or provider for payments staff
- Duplicates, Non-Compliant Invoices/ MSC form and Requesting Invoices
- Payments Team Feedback
- NDIS Pricing Arrangements
- Service agreements (external)

Document Owner and Approver

Director Service Delivery Enablement

Feedback

To submit **feedback** to the Payments Team visit the Scheme Claims and Payments Feedback page. The Capability Team is responsible for managing all feedback on our guidance articles.

PACE Over Budget Threshold - Manual Payment Process

This article provides guidance for payments officers to consider if manual claim meets the requirements for Over Budget Threshold manual claim.

Recent updates

Date	What's changed
31 October 2025	Clarification of change of circumstances pre-requisites
17 October 2025	Removed reference to inactive holding bay.

Topic	Checklist

Pre-requisites	• The Provider or participant must have submitted a CPE.
	• Enquiry relates to funded supports purchased or provided to the participant **prior to the 3rd of October 2024.**
	• Enquiry relates to supports purchased or provided to the participant on or after the 3rd of October 2024 where:
	  ◦ Plan start date is **before the 3rd of October 2024**; and,
	  ◦ supports are on the **'In List'.**
	
	Note: Where the enquiry relates to supports purchased or provided to the participant on or after the 3rd of October 2024 that are not on the **'In list'** which were funded in the plan, or evidence exists to support a funding decision for **plans implemented prior to the 3rd of October 2024,** PO's will refer to the steps outlined in the NDIS Supports Section 10.
	
	• The payments officer has followed Reviewing and Actioning Payment Enquiries
	• The payment request must be for an expired plan or claim coverage period.
	• Invoice and Manual Claim Form Requirements and the provider or participant have provide compliant invoices for supports provided.
	• The support provided must not have already been paid or have a payment request awaiting approval.
	
	Additional Information:
	
	For changes in participant circumstances resulting in over expenditure:
	
	1. Change of Circumstance must have been submitted by the participant or there is evidence that a change of circumstances occurred.
	2. Change of Circumstance must have been approved by the planning delegate.
	3. A plan reassessment must have been undertaken in line with the Change of Circumstance.
	
	For participants with compensation recovery or reduction amounts:
	
	An overspend should only be considered for a payment with strong evidence and planner endorsement, or otherwise declined.
	
	For deregistered provider claims:
	
	The PACE over budget threshold process can be considered if they are unable to claim themselves.
	
	Check Before Continuing:
	
	The over budget threshold process must not be followed if the following processes can resolve the enquiry:
	
	Tier One Resolution
	
	• Provide Education.
	• Self-Managed claim with sufficient funds available.
	
	Tier Two Resolution
	
	• Recurring Claims (PACE only).
	• Specialist Disability Accommodation Payment.
	• Within Budget Threshold (Self-Managed or PM/AM).

Actions	Steps: Additional Information • Related procedures or resources

Overview

The over budget threshold process is used when:

- NDIS Business System (PACE) behaviours or administrative defects prevent legitimate payment requests from being processed.
- A participant's circumstances change after their plan is approved, requiring a higher level of support and impacting the participant's NDIS funding.

Over budget manual claim process in PACE

Unlike CRM there is no need to use another system to process manual claims in PACE and all manual claims are resolved within the Claim and Payment Enquiry.

- PACE can process manual claims "over budget" if funding for the support was included in the relevant claim coverage period and payment is appropriate.
- If no funding (relevant claim coverage) was included for the relevant service period, the claim validation will fail with a V16 critical error that payments staff cannot override. In some circumstances, a payment may still be appropriate.

Steps Involved

- Use the pre-requisites checklist above to determine if the enquiry meets the criteria for processing a payment under the Over Budget Threshold process
- Review and assess the CPE following the procedure outlined in Review the Claim and Payment Enquiry to determine the most appropriate resolution method per Determine the resolution - PACE plans.

- Complete a thorough duplicate check using the Payment Request Report in SAP and the Checking for Duplicate Payments Help Card and Review Claim History PACE - Claim Line Items List User Guide.

- Complete and/or review any Invoice Analysis Tool following the steps outlined in Reviewing the IAT for a PACE Plan
- Review the participant record to ensure there is sufficient evidence to support a manual claim.

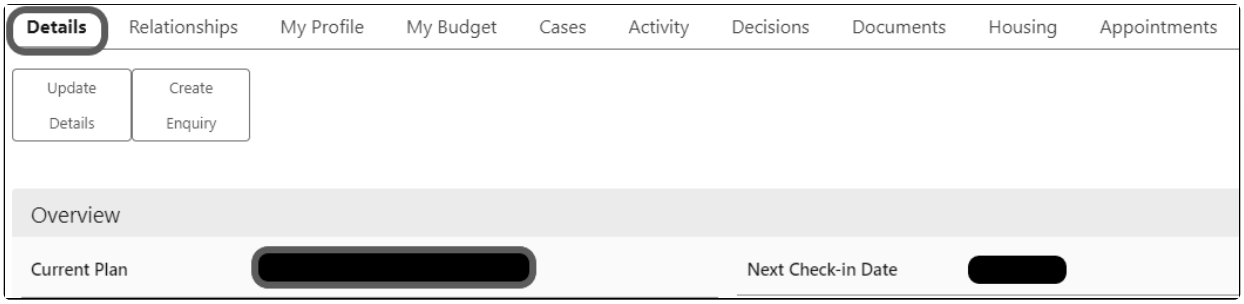
Note: Check closed CPEs to see if previous related requests have been made and what response was provided.

Collecting the Evidence

Step 1: Collecting Evidence in PACE

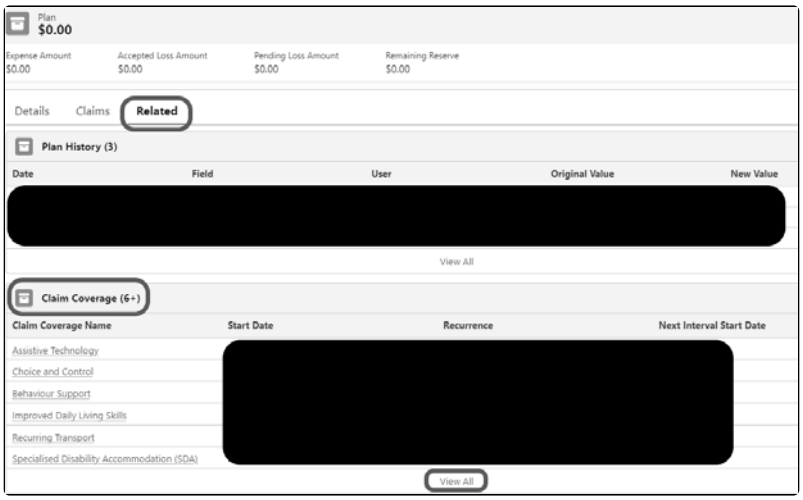
1. Navigate to the Participant's Account:

- Open PACE and navigate to the participant's account.
- Under the Details tab, click the hyperlink to the participant's plan.



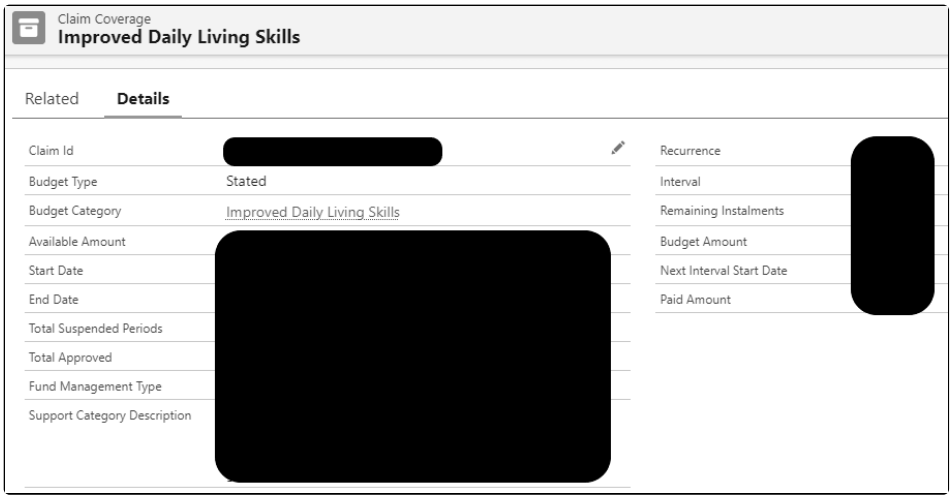
2. Reviewing the Plan and Funding:

- Click on the Related tab.
- Go down to Claim Coverage.
- Click the View All button to display the plan and the funding available within the plan.



- Take a screenshot of the relevant budget item that is being claimed for. This snapshot will be used for the justification section.

Note: The below section shows an applicable screenshot for “Improved Daily Living.”



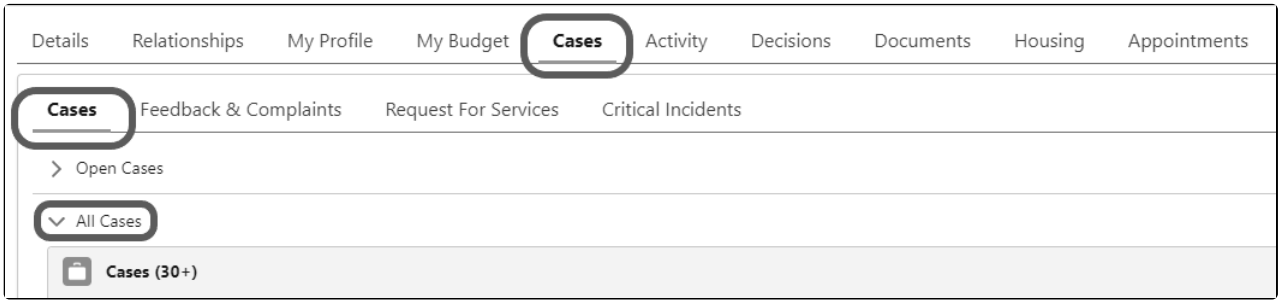
Step 2: Finding Justification and Change of Circumstance

1. Navigate to the Participant's Account:

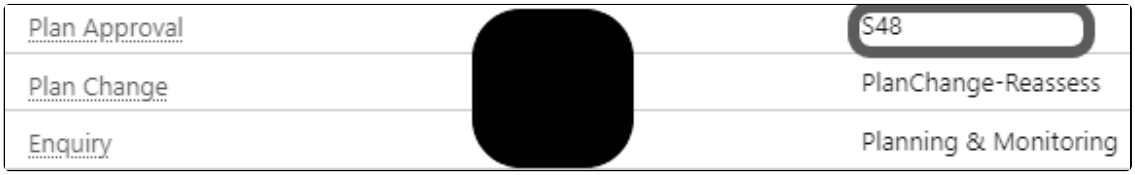
- Go to the Cases tab

2. Reviewing the Participant's Cases:

- Under the Cases tab, select All Cases and expand the view by clicking View All.
- This will list any cases relevant to the participant and any activity that has taken place.



- Within the Cases tab, look for the History for Plan Change/Reassessment (Section 48) section.



- Click the hyperlinks for the cases to find the relevant information and justification for the checklist.

Step 3: Documenting Justification

1. Taking Screenshots:

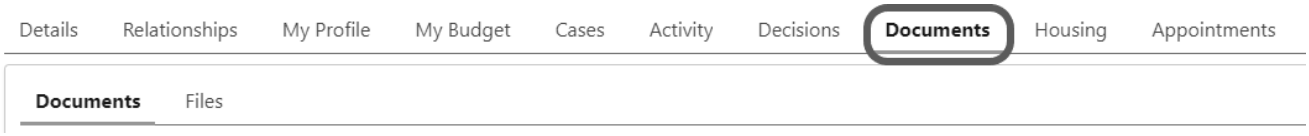
- Capture screenshots of the relevant information from the participant's plan and cases. These will serve as evidence for the manual payment request.

2. Filling Out the Checklist:

- Use the gathered evidence and screenshots to fill out the justification section in the manual payment checklist.

Additional Places to Check for Evidence in the Person Account

- When verifying participant information, it is crucial to check under the "Document" tab in the person account.
- This section typically contains important forms and documents, such as a change of circumstance forms, acknowledgment of change of circumstances notices, and the plan review or approval letters. These documents provide essential evidence for processing claims and managing participant records.

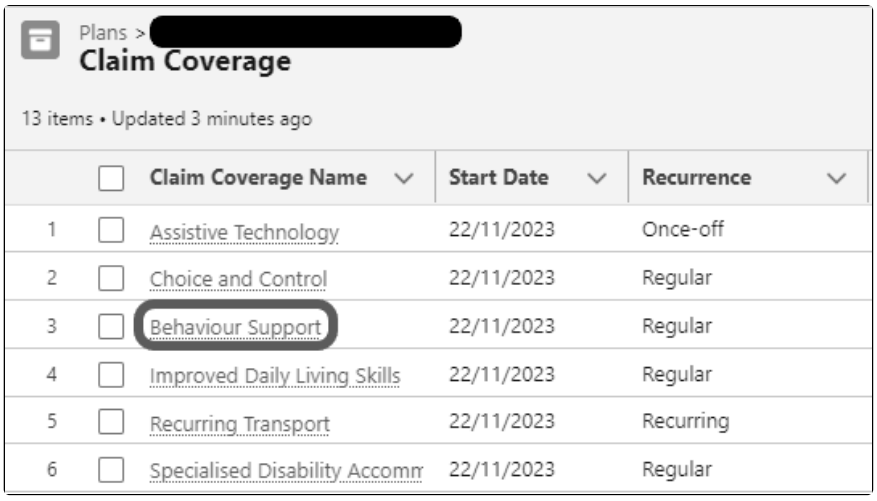


Locating the Justification for the New Plan Reassessment/Variation

This section provides step-by-step instructions on how to find the reason a new plan was implemented using the claim coverage tab in the system.

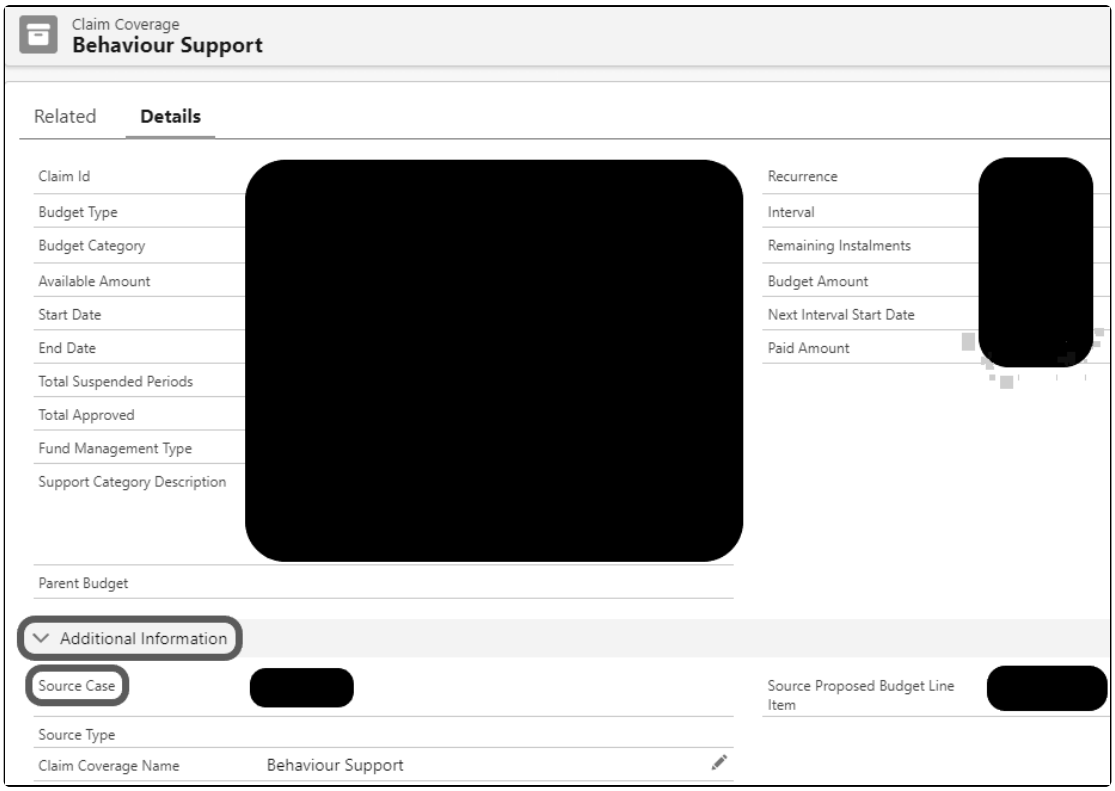
1. Navigate to the Claim Coverage Section

- Click into the relevant support hyperlink from the "Claim Coverage" section. For this example, we will investigate Behaviour Support.



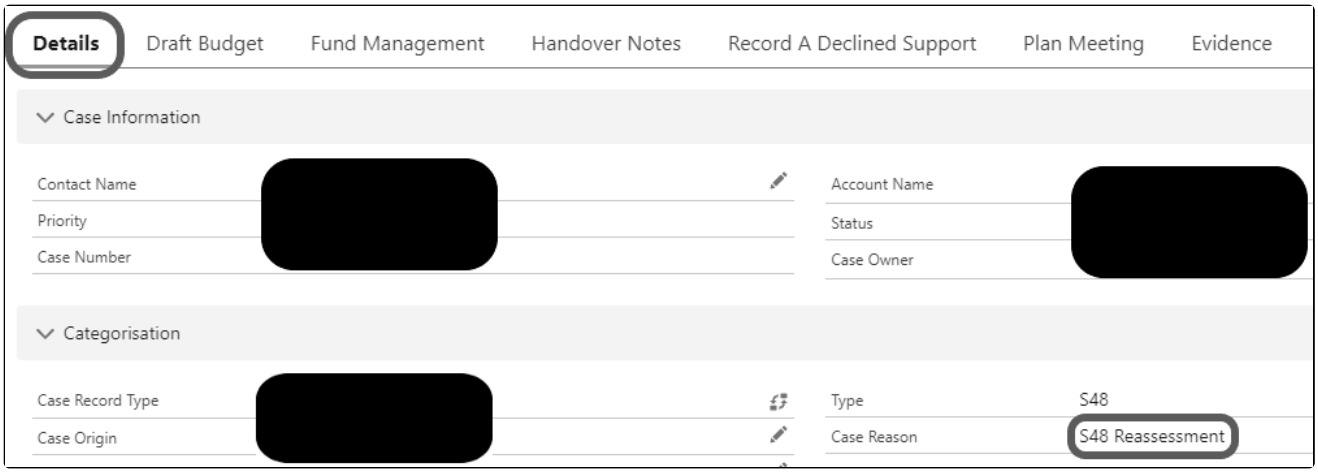
2. Access the Source Case

- Click on the "Source Case" hyperlink located under the "Additional Information" tab. This will take you to the Plan Approval Case.



3. Identify the Case Reason

- In Details tab, the "Case Reason" will be listed showing the justification that can be used.



4. Locate the Draft Budget Tab

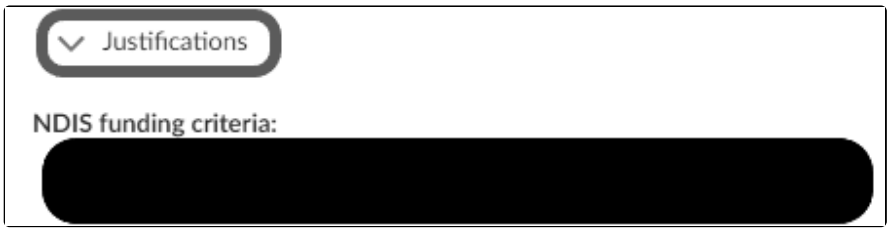
- In the Plan Approval Case, navigate to the "Draft Budget" tab.

5. Find the Impacted Budget Category

- In the "Draft Budget" tab, identify the impacted budget category.
- Click on the "Edit" button to the left of the impacted budget category.

6. Review the Justification Section

- In the window that opens, scroll down to the "Justification" section.
- Here, you will find the reason for the plan approval. For example, it may state that self-funding was placed into the wrong category.



Note: The Justification section typically contains detailed reasons for plan approval, which helps in understanding any changes or decisions made regarding the plan.

PSCD Plan Spend Guide Calculator Tool

Where the CPE meets the criteria for Change of Circumstances justification Payments Officers will need to complete the PSCD Plan Spend Guide Calculator tool for the impacted plan.

Payments Officers can follow the steps outlined in the Plan Spend Guide Calculator Tool - Help Card to complete the required details on the calculator.

No evidence is found to support a manual claim

After reviewing the participants record if there is **no** evidence to support manual claim, decline payment and notify the participant or provider and proceed with Payment Enquiry Closure.

Further information is required to support payment

If evidence is found but there is still uncertainty about whether there is sufficient justification to pay, a service delivery delegate will need to provide further advice. Refer to Service Delivery - Internal Staff Referral and complete the appropriate for further advice on whether the payment is reasonable and necessary.

Note: Create an Internal Referral requesting assistance from Service Delivery **only if necessary. Service Delivery delegates have requested that payments officers consider the below information when completing their internal referral templates and that the payments officer records the evidence or information they have already checked. Providing this information will mean the delegate does not duplicate what a payments officer has already checked.**

- Is there a R&N decision in the impacted plan that justifies the overpayment ?**(Yes/No)**
- Did the subsequent plan have increased funding allocated to the supports provided on the Invoices.
- Why do I need a delegate's advice? **Payment Officers need to justify why a delegate's advice is required in this case and if the Officer has reviewed CRM interactions, PACE internal notes, attached documents, planning notes, justifications and exclusions.**
- Have confirmed the supports listed in the attached invoices have not been previously claimed for these dates and claim types. **Duplicate payment check conducted.**

- What are the reasons for the potential overspend?
- What support has been provided and for what period of time? **Include support line items and description and attach an output from IAT.**
- Why can't the provider or participant claim themselves? **Have the funds exhausted or is there a error while claiming.**
- Why are we seeking clarification i.e. **what specifically are we missing to help the us make our own determination**
- Has there been feedback/complaint submitted about this matter . Has there been a response?

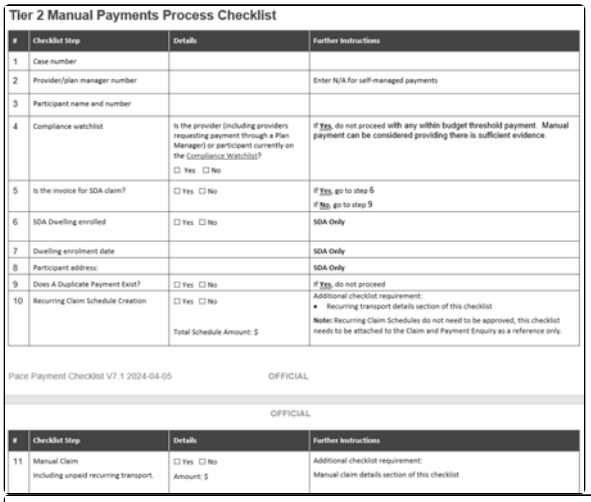
All evidence is available to support manual claim

- Ensure Invoices and the IAT are attached to the claim and payment enquiry and are compliant.
- Download the **PACE Checklist from Claims and Payments Forms** and complete.
- Upload the PACE Checklist and other supporting attachments to the Claim and Payment Enquiry in preparation for the Manual Claims input.
- Enter the claim details following the steps outlined in Create a Claim and Request Authorisation (PACE)
- The Claim and Payment Enquiry will be routed back to the Requesting Officer when a decision has been made by the Authorising Officer. Review the Payment Authorisation Outcome and finalise the CPE as per the steps outlined in Payment Enquiry Closure.

Completing the Authorisation Form

The Authorisation form sections are:

1. Payment Request Details: Names, Plan and Support Dates, Manual Claim Details, and Exclusions.



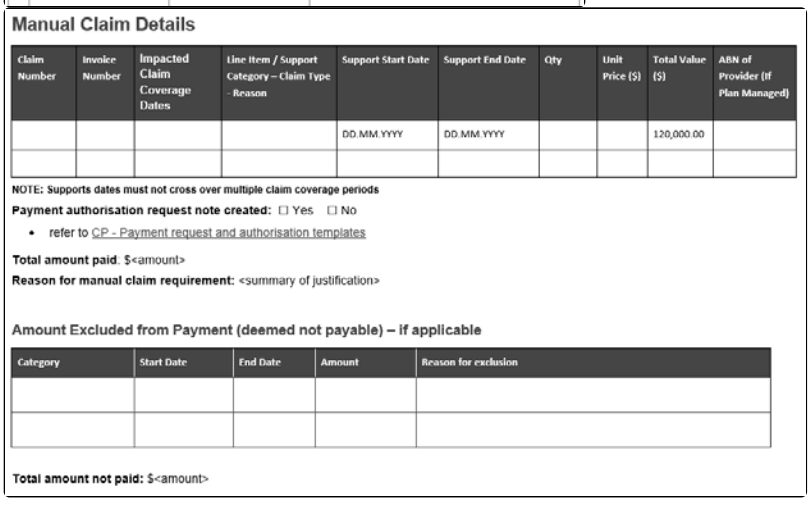
Tier 2 Manual Payments Process Checklist

#	Checklist Step	Details	Further Instructions
1	Case number		
2	Provider/plan manager number		Enter N/A for self-managed payments
3	Participant name and number		
4	Compliance watchlist	Is the provider (including providers requesting payment through a Plan Manager) or participant currently on the Compliance Watchlist? ☐ Yes ☐ No	If Yes, do not proceed with any within budget threshold payment. Manual payment can be considered providing there is sufficient evidence.
5	Is the invoice for SDA claim?	☐ Yes ☐ No	If Yes, go to step 6 If No, go to step 9
6	SDA Dwelling enrolled	☐ Yes ☐ No	SDA Only
7	Dwelling enrolment date		SDA Only
8	Participant address:		SDA Only
9	Does A Duplicate Payment Exist?	☐ Yes ☐ No	If Yes, do not proceed
10	Recurring Claim Schedule Creation	☐ Yes ☐ No Total Schedule Amount: $	Additional checklist requirement: • Recurring transport details section of this checklist Note: Recurring Claim Schedules do not need to be approved, this checklist needs to be attached to the Claim and Payment Enquiry as a reference only.

Pace Payment Checklist V7.1 2024-04-05 OFFICIAL

OFFICIAL

#	Checklist Step	Details	Further Instructions
11	Manual Claim Including unpaid recurring transport.	☐ Yes ☐ No Amount: $	Additional checklist requirement: Manual claim details section of this checklist



Manual Claim Details

Claim Number	Invoice Number	Impacted Claim Coverage Dates	Line Item / Support Category – Claim Type - Reason	Support Start Date	Support End Date	Qty	Unit Price ($)	Total Value ($)	ABN of Provider (if Plan Managed)
				DD.MM.YYYY	DD.MM.YYYY			120,000.00	

NOTE: Supports dates must not cross over multiple claim coverage periods

Payment authorisation request note created: ☐ Yes ☐ No

- refer to CP - Payment request and authorisation templates

Total amount paid: $<amount>

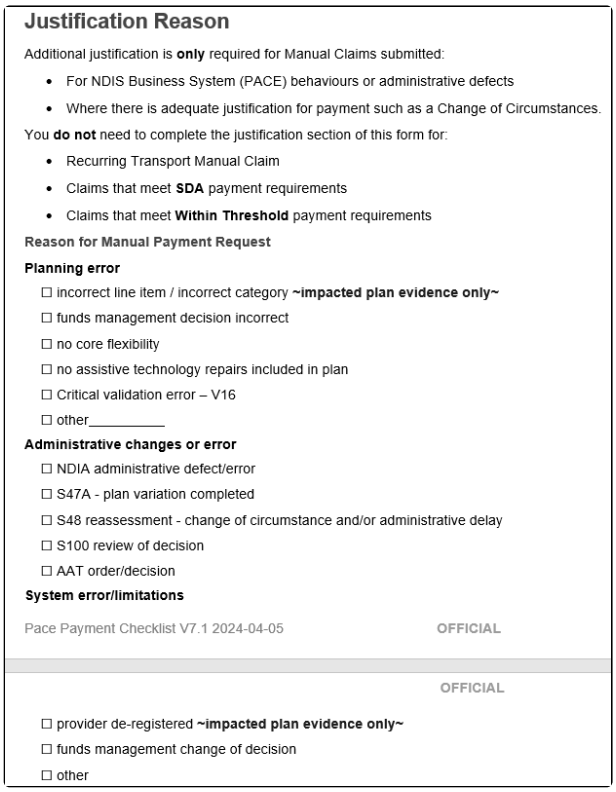
Reason for manual claim requirement: <summary of justification>

Amount Excluded from Payment (deemed not payable) – if applicable

Category	Start Date	End Date	Amount	Reason for exclusion

Total amount not paid: $<amount>

2. Reason for Manual Payment Request.



Justification Reason

Additional justification is **only** required for Manual Claims submitted:

- For NDIS Business System (PACE) behaviours or administrative defects
- Where there is adequate justification for payment such as a Change of Circumstances.

You **do not** need to complete the justification section of this form for:

- Recurring Transport Manual Claim
- Claims that meet **SDA** payment requirements
- Claims that meet **Within Threshold** payment requirements

Reason for Manual Payment Request

Planning error

☐ incorrect line item / incorrect category **~impacted plan evidence only~**
☐ funds management decision incorrect
☐ no core flexibility
☐ no assistive technology repairs included in plan
☐ Critical validation error – V16
☐ other_____

Administrative changes or error

☐ NDIA administrative defect/error
☐ S47A - plan variation completed
☐ S48 reassessment - change of circumstance and/or administrative delay
☐ S100 review of decision
☐ AAT order/decision

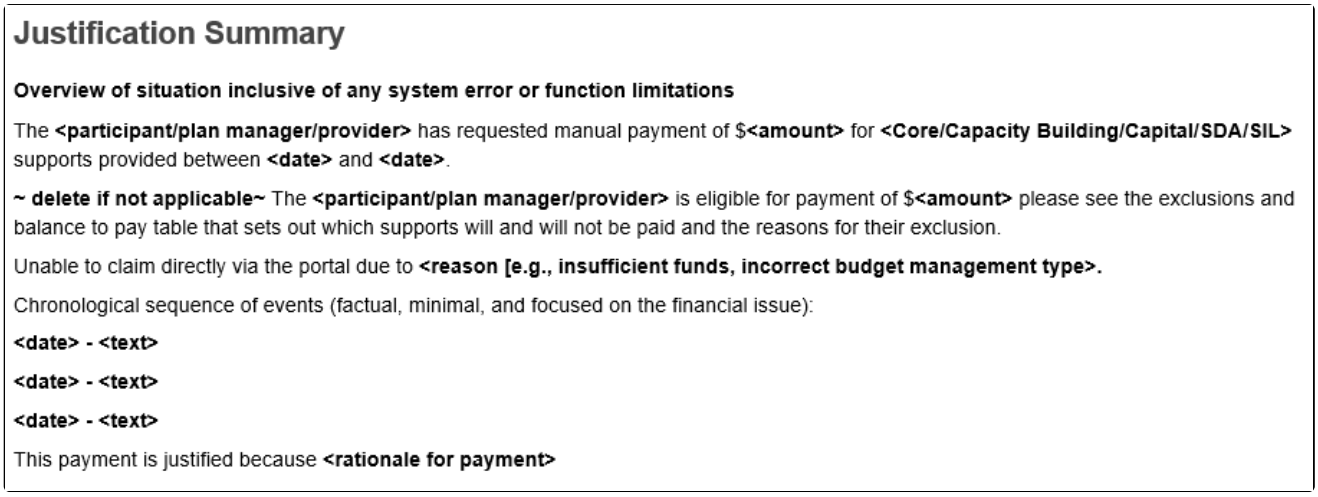
System error/limitations

Pace Payment Checklist V7.1 2024-04-05 OFFICIAL

OFFICIAL

☐ provider de-registered **~impacted plan evidence only~**
☐ funds management change of decision
☐ other

3. Justification.



Justification Summary

Overview of situation inclusive of any system error or function limitations

The **<participant/plan manager/provider>** has requested manual payment of $**<amount>** for **<Core/Capacity Building/Capital/SDA/SIL>** supports provided between **<date>** and **<date>**.

~ delete if not applicable~ The **<participant/plan manager/provider>** is eligible for payment of $**<amount>** please see the exclusions and balance to pay table that sets out which supports will and will not be paid and the reasons for their exclusion.

Unable to claim directly via the portal due to **<reason [e.g., insufficient funds, incorrect budget management type>.**

Chronological sequence of events (factual, minimal, and focused on the financial issue):

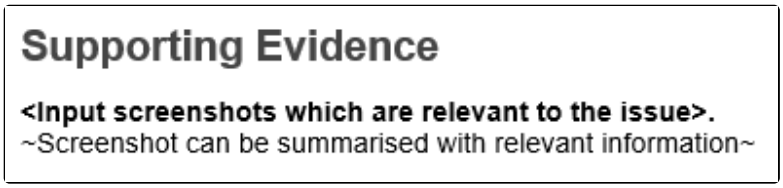
<date> - <text>

<date> - <text>

<date> - <text>

This payment is justified because **<rationale for payment>**

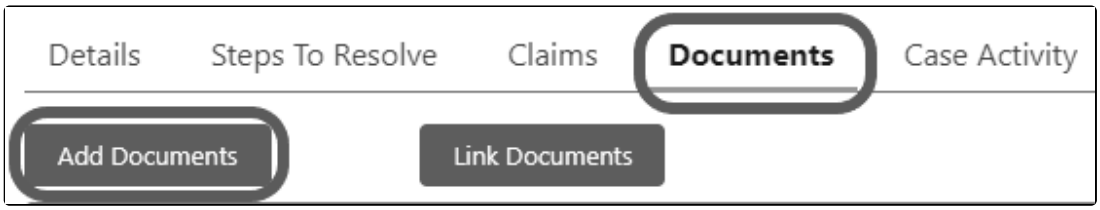
4. Supporting Evidence.



Supporting Evidence

<Input screenshots which are relevant to the issue>.
~Screenshot can be summarised with relevant information~

5. Screenshots: CoC evidence, Delegate Response, Spend Calculator, WBT Calculator, or IAT showing WBT amounts.



Related procedures or resources

Add any related materials or procedures that the user will need to use alongside this SOP. This could include:

- Would we fund it
- Service Delivery - Internal Staff Referral
- Review the Claim and Payment Enquiry
- Determine the resolution - PACE plans
- Reviewing the IAT for a PACE Plan
- PSCD Plan Spend Guide Calculator tool
- PACE Checklist.
- Create a Claim and Request Authorisation (PACE)
- Plan Spend Guide Calculator Tool - Help Card
- Review the Payment Authorisation Outcome
- Payment Enquiry Closure

Document Owner and Approver

Director Service Delivery Enablement

Feedback

To submit **feedback** to the Payments Team visit the Scheme Claims and Payments Feedback page. The Capability Team is responsible for managing all feedback on our guidance articles.

Claim and Payment Enquiry Overview

This article provides guidance for all NDIA Staff to:

- understand how claim and payment enquiries are created
- understand how they receive and assign a claim and payment enquiry
- understand the queues and manual assignment of enquiries
- view and interpret the details status and history of a claim and payment enquiry.

Recent updates

Date	What's changed
October 2024	Restricted Access CPE Routing Queue information added.

Topic	Checklist
Pre-requisites	• Have received an enquiry that relates to a payments issue
Actions	Sections: • Understand the steps when a new Claim and Payment Enquiry is created • Understand the queues for payment enquiries • Manually assign cases to payments staff • Claim and payment enquiry (CPE) details screen • Claim and payment enquiry status • Claim and payment enquiry history Additional Resources • Related procedures or resources

Overview

A claim and payment enquiry can be created internally by NDIA staff or be received externally from participants and providers as a method of communication with the Claims and Payments team regarding claim and payment issues or concerns.

A claim and payment enquiry can be created by:

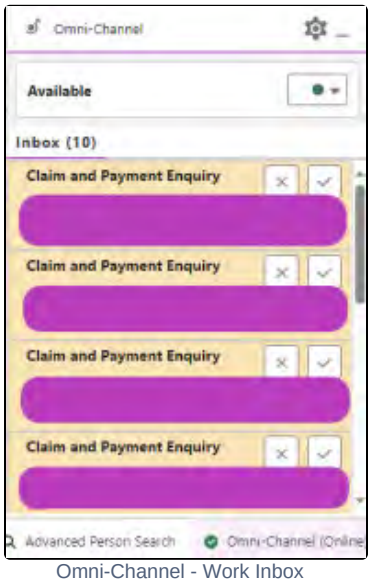
- **Providers** via the provider portal.
- **NCC staff** on behalf of **Participants** via email, phone, in person.
- **NDIA Staff** via a PACE claim and payment enquiry.

For more information on creating payment enquiries, refer to the knowledge article Create a new claim and payment enquiry (PACE) or Create an Escalated Claim and Payment Enquiry.

Understand the steps when a new Claim and Payment Enquiry is created

1. **Routing:** PACE will route the enquiry to the relevant queue based on the claim and payment enquiry categorisation. New BAU enquiries must be categorised as **Triage** and will be routed to Triage staff first.
2. **Queue Visibility:** Where payments staff change their **Omni-Channel status** to **available** they will be able to **view unassigned enquiries** in the queue(s) they have access to. Note: The **Omni-Channel** is located in the lower left corner of the PACE window.
3. **Accepting Work:** The **case** can be accepted by selecting the **tick** accepted **cases** will appear within the **My Open Cases** tab. Note: The **My Open Cases** tab is available in the dropdown menu for list views in the upper left corner of the PACE window
4. **Viewing Case Details:** In the **My Open Cases** tab, select the **unique case number** to view the details of the **case**.

Omni-Channel - Status



Omni-Channel - Work Inbox

Understand the queues for payment enquiries

Payment Enquiry Triage Routing Queue

All new claim and payment enquiries (except for escalations) will be routed to the **Payment Enquiry Triage Routing Queue** to be reviewed by NCC Payments Triage Officers (PTO's). PTO's will identify and resolve any in scope enquiries. Out-of-Scope enquiries requiring Payments Officer analysis will be recategorised and routed to the relevant payments related routing queue.

Claim and payment enquiry routing queue

Where an enquiry is deemed out of scope for resolution by a PTO, or meets the pre-requisites for manual payment review, the PTO will assign the enquiry to the **Claim and Payment Enquiry Routing Queue** for actioning by a payments officer.

Payments Escalations Routing Queue

Where a claim and payment enquiry is created with an escalation categorisation, the enquiry will route to the **Payment Escalation Routing Queue** for resolution by appropriately skilled payments officers.

Payment Authorisation Routing Queue

When payments staff submit a payment for approval within their claim and payment enquiry for a PACE plan, the case will automatically route to the **Payment Authorisation Routing Queue** for approval or rejection by a payment authorisations skilled payments officer. **Note:** CRM plan payments require a task to be created to request quality check and approval.

RA Payment Enquiry Triage Routing Queue

Payment enquiries related to Restricted Access Participants will be routed to the **RA Payment Enquiry Triage Routing Queue** to be reviewed by Payments Officers with the required Restricted Access Permissions to action the CPE.

RA Payments Escalation Routing Queue

Where payments staff identify an Escalated CPE related to a Restricted Access Participant, these CPE's will be routed to the **RA Payments Escalation Routing Queue** to be reviewed as a priority by Escalations trained Payments Officers with the required Restricted Access Permissions to action the CPE.

Manually assign cases to payments staff

When a user seeks to manually assign a claim and payment enquiry to a queue, a payments triage officer, or a payments officer, they can **change** the case owner to the **appropriate queue**, or they can input the **staff member's name** to assign to the payments officer.

Note: Claim and Payment Enquiries should always remain assigned to the appropriate queue and not assigned directly to individual staff unless otherwise instructed for a specific enquiry type.

1. Select **Change Case Owner**
2. Select **User** or **Queue** and then assign appropriately

Claim and payment enquiry (CPE) details screen

The **details** screen within the claim and payment enquiry (CPE) contains information related to the submitted claim and payment enquiry.

Contact name: Contact name in the CPE will indicate the name of the person enquiring. This can be the provider, participant or nominee who has made the enquiry.

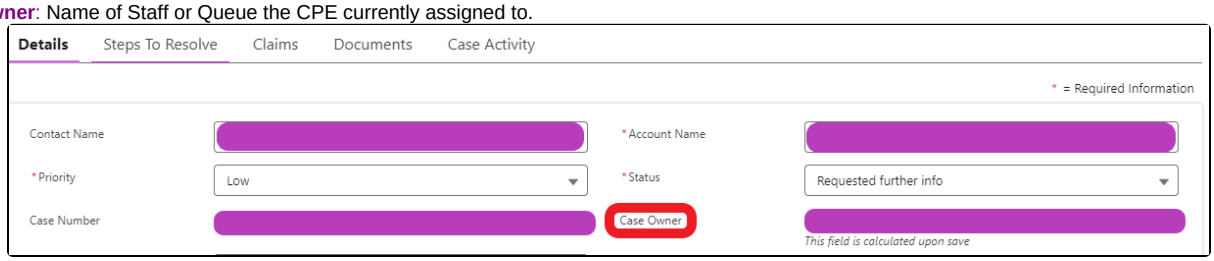
Account Name: If the participant or nominee is the enquiring party it will contains the related participant accounts details. If the provider is the enquiring party this indicates the organisation details of the provider.

Case number: Claim and payment enquiry number.

Priority: Enquiry priority level.

Status: Current position on the CPE progression.

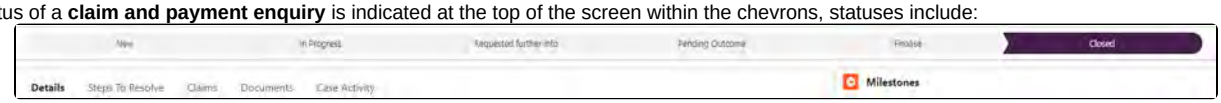
Case owner: Name of Staff or Queue the CPE currently assigned to.



PACE Details Screen

Claim and payment enquiry status

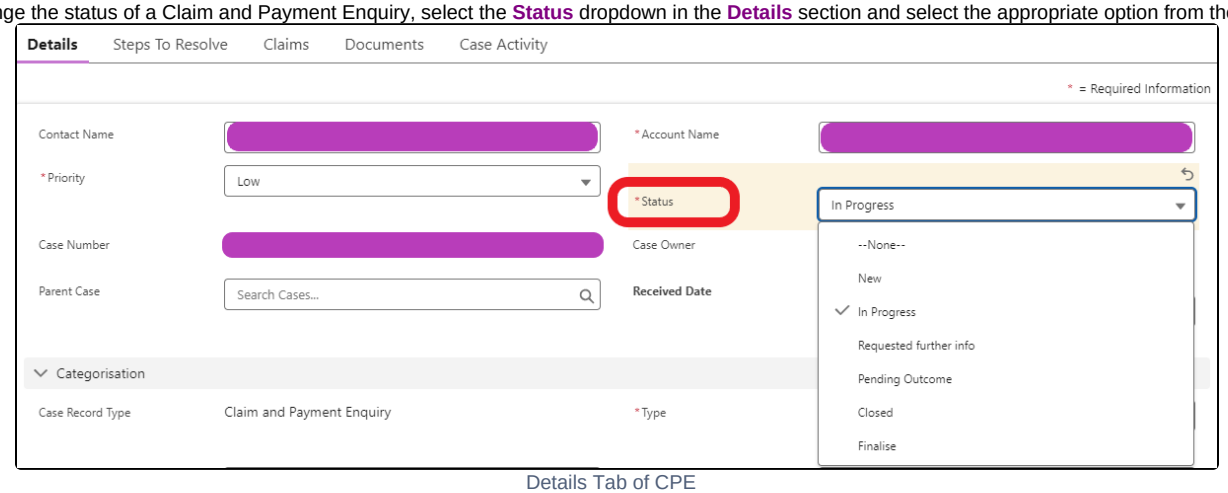
The status of a **claim and payment enquiry** is indicated at the top of the screen within the chevrons, statuses include:



CPE Status

- **New:** enquiry is awaiting acceptance by payments staff. If the claim and payment enquiry has been accepted and the status of the enquiry is new, the payments staff will need to change the status to in progress within the **details** tab.
- **In progress**: enquiry is assigned to payment triage officer or payments officer.
- **Request further information**: payment staff have requested further information.
- **Pending outcome**: enquiry is awaiting payment authorisation.
- **Finalise**: claim/s have been approved by the authorising officer.
- **Closed**: enquiry has been closed; no additional information can be added to the enquiry.

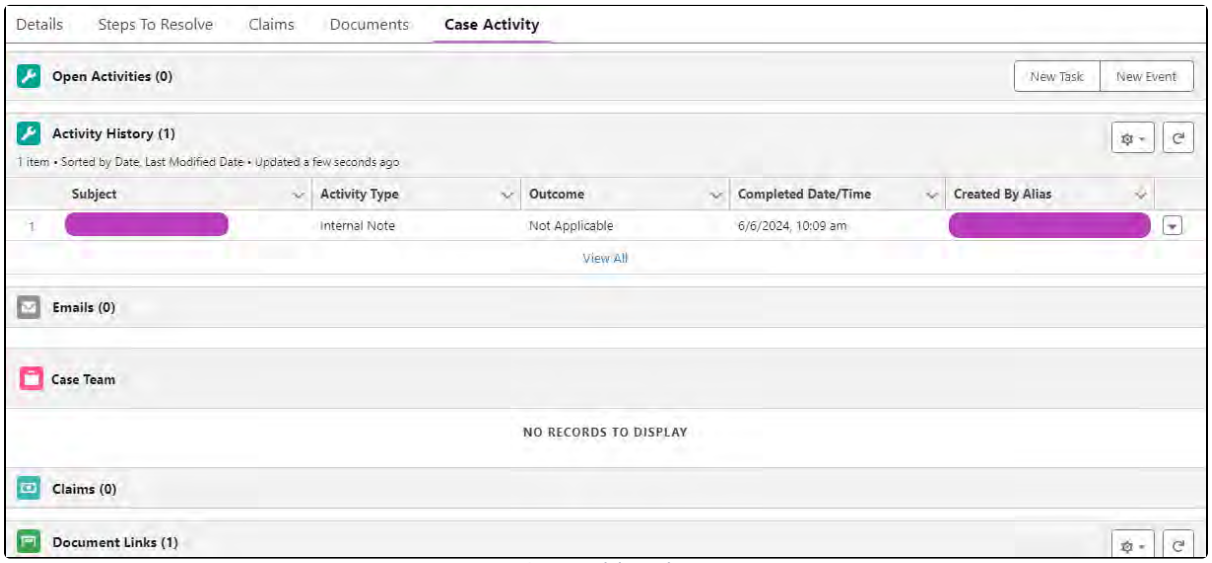
To change the status of a Claim and Payment Enquiry, select the **Status** dropdown in the **Details** section and select the appropriate option from the list.



Details Tab of CPE

Claim and payment enquiry history

Claim and payment enquiry history can be viewed within the **case activity** tab.



Case Activity Tab

The **Case Activity tab** contains **:**

- **Open Activities** related to the claim and payment enquiry**.**
- **Activity history**
- **The claim and payment enquiry case team** i.e., requesting officer and authorising officer.
- **Case notes and Emails**
- **Related Cases**
- **Claims** linked to the Claim and Payment Enquiry

Related procedures or resources

- Create a new claim and payment enquiry
- Create an Escalated Claim and Payment Enquiry

Document Owner and Approver

Director Service Delivery Enablement

Feedback

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Reviewing and Actioning Payment Enquiries

Reviewing and Actioning Payment Enquiries Menu

This menu will provide payments officers with articles to support the review and action Claim and Payment Enquiries.

- Omni-Channel work allocation for Payments Officers
- Claim and Payment Enquiry Overview
- Naming and Categorisation guidelines
- PACE related enquiries consolidation
- Create and Monitor Tasks
- Create and view internal notes
- Attaching and locating documents
- Participant and Nominee Bank Accounts
- Review the Claim and Payment Enquiry
- Understand and Resolve Restricted Access Claim and Payment Enquiries
- NDIS Supports Section 10
- Request Information Internal/External
- Invoice and Manual Claim Form Requirements
- Invoice Hours to Decimal Conversion
- Internal Referral to Other Business Areas
- Self-Managed Payments
- Supported independent living (SIL) payments
- Specialist Disability Accommodation (SDA) Payments CRM and PACE
- Younger People in Residential Aged Care (YPIRAC) Payments CRM and PACE
- Payment Enquiry Escalations
- GST (Tax) Codes
- Review Payment Authorisation Outcome
- Payment Enquiry Closure
- Invoice Analysis Tool (IAT) Overview
- Integrity Compliance Alerts and Locks
- Complete the Authorisation Form
- Report a Privacy Incident
- Section 45A payment review
- Section 45(5) Payment Review

FOI 25/26-0018 - Section 17 response document

Scope

"...For this reason, I have included the FOI branch and raising a FOI with the following scope,

- *Release of all NDIA employee task cards or assessment matrix's that the NDIA uses to assess provider payments claims.*
- *Release of policy that dictates the Provider Payments need to contact National Service Delivery about the claim and its legitimacy or advise that no such policy exists and the Payments Team just takes a good guess on the claims legitimacy or holds a different policy. (If a different policy is held, a request for that policy is requested)*
- ***Release of data of how many claims were processed for Support Coordination via the Provider Payments Team (Manual Claims) in the months of January to June in 2024 and what percentage of those were successfully paid.***
- ***Release of data of how many claims were processed for Support Coordination via the Provider Payments Team (Manual Claims) in the months of January to June in 2025 and what percentage of those were successfully paid…"***

Response

Claims processed for Support Coordination via the Provider Payments Team (Manual Claims) from January to June 2024

Number of Manual Claims	Number of Manual Claims Paid	Number of Manual Claims cleared by other mean	Percentage of Manual Claims Paid
5,116	2,944	40	57.54%

Claims processed for Support Coordination via the Provider Payments Team (Manual Claims) from January to June 2025

Number of Manual Claims	Number of Manual Claims Paid	Number of Manual Claims cleared by other mean	Percentage of Manual Claims Paid
10,394	6,636	12	63.84%