

Health Care Insurance Ltd

Complaints Handling Policy

Purpose

The purpose of this document is to outline the procedure that Health Care Insurance Ltd (HCI) will adopt in the process of resolving complaints made by any person against the organisation, its management or staff, or in any process involving a dispute between any parties. This document is to be used as a guide for staff and management when handling problems, grievances, and disputes.

In managing complaints and disputes through this Policy, HCI will:

- achieve increased satisfaction in the delivery of services to our members, providers and other parties;
- ensure our member's have the opportunity to exercise their right to comment and complain when they feel there is an issue that needs addressing
- ensure that our process for resolving complaints is efficient, fair and easily accessible to all parties
- ensure all parties have access to the complaints handling process
- monitor and report as required on all complaints managed through the process

In utilising this policy HCI will act in accordance with all relevant legislation in place from time to time, including but not limited to:

1. National Health Act 1953
2. Private Health Insurance Act 2007
3. National Privacy Principles
4. AS 4269 – Australian Standard for Complaints Handling
5. Private Health Insurance Code of Conduct
6. Trade Practices Act 1974

Definitions

1. "The Fund" – Health Care Insurance Ltd
2. "Complainant" - a member, provider or any other third party who comments, makes a complaint or provides feedback to the fund.
3. "Complaint" - any expression of dissatisfaction with a product or service offered or provided by the fund.
4. "Escalation of complaint" – Complaints will usually be managed in 3 stages:
 - (a) Stage 1 - complainant expresses concern about any aspect of their membership, however no specific action or remedy is required as the fund rules have been applied correctly. The member is advised of the outcome and accepts the explanation.
 - (b) Stage 2 - complainant expresses concern about any aspect of their membership and is not satisfied with the explanation provided in Stage 1. This requires further action by a staff member to rectify or requires referral to the Operations Manager for determination. The Operations Manager will seek to resolve the issue. The member is advised of the outcome and accepts the explanation.
 - (c) Stage 3 - complainant expresses concern about any aspect of their membership and is not satisfied with the explanation provided in Stage 2. The matter is referred to the General Manager for determination. The General Manager will seek to resolve the issue having regard at all times for the fund Rules.

In the event that a complaint is received in respect to the actions of the General Manager, the matter will be referred directly to the Board Chairman for determination.

Complainants will be able to refer matters to the Health Insurance Ombudsman if they are dissatisfied with the outcome, or if the complaint relates to the actions taken by the HCI Board.

Scope

This policy applies to all employees working with HCI, including senior management and Board of Directors.

This Policy shall be applied in managing problems, grievances, and disputes received from members, providers and other third parties.

HCI Guiding principles

Commitment to Fairness

HCI is committed to the efficient and fair resolution of all complaints. All HCI staff acknowledge a complainant's right to comment and complain.

In actively seeking interaction with our members and other parties, HCI is provided with an opportunity to improve the quality of our service delivery and relevance of products to our members.

HCI recognises the need to be fair to the complainant, to the fund, and to the staff member or Director against whom the complaint is raised.

Each complaint will be managed in a fair and unbiased manner throughout the process.

All parties to a complaint have the right to:

1. Be heard
2. Know whether HCI's service guidelines and Rules have been followed
3. Provide and receive all relevant material to support the complaint while always having regard for the Privacy principals
4. Be informed of the progress and outcome of their complaint, including the reasons for any decision made in respect to a complaint
5. Know that their complaint is being reviewed independently where appropriate, for example where the complaint is made against any employee or Director

Access

The HCI policy for the resolution of complaints will be available and openly published to all parties.

The Policy will be promoted internally to staff and made available to members, providers and other third parties via HCI printed material – such as brochures and the 'Guide to Cover' - and through the web site and annual Member Satisfaction Survey.

Persons wanting to make a complaint will have access to all levels of staff within the fund. Initial contact can be by telephone, email, online member services, post, fax or face-to-face interactions.

Staff members will seek to resolve the complaint immediately. In the event that the complaint is not immediately resolved, the Escalation of Complaint process will be initiated.

To ensure equitable access for all parties, HCI will engage specialised services appropriate to the needs of the individual complainant, should they be necessary. These services may include (as examples) language or interpreting services that are necessary to ensure that the complainant is properly heard.

If the complaint is still unresolved after the Escalation of Complaint process, the complainant shall have the option of referring the matter to the Private Health Insurance Ombudsman (PHIO) or other relevant agencies.

Timeliness

HCI will respond to complaints in a timely manner, and following the guide below:

1. The complainant will be contacted within 24 hours to acknowledge receipt of the complaint, to outline the complaints handling process and to indicate which staff member would be responding to their complaint
2. 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/determination of the complaint
3. 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
4. Where the complaint is referred or escalated during the process of resolution, the complainant will be informed at least every 7 days (or at an alternative time agreed to by both parties) of the progress/determination of the complaint

Costs

Any individual or group may lodge a complaint with HCI free of direct cost.

In the event that any external agency is required to assist in determining an outcome to a complaint, HCI will cover the cost of all services that are procured directly by HCI.

Confidentiality

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

Continual Improvement

HCI considers that effective management of complaints and feedback from members and other parties, provide the business with an opportunity for improvement of services and relevance of products to members.

Accountability

All HCI employees and Directors accept responsibility for ensuring their participation in effective complaints handling.

All employees will follow this Policy when handling complaints.

Complaints Handling Framework

Employee responsibility and involvement

All HCI employees will:

1. Be fully conversant with this policy. Training will be provided at the induction stage for all new employees and will be updated and reinforced as necessary.
2. Comply with HCI complaints reporting requirements
3. Exercise their responsibilities and authorities in respect of complaints, in accordance with the Delegation of Authority Policy for employees. Employees will have authority relevant to their knowledge, experience and capabilities to make decisions in the complaints handling process.
4. Notify the Operations Manager or General Manager (as appropriate) of any significant complaints that would need their intervention

Methodology

All Information relating to the complaints handling process will be made available in plain language and in formats easily accessible to the parties.

On advising any employee or Director of a complaint, the complainant will be immediately advised of:

1. The information required from the complainant (i.e. details of the complaint)
2. The process for handling complaints as stated in this policy
3. Time frames applicable to managing the complaint

Subject always to confirmation by the General Manager, the complainants options for remedy for any substantiated complaint may include:

- a. An apology – where the complainant is provided with an apology over the issue, however no compensation or adjustment is required. The apology may be oral or in writing.
- b. An apology with compensation or adjustment – where the complainant is offered compensation for an error by the fund discovered during the complaints handling process
- c. Financial assistance – the complainant is offered financial assistance beyond the standard fund benefits (ie an ex-gratia payment). This option may be subject to Board approval in accordance with the Fund Rules.
- d. Other assistance – the complainant is offered non financial assistance
- e. Information – the complainant is provided with information that satisfies the complaint
- f. Referral – the complainant is referred to another agency e.g. PHIO
- g. Other - any other remedy that is not covered above that is within the delegated authority of the employee or Director.

Once a decision has been made in regards to the complaint, the complainant will be contacted immediately by the most appropriate means. This may include a letter, fax, email or telephone call.

If the complainant accepts HCI's decision, the agreed action will be carried out and the records updated.

If the complainant does not accept HCI's decision, the complaint will remain open and the complainant will be made aware of the Escalation of Complaint process.

Collection and recording of Information

HCI will record all information relating to contact with complainants on HAMBs or on other internal HCI IT systems.

Satisfaction with the Complaints Handling process

A Member Satisfaction Survey is conducted annually and provides HCI with information regarding member's satisfaction with HCI services in general and the complaints handling process in particular.

Monitoring the Complaints Handling Process

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

Auditing of the Complaints Handling Process

HCI has appointed an Internal Auditor who will regularly perform audits in relation to the complaints handling process and all other business processes. The Internal Auditor will provide information about conformity with this policy and of any perceived improvements required for HCI to achieve its objectives.

Management and Board Review of the Complaints Handling Policy

The HCI General Manager will review the complaints handling process on a regular basis to ensure its continuing effectiveness, efficiency and compliance with this Policy. These reviews will occur at least annually.

A Board Director has delegated responsibility for Compliance Oversight. This Director will periodically review the compliance with the Complaints Handling Policy by all employees and Directors, and report to the Board. These reviews will occur at least annually.