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NDIS Claiming Cheat Sheet

Get clear and Get paid

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NDIS Claiming Cheat Sheet

Hey There!

This is a high-level overview of the process for NDIS Service Providers to get paid for the work you do with NDIS Participants.

We have developed this process over 5+ years of performing these processes for our clients, who are mostly in allied health, support coordination, and core supports. And while you may want to vary slightly how you do things, this document will provide some structure and more clarity around the claiming (payment request) process.

You started your business to help people with disability, to use your expertise to make a difference, and probably to support your family too, right?

So anything you can do to minimize the time that you spend on the drudgery of admin is a win!

If you're struggling with it and things don't seem to work smoothly, there's a better way!

For example, if you get your service bookings right, the claims definitely run smoother. If you get your invoicing right, your payments from plan managers will come through quicker and being able to match up your payments to your invoices will be easier.

It just all gets easier if you get your process right. So have a read through and please reach out if you have any questions.

Happy Claiming!

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NOTE: If you need more detail on the "how" for some of the steps, check out the end of this document for options

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Definitions

Service Agreement (SA): A written agreement detailing the provider's services and terms, along with the participant's details, NDIS plan details, and hours required for the current plan. The SA is usually for the same length as the plan. It is signed by the participant (or nominated person) and the provider.

NDIS Plan: A document issued by the NDIA that outlines the participant's needs, goals, disability supports required, and funding approved. A plan is usually for a 12 or 24-month period, however it may be ended early by the NDIA if there has been an early review (usually due to needing extra funding). The plan will also define how the funding will be managed (see definition for funding management).

Funding Management: NDIS funding can be managed in 3 ways, and this will affect how the payment for services is requested.

- **Agency Managed** - where the provider requests payment through the NDIS Proda portal. This can be achieved by uploading a CSV file for many claims as a "bulk upload", or as an individual claim. It is essential to set up a Service Booking for these participants at the time of the SA. (see definition for Service Booking)
- **Plan Managed** - the provider creates an invoice to a company called a Plan Manager, who manages and pays all funding for a participant on behalf of the participant.
- **Self Managed** - the provider creates an invoice to the participant, who then claims the funds from the NDIS themselves.

Service Booking (SB): Only needed for "agency managed" participants.

You will need to set up a service booking in the NDIS Provider Portal (Proda) for the number of hours agreed in the SA, at the time of the SA, and before services commence.

The SB shows the type of support to be provided, in what time period, and sets aside funding from the current plan, to pay for the support or service, so that another provider cannot use up that funding in the meantime.

Any claim for services provided, reduces the funds remaining in the service booking.



Some abbreviations you may encounter

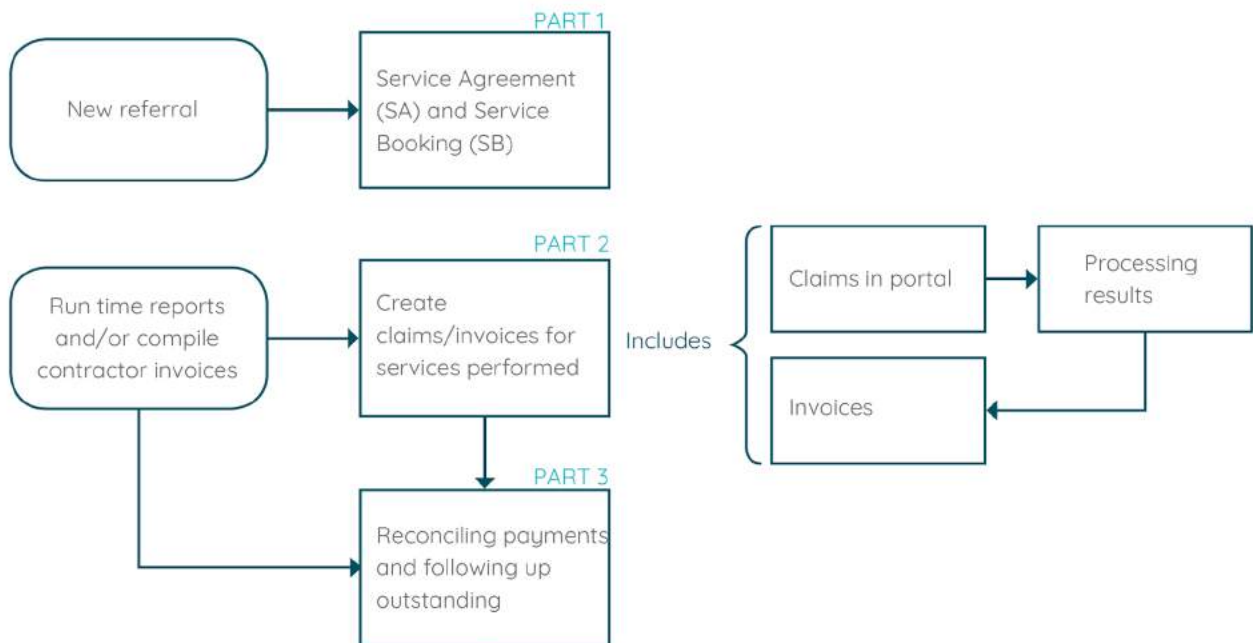
You may come across these abbreviations throughout your correspondence about invoices:

CoS - Coordinator of Supports. An independent service provider who helps an NDIS Participant to connect with the services they need.

LAC - Local Area Coordinator. An NDIA representative who does plan reviews (among other things) and is the participant's main point of contact for the NDIS.

NDIA - National Disability Insurance Agency. The organisation who runs the NDIS.

Overview Workflow





Part 1: Service Agreement & Service Booking

TIMING

This occurs when either:

- The provider agrees to provide services/supports to a new client who is an NDIS participant, or
- A current client/participant receives a new plan.

New SA's should be processed at least twice a week.

PROCESS

1. A new Service Agreement (SA) document is created using your template or online form and sent to the client to complete and sign.
2. The signed SA is returned and filed in the agreed location. New clients also sent "Welcome" information.
3. Information about the client/participant, plan and funding management is entered into the provider's CRM or Practice Management system.
4. If the participant is Agency managed, then a Service Booking is created in the NDIS portal.
5. The practitioner within the provider team is advised of the hours/funding booked so that they can commence services.



Part 2: Claim & Invoices for Services Performed

TIMING

Usually weekly or fortnightly depending on your preference.

It's more efficient to batch claim less regularly (reducing admin costs), but better for cashflow to process more often.

PROCESS

1. Compile details of supports provided participant, time spent, and which ones are self or plan managed. This is usually via a report from your CRM/PMS if you have one.

2. For Agency Managed -

- Enter details into Bulk Upload (BU) spreadsheet template. (or some software will allow you to export already in the correct BU format).
- Upload csv file to the portal.
- Download claim results and sort successful vs errors.
- For errors, check SB's for dates and what funding remains. ("Errors" happen. NDIS plans can end early & without notice, and your SB ends with it.)
- Create 2nd BU and upload to correct errors where possible and if needed.
- Create invoice/s for successful claims.

3. Plan and Self-Managed - create invoices to participants or plan managers for supports provided, and send.

4. Advise your management* of totals claimed/invoiced and any pending claims that were unsuccessful. Make sure you have a process for following up & tracking unsuccessful claims to be re-tried at a later date.

*(if that's not you!)



Part 3: Following Up Payments Received

TIMING

Weekly, later in the week after Part 2 is completed.

PROCESS

1. In Xero (or relevant accounting software), check the Reconcile screen for any payments received in the bank feed.
2. Match payments to invoices outstanding and reconcile. This will allow an accurate view of what invoices are still outstanding.
3. Check outstanding invoices.
 - a. Older than 7 days - resend invoice and ask if there are any problems with payment.
 - b. Older than 14 days - call to check if invoice received and when payment can be expected.
 - c. Take notes of follow up actions taken in the invoice notes or CRM.
(these timings could vary depending on provider's preferences).

~ KEEP IN MIND ~

This is our process for our existing clients here at Positively Sorted. Your process may vary and that's fine too.

If you have read through this document and want to curl up in a ball with the thought of doing all that yourself, wait one sec!

Click the yellow button below for more info and options to get help.

Whether it's more in depth training for you or an existing member of your team, getting on a strategy call to help improve your workflows, or just outsourcing some of your admin to our trained VA community...

[**CLICK HERE FOR MORE HELP!**](#)