

Provider information pack

Allied health providers

Moving to our new computer system

June 2024

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Introduction

The NDIA has designed and built a new computer system to improve how we work with participants and providers. Our new computer system will be supported by new my NDIS provider and participant portals.

When designing the new computer system and portals, we made it a priority to minimise impacts to providers. If we didn't need to change something, we haven't.

Our improvements are designed to:

- Provide more efficient systems and processes.
- Reduce administration for providers while creating opportunities for business growth.
- Give providers more time for meaningful connections with participants.

We tested our new computer system and improved ways of working in Tasmania between November 2022 and March 2023.

From the Tasmania test, we learnt that providers want more resources to help them change the way they do their work or to adjust their systems and processes.

Providers told us these should be separate resources, aligned with the kind of work they do—for example plan managers, support coordinators and general providers.

This guide contains useful information and links to more resources to help allied health [providers](#) learn about the improvements we've made. It also provides information on what they need to do to prepare for the introduction of our new computer system and ways of working.

We started gradually introducing our new computer system and processes across Australia on 30 October 2023.

Providers can find out more by visiting the dedicated website at improvements.ndis.gov.au.

What's staying the same?

Our new computer system and improved ways of working do not change the NDIS rules, the responsibilities of registered providers, or the work registered providers and participants do together.

Participants will continue to choose registered providers they want to work with and will need to give consent for their chosen providers to view plan information.

Registered allied health providers will continue to:

- Deliver supports and services in line with the participant's plan and budget.
- Manage NDIS claims according to the NDIA pricing arrangements and price limits document.
- Process claims in the existing [myplace provider portal](#) for NDIA-managed claims.
- Use the current support item description or numbers for claiming.
- Need participant consent to view their plan and information in the new my NDIS provider portal.
- Support participants and planners in the preparation of reports and support of plan reassessments.
- Support participants Assistive Technology and Home Modification requests.
- Providers may still need to provide quotes to inform decisions about including high-cost assistive technology items or home modifications in plans in line with [Our Guidelines](#)

Allied health providers

Allied health providers deliver therapeutic supports to participants and are one of the largest groups of registered providers.

Allied health providers will continue to play an important role in providing evidence, assessments and reports that inform access and planning decisions made by NDIA planners under the NDIS Act.

For more information about how allied health providers support participants visit the [Allied health providers](#) page on our website.

Plan reassessment reports

Reports provided during a participant's plan reassessment help us understand the supports participants need to pursue their goals.

Your report should explain your therapy approach and provide evidence of the outcomes achieved and the progress made towards a participant's goals.

The evidence you provide helps us determine whether the supports you are recommending meet our reasonable and necessary criteria.

Report writing tips can also be found on the [Plan reassessment reports](#) page.

What's changed?

Registered allied health providers will need to:

- Use the new my NDIS provider portal, in addition to the current myplace provider portal.
- Understand the process to be recorded as a my provider in a participant's record.
- Understand the claim validation process and payment processing times for providers not recorded as a my provider.
- Talk to participants about being recorded as a my provider if the provider delivers specialist disability accommodation, behaviour supports and/or home and living supports.
- Know NDIS plans in our new computer system will have 4 support types and 6 new stated support categories.
- Be aware that NDIS plans in our new computer system will not have service bookings.
- Update their business practices to submit all single claims via the bulk upload process.
- Be aware of the new process called participant check-ins.
- Be aware the my NDIS provider portal has been updated to include new notifications.

My providers will be notified when:

- They have a new relationship with a participant.
- There is a change to the start date or end date of an existing relationship with a participant.
- A plan reassessment date is changed.

My providers with consent to view plan will be notified when the above occurs, as well as when:

- A new plan is approved.

Allied health providers can learn more about what's changing in the following sections.

Tools and resources

Resources to help registered providers get ready for our new computer system and ways of working can be found on our [website](#). Resources for registered providers will also be relevant for allied health providers. These include:

- This information pack for allied health providers.
- A checklist to help get ready.
- Quick reference guides for day one.
- Portal step by step guide.
- Technical information showing key concepts and features our new computer system gives providers.
- A [provider learning tool](#) to help providers with new processes.
- More information on our website for:
 - [Plan managers](#)
 - [Support coordinators and psychosocial recovery coaches](#)
 - [Support catalogue](#).

Recording my providers in our new computer system

Participants continue to have choice and control over the providers they work with.

In our new computer system, participants can tell us about the providers they regularly work with, and we will record them as **'my providers'** in their NDIS plan.

Participants or their nominees need to tell us their my providers when they have:

- NDIA-managed supports funded within their NDIS plan.
- Specialist disability accommodation, home and living supports and/or behaviour supports.
- A plan manager. Only the plan manager needs to be recorded as a my provider.

Allied health providers do not need to make any changes when they are delivering supports to participants who have their NDIS funding plan managed.

Self-managing participants do not need to record my providers in their plan.

NDIA-managed supports, specialist disability accommodation, and behaviour supports must be delivered by registered providers.

We previously called my providers 'participant-endorsed providers'. We received feedback from participants and providers in the Tasmania test that this term should be changed to plain English and be simpler to understand.

Faster claims processing for my providers

Claims from my providers for NDIA-managed funds in a participant's plan, will automatically proceed through our normal claim validation processes. My provider claims are generally paid within 2 to 3 days.

If a claim is made by a provider who is not recorded as a my provider, we'll send an SMS to the participant or their nominee to see if they would like to discuss the claim.

Participants will have up to 6 days to contact us. If a participant does not take any action, the claim will proceed through our normal claim validation processes on the 7th day. This process means it may take up to 10 days before the claim is paid.

Choosing or changing providers

Existing providers

Participants who want to keep working with their existing providers or have identified their preferred providers, can record their my providers at their plan meeting.

Usually, where a participant has an existing relationship with a provider, for example there is a current service booking in place, the provider will automatically become a my provider when the participant's plan is moved over to our new computer system.

Providers will be notified in the my NDIS provider portal when they are recorded as a my provider on the participant's plan.

Automatically recording my providers with previous active service bookings helps to reduce delays or claim rejections when providers not recorded as my providers at the support category level submit claims for payment.

Planners will still discuss my providers preferences with participants at their plan meeting. Planners will then complete the necessary actions for these providers to be recorded as my providers in our new computer system.

If there is no active service booking, providers will not be automatically recorded as a my provider. Providers can talk to their participants about being recorded as a my provider for their plan,

New providers

Participants who need to choose a provider for the first time or want to change the providers they have, are encouraged to explore the open market. Participants can use the [tools](#) and [resources](#) available online to identify and approach their preferred provider.

Once a participant has selected their provider, they or their nominee need to tell us, so we can record their chosen my provider in their NDIS plan.

How to become a my provider in a participant's plan

Registered providers can talk to their participants about being recorded as a my provider in the participant's NDIS plan. Providers can't record themselves as a my provider on a participant's behalf.

Participants can choose and change their my providers at any time. They can do this:

- At their plan meeting, plan implementation meeting or at a check-in meeting.
- By contacting their my NDIS contact.
- Calling our National Contact Centre on 1800 800 110.

Introducing participant check-ins

During a participant's plan, we'll check-in to see how they are going and how their plan is working for them.

We generally check-in with participants:

- Every 12 months, if their plan is longer than one year.
- About 4 months before their plan reaches its reassessment date.
- If we see they are using their funding at a faster or slower rate than usual.
- If they would like some additional help to use the supports in their plan.

During the check in, we talk about:

- How the participant is going with their goals.
- If their plan and funding is working well for them.
- If their situation has changed.

After a check-in, we may need to vary or create and approve a new plan.

Providers can find more information about how we support participants with a plan reassessment on our [website](#).

New support types and support categories

Allied health providers should continue to use the support item descriptions or numbers listed in the NDIS Pricing Arrangements and Price Limits.

To make sure our language is consistent across NDIS plans and portals, the name of the support catalogue item in the plan will be the same name in the participant and provider portals.

Support items

Our new computer system does not change the way we structure support items, including item numbers.

Support types

We are moving from 3 to 4 support types, adding **recurring** as a new support type: Support types now include:

- Core
- Capacity building
- Capital

- Recurring.

Support categories

We are moving from 15 to 21 support categories.

The 6 new support categories are stated supports. They are:

Support category	Support type
Home and Living	Core
Behaviour Support	Capacity building
Assistive Technology Repairs and Rental	Capital
Specialist Disability Accommodation (SDA)	Capital
Transport Recurring	Recurring
Specialist Disability Young People Living in Residential Aged Care (YPIRAC) – Cross Billing	Core

Support category budgets

In our new computer system, funding in NDIS plans will be built at the support category level. There will be no stated support items built into plans.

Budgets will be stated or flexible at the support category level.

Budgets will be listed as a whole dollar figure rather than as line-by-line costs.

Where budgets are listed as flexible, there is flexibility within and across the flexible support categories, matched to how the plan is managed.

Where budgets are listed as stated, there is only flexibility within that support category.

More information including a summary of support category changes and a product catalogue setting document can be found on the support catalogue page on our website.

1. Removing service bookings

As participants move to our new computer system, the requirement for service bookings will be removed. Instead, participants can tell us who their my providers are and these will be included in their plan.

When we [develop new plans](#) for existing participants, their new plan will be based on their previous one. If the previous plan had service bookings, these providers will generally be recorded as my providers in the participant's new plan.

How do I know a participant has moved to the new computer system?

Registered providers will know when the participants they work with have moved computer systems because the myplace provider portal shows:

- An error message for a single payment claim request.
- Existing service bookings are end-dated in a participant's plan.
- New service bookings can't be created.

And in the my NDIS provider portal, they will see:

- Notifications for activities providers need to complete.
- Requests for service (support coordinators and psychosocial recovery coaches only).
- Participant and NDIS plan details (with consent).
- Whether they have been recorded as a my provider (for NDIA-managed supports, specialist disability accommodation, home and living supports, and/or behaviour supports only).

Viewing participant plans

When a participant moves to our new computer system, providers will use the [my NDIS provider portal](#) to view a participant's plan details. What providers can see will depend on the participant's consent.

Becoming a my provider doesn't automatically mean providers have [consent to see a participant's plan](#). Before we share a participant's information or NDIS plan with a provider, the participant needs to tell us we have their permission to do so.

With consent, registered providers can use the 'My Participants' tab in the my NDIS provider portal, to view details like the participant's:

- Preferred name, NDIS number, date of birth, gender and contact details.
- Plan goals, duration, start and end date.
- Nominee details and if an interpreter is required.

Claims and payments

We will still continue to use the myplace provider portal while participant plans transition to our new computer system. Providers should use the myplace [provider portal](#) to manage some of their financial transactions with the NDIA, including:

- Submit a claim.
- Raise a complaint or send feedback.
- View the status of payment enquiries submitted in the myplace provider prior to 6 May 2024.

There are no changes to how registered providers make claims in the myplace provider portal, support item descriptions, or the codes used to make claims.

If a claim is rejected, registered providers will see advice in the portal which describes the reason why the claim has not been processed. Registered provider can refer to the system and error messages guide for more information.

Payment enquiries

From 6 May 2024, providers should submit payment enquiries in the my NDIS provider portal.

All payment enquiries submitted in the myplace provider portal prior to 6 May 2024, will remain in and can be viewed in the myplace provider portal.

- Cancelling claims

Registered providers can cancel claims in the myplace provider portal for participants who have an NDIS plan in our new computer system. Claims can be cancelled when they are “pending” or “paid”. Registered providers should follow the [myplace provider portal step-by-step guide](#) to cancel their claim.

Bulk payment claims

Once a participant has an NDIS plan in our new computer system, providers will not be able to use the single claim function in the myplace provider portal. Claims will need to be made using the [Bulk Payment Request template \(CSV 1KB\)](#)

Registered providers are encouraged to update their business practices to submit all single claims via the bulk upload process. If providers use the bulk payment request template, they don't need to understand if a participant has an NDIS plan in our new computer system because all claims should be made through the myplace provider portal.

Using the bulk uploads process will also reduce the likelihood of receiving single claim error messages, duplicating processes or experiencing payment delays. Providers who receive error messages can refer to [Bulk Payment Request self-help guide \(DOCX 2.2MB\)](#).

Working between computer systems

	Participant is still in current computer system	Participant has moved to new computer system
Participants can view 'my providers'	Not available	my NDIS participant portal
Service bookings	Yes	Not available
View participant record - subject to participant consent	myplace provider portal	my NDIS provider portal
Process claims	myplace provider portal	myplace provider portal
Cancel claims - pending or paid	myplace provider portal	myplace provider portal
Claims processing	Single and bulk upload	Bulk upload only

Creating reports in my NDIS provider portal

Providers can now create reports in the my NDIS provider portal for participants with plans in our new computer system.

There are four types of reports that providers can download from the my NDIS provider portal:

- PACE claims history report
- My participants report
- Notifications report
- Participants budget report.

Providers can access and download all report types, but the amount of information shown in each report depends on the provider's role and the consent their participant has given for the provider to view their information. Visit the [participant consent and viewing plans](#) page for more information.

For example:

- **My providers** don't have access to view a participant's budget information. This means if they download the participant's budget report it will be blank.
- **Plan managers** don't have access to view all of a participant's budget information. This means if they download the participant's budget report it will not include all budget information.
- **Support coordinators and recovery coaches** need consent from a participant to view parts of their plan information. This means if they download a report that includes information they don't have access to, it will be blank.

Reports will expire 24 hours after they've been generated and will be removed from the 'Available reports' list.

Providers will need to continue to use the myplace provider portal to create reports for participants whose plans have not yet moved to the new computer system.

Learn more

Allied health providers can visit our [website](#) to learn more and find tools and resources to help them prepare for our new computer system and portal.

Allied health providers can call our National Contact Centre on 1800 800 110 or email provider.support@ndis.gov.au for assistance.