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Provider compliance letters

The NDIS is carefully monitored to make sure participants get the supports they need and providers are paid correctly.

From August 2021, the Compliance Response Team (CRT) are reviewing claims for payment that appear unusual or incorrect in the context of the [NDIS Pricing Arrangements and Price Limits](#) and participants' plans.

If your organisation has submitted one or more claims for payment that appear unusual or incorrect, you may receive a compliance letter from the CRT.

If you get a provider compliance letter, we would like you to review these payments and confirm they are correct. Read the letter fully to understand what it's asking you to do.

What appears unusual about these payments?

CRT actively monitors claims for payment by providers, plan managers and self-managed participants.

Payments might appear unusual if:

- they appear incompatible with the [NDIS Pricing Arrangements and Price Limits](#)
- one or more elements of the claim vary significantly from claims for like supports from comparable providers.

There are different reasons that payments can be flagged for a compliance review, and some of these reasons may be valid.

We are asking you to review these claims and confirm whether they have resulted in participants being overcharged.

What claims are you monitoring?

CRT are currently monitoring payments that include one or more of the following factors :

- weekend supports that appear to have been delivered on a weekday
- an unusually high volume of supports claimed against participants plans
- services claimed at the same time as short-term accommodation that are potentially incompatible
- charging plan management financial administration fees incompatible with the claiming rules set out in the [NDIS Pricing Arrangements and Price Limits](#)
- charging an unusually high volume of support items compared with providers and/or plan managers who support participants with similar needs.

Please note, this list is not exhaustive.

I am a plan manager who claims on behalf of participants. What responsibility do I have for the supports they claim?

All plan managers have a legal responsibility to ensure that NDIS funds (public monies) are spent in accordance with participants' plans.

As a registered provider, you must also comply with the [NDIS Pricing Arrangements and Price Limits](#) when making a claim.

This means that:

- you must validate that the invoice or receipt is in accordance with the participant's plan and in line with the expected plan spend.
- when you receive an invoice or receipt from a service provider, you should check that the participant has received the service.
 - you and the participant would have discussed and agreed on how to approve or authorise an invoice as part of setting up your service agreement.
- you must ensure that you follow the [NDIS Pricing Arrangements and Price Limits](#) when making a claim.
- you must keep and maintain full, accurate records of required evidence (such as invoices).

How do I complete my review?

Open the Excel spreadsheet attached to your email.

The payments for you to review are organised into a table.

The columns on the left include details of your payments.

The blank columns on the right are for you to let us know what action you take and why.

We need you to check all payments to identify if they are incorrect.

Incorrect payments might include:

- duplicate payments
- payments for supports that were not delivered
- payments that have other incorrect details which result in overcharging participants, such as:
 - an incorrect volume of supports (e.g., '25' hours instead of '0.25' hours)
 - an incorrect rate (e.g., a TTP rate when TTP does not apply).
- payments for supports that are not reasonable and necessary for the participant
- payments for supports that do not align with participants' plans.

These payments need to be cancelled in PRODA.

They also need to be marked as 'Error Corrected' on the Identified Payments table and the reason they are incorrect explained.

Please only cancel payments that are incorrect.

Once you have reviewed each payment, please sign and return your Identified Payments table(s) and Acknowledgement Declaration to us via email, even if you didn't identify any errors.

Please complete your review by the due date indicated in the email from us.

If you need more time or have any questions about your payments, please let us know as soon as possible by contacting the phone or email address included in your letter.

You can also contact the National Contact Centre on 1800 800 110.

Are you asking me to cancel all my payments first and then review them?

No. Please review each payment before taking any action.

Please only cancel payments that are incorrect.

What should you do if your payment(s) are incorrect?

Payments that result in overcharging participants must be cancelled.

To cancel incorrect payments:

- log onto the myplace provider portal
- select Payment Request tile then View Payment Request
- select either Submitted Payment Requests or Uploaded Bulk Payment File
- to cancel a payment, select Payment Request Number then Cancel Payment

What should I do if payments are correct?

Mark payments that have charged participants appropriately as 'No Action Required' on the Identified Payments table.

Please do not cancel payments that have been charged correctly.

We are interested in knowing why these payments appear incorrect.

If there are incorrect details that have not resulted in an overcharge to a participant, let us know in the space provided in the Identified Payments table.

For example, you might have claimed for one week of support, but used a single claim date, making it appear like you have overclaimed.

Giving us this information for correct payments helps us to understand how providers claim.

It helps us to identify common claiming errors and ways we can support better claiming practices by all providers.

Going forward, we ask that you take care to submit claims using accurate details.

This includes the correct support dates, item codes, item rate, and volume (hours or units) of support.

What information will I need to complete the review?

You'll need details of the date and time the services or supports claimed for were delivered.

This can be found on invoices that include the date of service for the service or support, i.e., when the service/support occurred, or in case notes that show the service/support was provided on the date(s) of service.

You will also need to cross-check the payment amount as it should not exceed what is listed in the [NDIS Pricing Arrangements and Price Limits](#) or the participant's plan.

Can I contact participants to verify payments?

In the first instance, please check payments against the invoices and other supporting evidence supplied to you by the provider or the participant.

You can contact participants if you need to collect more information to verify each payment.

However, please note that all plan management providers must validate whether invoices received are in accordance with the plan and in line with expected NDIS plan spend prior to claiming.

You and your participant would also have discussed and agreed how to approve or authorise invoices for claiming from the NDIS.

Going forward, before you submit a claim against a participant's plan, you must:

- always check the supporting documentation for completeness and correctness of information
- get the required participant approval or authorisation in line with what you have agreed with the participant.

Will I be asked to review payments again in the future?

The Compliance Response Team will continue to monitor payments and contact providers and plan managers if we detect unusual payments or payment patterns.

If you identified errors in the way you claim, please address these in the future.

See the [Fraud Strategy Statement](#) for details about the NDIA's compliance approach, including what other actions you can take.

We're constantly improving our ability to find errors and non-compliance with the latest tools and resources available.

Doing this protects the integrity of the Scheme and ensures its availability now and into the future.

Where to go for more information

If you have received a provider compliance letter you can [contact us](#) for further information on 1800 800 110.

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