More than $10 million in provider non-compliance redirected back to NDIS participants plans

15 November 2021

More than $10 million of incorrect or non-compliant payments from National Disability Insurance Scheme (NDIS) providers has been identified since July.

The Government is focused on ensuring people receiving funding for essential support are able to use every dollar allocated to them, Minister for the NDIS, Senator the Hon Linda Reynolds CSC, said today.

The specialist National Disability Insurance Agency (NDIA) Compliance Response Team (CRT) was established earlier this year, with its focus on detecting abnormal payments being submitted from registered NDIS providers – including potentially fraudulent claims.

In marking International Fraud Awareness Week (Nov 14-20), Minister Reynolds said the NDIA's new team was focusing on registered providers billing obligations – to ensure the NDIS to appropriately supporting the people it was set up to support.

"This is part of the Government's focus on beefing up measures to protect the plans of NDIS participants. This is another tool in the Agency toolbox to identify and address non-compliance, sharp practices and fraud." Minister Reynolds said.

The team's proactive outreach has already resulted in NDIS providers cancelling more than 18,500 incorrect or non-compliant payments, with more than $10 million going back into the NDIS plans of Australians living with disability.

"In addition to the extension of the NDIS Fraud Taskforce announced earlier this year, the NDIA also established the Compliance Response Team whose task is to make sure NDIS providers are correctly billing NDIS participants.

"While the NDIA has always policed fraud, we have expanded the team's capacity to assist those who make mistakes and catch those who are knowingly committing fraud."

"Significantly, the actions of this team is not just seeing money returned to participant plans but it's also assisting providers get it right through greater education."

"In just a few months this team has already contacted more than 2,500 providers, some of whom may have simply made a mistake while others might have incorrectly charged for a service.

"This has resulted in more than $10 million worth of payments being returned to participant plans." The NDIA continues to closely monitor fraudulent and non-compliant claiming behaviour, and is investing in state of the art intelligence, data analytics and other measures to build capability to detect and respond to fraud and non-compliant claiming practices.

"Providers are aware of their obligations under the NDIS Act and the NDIS Code of Conduct, including obligations to act with integrity, honesty and transparency. Any provider found not to be meeting

their obligations – including issues relating to submitting payments – may face action from the NDIS Quality and Safeguards Commission.

“The Government is fully committed to ensuring every dollar spent by Australian taxpayers on the NDIS goes to supporting those participants to realise their aspirations and potential and delivers on the promise of all it can be.”

Anyone with concerns that fraud is being committed against the NDIS should contact the NDIS fraud hotline on 1800 650 717.

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