



PHOENIX HEALTH FUND

# COMPLAINTS POLICY

## 1. PREFACE

To ensure prudent administration, risk management and governance Phoenix Health Fund maintains a register of Board of Director approved policies.

The Board of Directors, where appropriate, has approved policies to delegate their authority or provide guidance to appropriate employees.

These policies are reviewed regularly, but not later than the determined policy 'review date'.

## 2. INTRODUCTION

This policy is to be used as a guideline for all employees when handling problems, grievances and disputes.

Through adherence to this policy Phoenix Health Fund will:

- i. increase the level of consumer satisfaction with the delivery of products and service for our members;
- ii. recognise, promote and protect our members' rights including the right to comment and complain;
- iii. provide an efficient, fair and accessible methodology for handling complaints;
- iv. ensure relevant, timely and accurate information on Phoenix Health Fund's complaint handling process;
- v. monitor and report all feedback to assist in improving products and services.

## 3. DEFINITIONS

*Board of Directors* means those persons appointed as Directors of Phoenix Health Fund when meeting formally in relation its Corporate Governance.

*Chief Executive Officer* means the person appointed by the Board of Directors to give effect to the Board's decisions.

*The Management Team* means the Chief Executive Officer and persons under the direct leadership of the Chief Executive Officer.

*Complainant* means a member, dependant, provider or any third party who makes a complaint or provides feedback to Phoenix Health Fund.

*Complaint* means an expression of dissatisfaction about a product, advice or service offered or provided.

## 4. POLICY

### 4.1 Commitment

Phoenix Health Fund understands and recognises the members' right to complain and is committed to enhancing its reputation through improving the quality of its products, services and processes.

### 4.2 Fairness

Phoenix Health Fund complaints 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:

- i. be heard;
- ii. know whether Phoenix Health Fund's relevant product and service guidelines have been followed;
- iii. provide and request all relevant material to support the complaint provided this does not breach privacy regulations;

- iv. be informed of the response to their complaint;
- v. be informed of Phoenix Health Fund's decision and the reason for this decision;
- vi. know that their complaint is being reviewed independently, where appropriate.

Phoenix Health Fund or the person about whom the complaint is made has the right to:

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

### 4.3 Resources

Phoenix Health Fund recognises that employees are an important resource in the complaints handling process. We will ensure that employees are adequately trained and provided with sufficient support to handle complaints appropriately.

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

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

### 4.4 Visibility

Phoenix Health Fund's policy for the resolution of complaints will be published in such a way that there is an accessible means for providing feedback and complaints from members, providers and other third parties.

This policy will be promoted internally for employees and externally for members, providers and other third parties. Methods to promote the policy will include Phoenix Health Fund's printed materials such as brochures and website.

### 4.5 Access

Phoenix Health Fund's employees should be the initial contact point for a complainant either by telephone, email on-line member services, post, facsimile or face-to-face.

All employees have the training and authority to deal with general complaints and will attempt to resolve the complaint immediately. If the complaint cannot be resolved at this point the employee will refer the complaint to their immediate Manager and the complainant will be advised of the escalation process.

Should the complainant not be satisfied with our response we will reconsider it if the complainant can provide additional information to support a review.

We believe that our internal complaints process will provide a responsive and effective way to resolve complaints however if the complainant is not satisfied with the outcome the complainant will be referred to the Private Health Insurance Ombudsman.

### 4.6 Assistance

Phoenix Health Fund recognises the diversity of our membership and endeavours to resolve complaints by appropriately addressing each individual's particular needs. We 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**

Phoenix Health Fund employees will in most instances have the training and authority to deal with the complaints.

In the event that a complaint is not resolved we will:

- i. acknowledge the complaint within 24 hours (standard business week) of receipt of the complaint and outline the complaints handling process;
- ii. endeavour to resolve complaints within 5 business days of receipt of the complaint;
- iii. contact the complainant not greater than 5 business days thereafter until the complaint is satisfactorily resolved; and
- iv. should the complaint be referred or escalated during the process of resolution, the complainant will be informed.

#### **4.8 Charges**

Phoenix Health Fund will not raise any charges for the lodgement of a complaint.

Phoenix Health Fund will investigate, resolve and review complaints free of charge however reserves the right to recoup administrative costs incurred where it is determined that Phoenix Health Fund was not at fault.

Any potential recouped costs must be discussed and agreed with the complainant before costs are incurred.

#### **4.9 Remedies**

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

- i. an explanation;
- ii. a claim adjustment where an error was made in the payment of a benefit;
- iii. a contribution refund where an error was made in applying a contribution payment;
- iv. a written or verbal apology where an error was made or service standards were not met;
- v. the provision of information such as the clarification of benefit entitlements;
- vi. an ex-gratia payment that Phoenix Health Fund determines is appropriate given the unique circumstances;
- vii. any other appropriate remedy not covered above that will result in the satisfactory resolution of a complaint.

#### **4.10 Data Collection**

Phoenix Health Fund uses a comprehensive and integrated communication system for the collection of data. The communication system captures information about each interaction with members, dependants, 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 us to monitor our performance in meeting member and organisational objectives.

#### **4.11 Systemic and Recurring Problems**

Phoenix Health Fund is committed to continually monitoring its performance in handling complaints to ensure we are meeting member and organisational objectives. For this reason, we review and analyse the communications register to identify any systemic and recurring problems. In the event that Phoenix Health Fund identifies any systemic or recurring requests then appropriate action will be taken.

#### **4.12 Accountability**

Phoenix Health Fund'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 Phoenix Health Fund's Communications Register.

All employees receiving a complaint will recognise and acknowledge a members right to comment and or complain.

#### **Oral Complaints**

The steps in processing an oral complaint include:

- i. the employee clearly identifying themselves, listening and empathising with the complainant in a courteous manner and determining what the complainant wants;
- ii. the employee not attempting to lay blame and endeavouring to resolve the complaint;
- iii. the employee confirming the details received;
- iv. the employee recording all the details of the complaint in Phoenix Health Fund's Communications Register;
- v. keeping the complainant informed of the complaints progress including any referral in the complaints process, without creating false expectations;
- vi. ensuring that the complaint is resolved or agreement is reached on alternative courses of action including referral to the Private Health Insurance Ombudsman;
- vii. providing acknowledgement of any resolution and or information given in writing if requested.
- viii. following up as appropriate and monitoring to ensure the complainant remains satisfied as well as receives feedback.

#### **Written Complaints**

The steps in processing a written complaint include:

- i. the employee contacting the complainant and acknowledging receipt of the complaint;
- ii. the employee clearly identifying themselves, listening and empathising with the complainant in a courteous manner and determining what the complainant wants;
- iii. the employee not attempting to lay blame and endeavouring to resolve the complaint;
- iv. the employee confirming the details received;
- v. the employee recording the details of the complaint in Phoenix Health Fund's Communications Register;
- vi. keeping the complainant informed of the complaints progress including any referral in the complaints process without creating false expectations;
- vii. ensuring that the complaint is resolved or agreement is reached on alternative courses of action including referral to the Private Health Insurance Ombudsman;
- viii. providing written acknowledgement of any resolution and or information is given;
- ix. following up as appropriate and monitoring to ensure the complainant remains satisfied as well as receives feedback;
- x. the filing of all written complaints received in the Written Complaints Register.