

1. PREFACE

To ensure prudent administration, risk management and governance, Emergency Services Health maintains a register of approved policies. These policies are reviewed regularly, but not later than the review date specified in this policy.

2. DEFINITIONS

Complainant means a Contributor, dependent, provider or any third party making a complaint.

Complaint means an expression of dissatisfaction about a product, advice or service offered or provided, where a response or resolution is explicitly or implicitly expected.

Contributor means the person registered as the Contributor for a health insurance policy, and who is responsible for payment of premiums of the policy.

3. INTRODUCTION

This policy is used as a guideline for employees when handling problems, grievances and disputes. Adherence to this policy will:

- enhance customer satisfaction by creating a customer-focused environment;
- recognise and address the needs and expectations of complainants;
- provide an open, effective and easy-to-use complaints process;
- ensure review of the effectiveness and efficiency of the complaints-handling process; and
- enable analysis and evaluation of complaints to improve the product and customer service quality.

4. POLICY

4.1 Commitment

Emergency Services Health understands and recognises the right to complain and is committed to enhancing its reputation through improving the quality of its products, services and processes.

4.2 Fairness

Emergency Services Health's complaints-handling process recognises the need to be fair to both the complainant and any third party or person against whom the complaint is made. The complainant has the right to:

- be heard;
- know whether Emergency Services Health's relevant product and service guidelines have been followed;
- provide and request all relevant material to support the complaint provided this does not breach privacy requirements or any law;
- be informed of the response to their complaint;
- be informed of Emergency Services Health's decision and the reason for this decision; and
- know that their complaint is being reviewed independently, where appropriate.

Emergency Services Health or the person about whom the complaint is made has the right to:

- collect sufficient information about the complaint to enable a thorough investigation of the complaint; and
- be informed of the decision and the reasons for the decision.

4.3 Resources

Employees are an important resource in the complaints-handling process. Emergency Services Health will ensure employees are adequately trained and provided with sufficient support to handle complaints appropriately.

New employees undergo initial training in Emergency Services Health's complaints-handling process as part of their induction process. Emergency Services Health regularly reinforces and updates training as required.

Emergency Services Health will maintain a comprehensive system that will allow for the efficient recording, tracking, monitoring and reporting of all complaints.

4.4 Visibility

Emergency Services Health acknowledges that information on how and where to complain should be well publicised. This policy will be promoted internally for employees and externally for Contributors, dependents, providers and other third parties. This policy will be promoted in written material and on the Emergency Services Health website.

4.5 Access

A complaint may be made by:

- Calling a Customer Service Officer on 1300 703 703.
- Email to enquiries@eshealth.com.au
- Facsimile message to 1300 151 152.
- Post to Emergency Services Health, PO Box 6012, Adelaide, SA, 5000.

Customer Service Officers are trained and have authority to deal with general complaints and will attempt to resolve the complaint immediately. If the complaint cannot be resolved, further information may be sought and/or the complaint may be referred to more senior personnel. The complainant will be advised of the escalation process.

Should the complainant not be satisfied with the response, the complainant can provide additional information and request a review.

Where the complainant is not satisfied with the outcome, the complainant may refer the matter to the Private Health Insurance Ombudsman.

4.6 Assistance

Emergency Services Health endeavours to resolve complaints by appropriately addressing an individual's particular needs. Emergency Services Health will engage specialist services appropriate to the individual to achieve a satisfactory resolution for all parties e.g. language or interpreting services.

4.7 Responsiveness

Where a complaint is not immediately resolved, Emergency Services Health will:

- for email complaints, acknowledge the complaint within 24 hours (standard business week) of receipt of the complaint and outline the complaints-handling process and endeavour to resolve the complaint within 5 business days;
- for written complaints received by facsimile or post, acknowledge the complaint within 5 business days of the complaint and outline the complaints-handling process;
- contact the complainant on a regular basis, commensurate with the nature of the complaint, until the complaint is satisfactorily resolved; and
- where the complaint is referred or escalated during the process of resolution, the complainant will be informed.

4.8 Charges

Access to the complaints-handling process is generally free of charge to the complainant, but Emergency Services Health reserves the right to recoup administrative costs incurred where it is determined that Emergency Services Health was not at fault. Any potential recouped costs must be discussed and agreed with the complainant before costs are incurred.

4.9 Remedies

Emergency Services Health will provide a fair and reasonable remedy for each complaint. The remedy may include:

- an explanation;
- a claim adjustment where an error was made in the payment of a benefit;
- a premium refund where an error was made in applying a premium payment;
- a written or verbal apology where an error was made or service standard not met;
- the provision of information such as the clarification of benefit entitlements;
- an ex-gratia payment that Emergency Services Health determines is appropriate given the unique circumstances; or
- any other appropriate remedy not covered above that will result in the satisfactory resolution of a complaint.

4.10 Data Collection

A communication system captures information about each interaction with Contributors, dependents, providers and any other third parties including complaints. Each complaint is recorded in the Communications Register and, as a consequence, data is collected and stored to enable the handling of the complaint and to allow monitoring of performance.

4.11 Systemic and Recurring Problems

Emergency Services Health is committed to continually monitoring its performance in handling complaints to ensure organisational objectives are met. Any identified systemic and recurring problems will be addressed through appropriate action.

4.12 Accountability

Emergency Services Health's employees have been trained to handle complaints and accept responsibility for effective complaints handling. Employees will receive feedback on the outcomes of complaints with the aim of improving customer satisfaction and service.

4.13 Review

Managers will review records of complaints received to ensure that a satisfactory solution to the complaint was reached and will review the complaints-handling process at least annually to ensure that it is delivering fair and reasonable outcomes.

4.14 Complaints Handling Procedure

All complaints, both oral and written, will be recorded in Emergency Services Health's Communications Register. All employees receiving a complaint will recognise and acknowledge a person's right to comment and/or complain.

Oral Complaints

The steps in processing an oral complaint include:

- the Customer Service Officer clearly identifying themselves, listening and empathising with the complainant in a courteous manner and determining what the complainant wants;
- the Customer Service Officer confirming the details received and endeavouring to resolve the complaint;
- where the information is insufficient to resolve the complaint, seeking further information and resolving the complaint;
- where the complaint cannot be resolved, reaching agreement on alternative courses of action, including referral to more senior personnel, without creating expectations;
- recording the details of the complaint in Emergency Services Health's Communications Register;
- the referee seeking further information (orally or in writing) to resolve the complaint if required and aiming to ensure that the complaint is resolved or agreement reached on alternative courses of action, including referral to external dispute resolution processes, such as the Private Health Insurance Ombudsman;
- the complainant being kept informed of the progress of the complaint;
- providing acknowledgement of any resolution and or information given in writing if requested; and/or
- following up as appropriate and monitoring to ensure the complainant remains satisfied as well as receiving feedback.

Written Complaints

The steps in processing a written complaint include:

- the Customer Service Officer contacting the complainant, either in writing or orally and acknowledging receipt of the complaint;
- for oral responses, the Customer Service Officer clearly identifying themselves, listening and empathising with the complainant in a courteous manner and determining what the complainant wants;
- confirming details received and endeavouring to resolve the complaint;
- where the information is insufficient to resolve the complaint, seeking further information and resolving the complaint;
- where the complaint cannot be resolved, reaching agreement on alternative courses of action, including referral to more senior personnel, without creating expectations;
- recording the details of the complaint in Emergency Services Health's Communications Register;
- the referee seeking further information (orally or in writing) to resolve the complaint if required and aiming to ensure that the complaint is resolved or agreement reached on alternative courses of action, including referral to external dispute resolution processes, such as the Private Health Insurance Ombudsman;
- the complainant being kept informed of the progress of the complaint;
- providing acknowledgement of any resolution and or information given in writing if requested; and/or
- as appropriate, following up and monitoring to ensure the complainant remains satisfied as well as receiving feedback.

4.15 External Resolution

Where the complainant is not satisfied with the outcome of the complaints-handling process, the complainant may refer the matter to the Private Health Insurance Ombudsman:

- Writing to: Private Health Insurance Ombudsman, Commonwealth Ombudsman; GPO Box 442 CANBERRA ACT 2601
- Call 1300 362 072 (Select option 4 for Private Health Insurance)
- Via www.ombudsman.gov.au

5. POLICY ADMINISTRATION

Date Policy Approved: 2 September 2016

Policy Review Date: 30 September 2019