

## PROVIDER PAYMENT

### Question

**Senator SIEWERT:** You've given me some useful information, thank you, but not on the specific point. You might need to take the question of looking at the Penrith example on notice...Perhaps you need to take this on notice too: have you had cases where providers gave you situations where they had to pick up the costs around services that they had to provide but they had no way of recouping the costs from somebody's plan?

**Ms Rundle:** Yes, we are aware that there are some issues with providers claiming against some supports in plans, and there is a range of reasons for that. Some of them have been system related and some have just been because of the way things are described in the plan compared to the service that the provider is giving. We work on a case-by-case basis and we work out what the problem is. Usually Ms Gunn and I work together on these things because one part of it is planning and the other part is the provider experience and difficulty with payment through the system. We usually resolve them. As you suggest, I'll offer to take those on notice and will get you a definitive answer.

### Answer:

There have been some issues with providers where they have temporarily picked up the cost of services for a participant which then needed to be recouped from a participant's plan at a later date. The National Disability Insurance Agency (NDIA) works on a case-by-case basis with providers to ensure payment is made and attributed to the correct participant's plan.

There are a range of scenarios which may result in delays to providers being paid for services provided to a participant. These scenarios include:

1. When a participant's plan expires without a new plan in place providers cannot claim. At times, participant plans have expired due to a range of reasons such as a participant being in hospital or uncontactable. In this circumstances, providers may have continued to provide services to that participant in 'good faith'. Once a new plan is in place there is likely to be a 'gap' between the old plan end date and new plan start date. Invoices are unable to be processed for services delivered during these plan 'gaps' because there is no plan to claim against. The NDIA has fixed this 'gap' in the NDIA's business system and expired plans now cover the period up to the beginning of a new plan. This allows providers to claim for services provided during that time.
2. For some services, such as assistive technology items and supported independent living, a quote is required by the NDIA and the quote must be assessed and approved prior to payments being claimed. In the case of supported independent living, providers have continued to provide daily services to participants living in their group homes even though the quote had not yet been assessed/accepted by the NDIA. On some occasions, there had been some delays in NDIA assessing/accepting quotes. Reasons include for example, ongoing negotiations between the provider and the NDIA regarding quotes, and the large volume of quotes received by the NDIA have also delayed the assessment of some quotes.

In these cases, once the NDIA accepts the quote, providers can claim through the participant plan. In the event where a provider still has difficulty in claiming (such as the quote was accepted over 90 days past the date of service delivery), providers are paid for services delivered through one of the NDIA's regional finance teams.

3. There are times when there is an omission or error in the participant's initial plan preventing the payment of a service. In these cases, the participant's plan is reviewed and corrected. The provider can then claim for services provided.