

National Health Benefits Australia Pty Ltd

# Complaints Handling Policy

Version: March 2015 Revision

## 1.0 Purpose

The purpose of this document is to outline the **onemedifund** policy in relation to the process of resolving complaints. This document is to be used as a guideline for staff and management when handling problems, grievances, and disputes.

In doing this **onemedifund** will:

- i. achieve increased satisfaction in the delivery of **onemedifund** products and services for our contributors, agents, providers and third parties;
- ii. recognise, promote and protect our contributor's rights including the right to comment and complain;
- iii. ensure that our framework for resolving complaints is efficient, fair and easily accessible both internally and externally;
- iv. provide relevant, timely and accurate information on **onemedifund's** complaint handling process;
- v. monitor and report on all complaints with the intention of improving the quality of our products and services.

In using this policy **onemedifund** will act in accordance with:

- i. Private Health Insurance Act 2007
- ii. Australia's anti-discrimination laws
- iv. Competition & Consumers Act 2010
- v. Australian Privacy Principles
- vi. International Standard AS ISO 10002-2006 Customer Satisfaction – Guidelines for Complaints Handling in Organisations
- vii. The Private Health Insurance Code of Conduct
- viii. Any other relevant legislation / regulation

## 2.0 Definitions

2.1 *Complainant* - a contributor, agent, provider or any other third party who comments, makes a complaint or provides feedback to the fund.

2.2 *Complaint* - any expression of dissatisfaction with a product or service that is offered or provided. A complaint will be classified into Level 1, 2 or 3 as noted below for recording and reporting purposes.

2.3 *Complaint - Level 1 (grievance)* - complainant contacts the fund and expresses concern about any aspect of their cover or dealings with **onemedifund**, however no specific action is required as the fund rules / policy have been applied correctly. The contributor is advised of the fund rules / policy and is accepting of the explanation.

2.4 *Complaint - Level 2 (problem)* – complainant contacts the fund and expresses concern about any aspect of their cover or dealings with **onemedifund** and is not satisfied with the explanation that requires further action by a staff member to rectify or requires referral to a supervisor / manager. Usually a resolution to the issue will be identified and acted upon.

2.5 *Complaint - Level 3 (dispute)* – complainant contacts the fund and expresses concern about any aspect of their cover or dealings with **onemedifund** and is not satisfied with the explanation by a staff member or a manager and requires referral to the Chief Executive (CE).

2.6 *Staff* – a reference to staff within this policy means any staff or directors employed or appointed by **onemedifund**, including staff employed by Lysaght Peoplecare Limited who are contracted to provide health insurance services on behalf of the company.

### 3.0 Scope

3.1 The policy has application to all staff, including senior management and the Board of Directors.

3.2 The policy has application to all problems, grievances, and disputes received from contributors, agents, providers and other third parties.

### 4.0 Guiding principles

#### 4.1 Commitment

**onemedifund** is committed to the efficient and fair resolution of all complaints. All levels of staff will acknowledge a complainant's right to comment and complain. Complaints provide **onemedifund** with an opportunity to improve the quality of products, services and processes. With this in mind all levels of staff will actively seek feedback during interactions with contributors, agents and other third parties.

#### 4.2 Visibility

The **onemedifund** policy for the resolution of complaints will be publicised in such a way that people are encouraged to make complaints and provide feedback to the business. This policy will be promoted internally for staff and also externally for contributors, agents, providers and other third parties. The policy will be reflected prominently in **onemedifund** printed material such as brochures and health cover descriptions.

#### 4.3 Accessibility

Individuals or groups wanting to make a complaint will have access to all levels of staff within the fund. In the first instance a complainant will have contact with a Customer Service Consultant (CSC) either by telephone, email, our online contributor services, post, fax or face-to-face interactions. The CSC will attempt to resolve the complaint immediately. If the complaint cannot be resolved at this point the CSC will refer the complaint to the Customer Service Team Manager (CSTM) and the escalation process will continue (if required) to the Service Delivery Manager (SDM) and then to the Head of Customer Service and Marketing (HCS), the Deputy Chief Executive (DCE) or the Chief Executive (CE).

If the complaint is still unresolved at this point, the complainant shall be made aware of their right to access the Private Health Insurance Ombudsman (PHIO) or other relevant authority dependent on the circumstances, however all contact should first be made with **onemedifund** with the intention to seek resolution promptly and satisfactorily.

Complaints may be submitted in the format that is most appropriate and comfortable for the complainant, e.g. letter, fax, email, face-to-face or by telephone using the toll-free telephone number. **onemedifund** recognises the diversity of contributors and endeavours to resolve complaints by appropriately addressing each individual's particular needs. **onemedifund** will engage specialised services appropriate to the individual to achieve a satisfactory resolution for all parties e.g. language or interpreting services.

#### 4.4 Responsiveness

**onemedifund** will respond to complaints in a timely manner following the guidelines below:

- i. The complainant will be contacted within 24 hours to acknowledge receipt of the complaint and outline the complaints handling process;
- ii. Following this initial interaction, the complainant will be contacted within 7 days (or at an alternative time agreed to by both parties) and provided with information as to the progress of the complaint;
- iii. Contact will be made with the complainant not less than each 7 days thereafter (or at an alternative time agreed to by both parties) until the complaint is satisfactorily resolved;
- iv. Where the complaint is referred or escalated during the process of resolution, the complainant will be informed.

## 4.5 Objectivity

This Policy recognises the need to be fair to the individual or group raising the complaint, the business and also the person against whom the complaint is raised. Each complaint will be addressed in an equitable and unbiased manner through the complaints handling process.

The complainant has the right to:

- i. Be heard;
- ii. Know whether **onemedifund's** relevant product and service guidelines have been followed;
- iii. Request and provide all relevant material to support the complaint where this does not breach privacy regulations;
- iv. Receive a response to their complaint
- v. Be informed of **onemedifund's** decision and the reason for this decision;
- vi. Know that their complaint is being reviewed independently where appropriate, e.g. reviewed by the **onemedifund** Medical Director in the case of a Pre-Existing Condition determination.

**onemedifund** or the person about whom the complaint is made has the right to:

- i. Provide sufficient detail about the complaint to enable a thorough investigation of the complaint;
- ii. Be informed of the decision and the reason for this decision.

In summary, all parties involved in the transaction will remain informed as the complaint progresses and will also be informed of the outcome of the complaint and the reason for this outcome.

## 4.6 Charges

Any individual or group may register a complaint with **onemedifund** free of charge.

## 4.7 Confidentiality

Personally identifiable information concerning a complainant will be used for the purposes of addressing and resolving the complaint only.

## 4.8 Customer-Focussed Approach and Continual Improvement

**onemedifund** will foster a customer-focussed approach, recognising that complaints and feedback provide the business with an opportunity for improvement.

## 4.9 Accountability

Each **onemedifund** staff accepts responsibility for effective complaints handling. The staff with whom a complainant first has contact with has the authority to resolve a complaint and to remedy the situation within the documented company *Delegations Policy* and will keep the complainant informed during the process. Each staff will follow the guidelines set in this policy when handling complaints.

## 5.0 Complaints Handling Framework

Responsibility and Authority

All **onemedifund** staff will:

- i. Be trained in complaints handling;
- ii. Comply with any complaints handling reporting requirements determined by **onemedifund**;
- iii. Treat customers in a courteous manner and promptly respond to their complaints or direct them to the appropriate individual to handle their complaint;
- iv. Show good interpersonal and good communication skills;
- v. Be aware of their roles, responsibilities and authorities in respect of complaints;
- vi. Be aware of what procedures to follow and what information to give to complainants;
- vii. Notify management of any significant complaints by immediately referring complaints to any

management representative;

- viii. Report complaints which have a significant impact on **onemedifund** immediately to the CE.

## 6.0 Planning and Design

### 6.1 Objectives

**onemedifund** has established the following complaints handling objectives:

- i. Complaints are resolved by CSC's at the first point of contact in the majority of cases;
- ii. The need for the escalation of complaints is kept to a minimum and done on an as-needed basis;
- iii. Where a complainant requests consideration by a management representative this will be a mandatory requirement;
- iv. Complainants are responded to in a timely manner in accordance with section 4.4 of this policy;
- v. A target of zero complaints relating to a staff member.

### 6.2 Resources

**onemedifund** recognises that staff are the most important resource in the complaints handling process. The fund will ensure that staff are adequately trained and provided with sufficient support to handle complaints appropriately.

Training will be provided at the induction stage for all staff and will be updated and reinforced as necessary. All staff will also receive training at the implementation of this policy.

Staff will have authority relevant to their knowledge, experience and capabilities to make decisions in the complaints handling process. Staff will take ownership of the complaint when it is received by **onemedifund**.

**onemedifund** will maintain a comprehensive system that will allow for the efficient recording, tracking, monitoring and reporting of all complaints. Staff will also use this policy as a resource to follow when handling complaints. **onemedifund** will assess the need for other resources such as computer hardware and software, specialist support and finances as required.

## 7.0 Operation of Complaints Handling Process

### 7.1 Communication

Information relating to the complaints handling process at **onemedifund** will be made available to all complainants in plain language and, as much as possible, in formats accessible to all.

The information will include:

- i. Where and how complaints can be made:
  - a. a. by phone to 1800 148 626
  - b. by email to [info@onemedifund.com.au](mailto:info@onemedifund.com.au)
  - c. by letter to Locked Bag 25, Wollongong DC NSW 2500; or
  - d. face to face at our Wollongong office
- ii. The information required from the complainant (i.e. details of the complaint);
- iii. The process for handling complaints as stated in this policy;
- iv. Time periods associated with various stages of the complaint (i.e. our commitment to acknowledge complaints within 24 hours and then respond every 7 days until resolved);
- v. The complainants options for remedy such as :
  - a. *Adjustment* – complainant has an adjustment made to a claim that was previously processed in error or an adjustment to a contribution payment;
  - b. *Apology* - complainant is tendered an apology due to an error or lack of service, however no compensation / adjustment is required. The apology may be oral or in writing. If an adjustment or other action is taken this will take precedence in coding the action step;
  - c. *Compensation* – complainant is offered compensation for a wrong doing by the fund e.g. a settlement for breach of privacy / accident on premises;

- d. *Financial assistance* - complainant is offered financial assistance beyond the standard fund benefits e.g. ex-gratia payment;
  - e. *Other assistance* - complainant is offered non financial assistance;
  - f. *Information* - complainant is provided with information that satisfies the request e.g. sent a brochure / clarified a benefit entitlement;
  - g. *Refund* - complainant is provided with a refund of contributions;
  - h. *Referral* - complainant is referred to another agency e.g. PHIO, Health Care Complaints Commission, Solicitor, Other Fund;
  - i. *Other* - any other remedy that is not covered above.
- vi. How the complainant can obtain feedback on the status of the complaint (i.e. the complainant may contact our offices any time by any method for information about the status of their complaint).

## 7.2 Receipt of Complaints

Complaints will be immediately recorded and given a unique identifier code. The record will include the following information:

- i. Description of the complaint;
- ii. Requested remedy;
- iii. The product, benefit, service, policy, procedure or process complained about;
- iv. Due date for a response (if a due date is not recorded, a response will be required every 7 days until the complaint is resolved, refer to section 4.4 of this policy);
- v. Data relating to the complaint;
- vi. Any immediate action that has been taken.

## 7.3 Tracking Complaints

The complaint is tracked from the initial receipt to the final resolution. The complainant may contact **onemedifund** at any time to obtain an update as to the status of the complaint.

## 7.4 Acknowledgement and Initial Assessment of Complaints

Complaints will be acknowledged within 24 hours of receipt. At this point an initial assessment of the complaint will be made to determine its severity taking into account factors such as the impact on the business, safety implications or the need for immediate action.

The employee will:

- i. Identify themselves;
- ii. Actively listen;
- iii. Record the details of the complaint;
- iv. Determine what the complainant wants;
- v. Show empathy and be courteous without laying blame on any individual, group or the business;
- vi. Explain the proposed course of action and seek agreement.

## 7.5 Investigation of Complaints

All complaints are taken seriously and will be investigated thoroughly.

## 7.6 Response to Complaints

Following the investigation of the complaint, **onemedifund** will provide the complainant with a response and remedy as outlined in section 7.1 part (v) of this policy. The employee is responsible for providing a response within the agreed timeframe between themselves and the complainant.

## 7.7 Communicating the decision

Once a decision has been made, the complainant will be contacted immediately by the most appropriate means for their complaint e.g. letter, fax, email or telephone.

## 7.8 Closing the Complaint

If the complainant accepts **onemedifund's** decision, the agreed action will be carried out and the records updated. If the complainant does not accept **onemedifund's** decision, the complaint will remain open and the complainant will be made aware of other internal or external forms of recourse available to them. See section 7.1 part (v), (h) of this policy.

## 8.0 Maintenance and Improvement

### 8.1 Collection of Information

**onemedifund** uses a comprehensive and integrated communication system for the collection of data. The communication system captures information about each and every interaction with contributors, agents, providers and any other third parties including complaints.

### 8.2 Analysis and Evaluation of Complaints

**onemedifund** use the data collected for regular monitoring and reporting. The system tracks these interactions and reports are extracted for review on a regular basis and to assist in the identification of improvement initiatives. This is reviewed by management and the Board of Directors.

### 8.3 Monitoring the Complaints Handling Process

The **onemedifund** Complaints Handling Policy will be reviewed on an annual basis as part of the standard annual Board of Directors review program.

### 8.4 Auditing of the Complaints Handling Process

**onemedifund** will regularly perform audits in relation to the complaints handling process and provide information about conformity with the guidelines set out in this policy and the ability of **onemedifund** to achieve its objectives.

### 8.5 Management Review of the Complaints Handling Process

The **onemedifund** management team will review the complaints handling process on a regular basis to:

- i. Ensure its continuing suitability, adequacy, effectiveness and efficiency;
- ii. Identify and address instances of non-conformity with health, safety, environmental, customer, regulatory and other legal requirements;
- iii. Identify and correct product, process and service deficiencies;
- iv. Assess opportunities for improvement and the need for changes to the complaints handling process;
- v. Evaluate potential changes to the Complaints Handling Policy and objectives.

The input to management review should include information on:

- i. Internal factors such as changes in the policy, objectives, organisational structure, resources available, and products offered or provided;
- ii. External factors such as changes in legislation, competitive practices or technological innovations;
- iii. The overall performance of the complaints handling process, including customer satisfaction surveys and the results of the continual monitoring of the process;
- iv. The results of audits;
- v. The status of corrective and preventive actions;
- vi. Follow up actions from previous management reviews;
- vii. Recommendations for improvement.

The output from the management review should include:

- i. Decisions and actions related to improvement of the effectiveness and efficiency of the complaints handling process;
- ii. Proposals on product improvement;
- iii. Decisions and actions related to identified resource needs (e.g. training programs).

Records from management review should be maintained and used to identify opportunities for improvement and resource requirements.

## 8.6 Continual Improvement

**onemedifund** will continually improve the effectiveness and efficiency of the complaints handling process. In doing so the business will:

- i. Explore, identify and apply best practices in complaints handling;
- ii. Foster a customer-focused approach within the business;
- iii. Encourage innovation in Complaints Handling development;
- iv. Recognise exemplary Complaints Handling behaviour.

AUTHORISED BY:



CHIEF EXECUTIVE

13<sup>th</sup> March 2015