

Complaint Handling and Dispute Resolution Policy

March 2020



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1. Purpose of the Complaint Handling and Dispute Resolution Policy

The purpose of the Complaint Handling and Dispute Resolution Policy (policy) is to set out the policy and procedures for the handling of complaints received by Nurses and Midwives Health (NMH).

The Board of NMH view complaints as an opportunity to:

- a) maintain and enhance member loyalty and approval; and
- b) enhance our competitiveness by continuous review and improvement.

NMH will outsource the management and operation of the Nurses and Midwives Health fund, including complaint handling and dispute resolution to Teachers Federation Health Limited. This policy is an abridged version of the Complaint Handling and Dispute Policy which is an internal document maintained by NMH.

Lodging A Complaint

Complaints can be lodged in writing, via post, fax or email; in person at a Health Centre, with a BDO or with a THS provider; over the phone; online via the Contact Us web submission form or via social media.

Phone:	1300 344 000 Monday to Thursday 8am – 8pm AEST/AEDT Friday 8am – 6pm AEST/AEDT Saturday 8:30am – 12:30pm AEST/AEDT
Mobile and overseas callers:	+ 61 2 8346 2111
Fax:	1300 728 388
Email:	complaints@nmhealth.com.au info@nmhealth.com.au
Mail:	Nurses and Midwives Health GPO Box 3874 Sydney NSW 2001

2. Complaint Handling and Dispute Resolution Procedure

NMH categorises the level of complaints into first, second and third level resolution. The level of resolution depends on the type and nature of the complaint. This section describes each of these categories and the steps undertaken to resolve the complaint.

2.1. First Level Resolution

A First Level Resolution complaint is defined as either:

- a) First Contact Resolution: the complaint is resolved at the time of contact, through the relevant communication channel; or
- b) Staff Review: if the resolution offered at first contact did not resolve the complaint to the satisfaction of the complainant or the complaint is sensitive or complex in nature, a staff review is undertaken by a senior staff member and is resolved within three working days of receipt of the complaint.

2.2. Second Level Resolution

A Second Level Resolution complaint is defined as:

The First Level Resolution has failed to resolve the complaint, or the complaint is more sensitive or complex in nature, the complaint is then escalated to a team leader or business unit manager for consideration and review. All Second Level Resolution complaints are to be resolved within 14 working days of receipt of the complaint.

Note: if the complaint is in relation to products or services provided by Health Centres (e.g. dental and eyecare) and Teachers Healthcare Services or their providers, the matter is referred to the National Operations Manager, Health Centres and Clinical Operations Manager respectively.

2.3. Third Level Resolution

A Third Level Resolution complaint is defined as:

- a) Referrals (PHIO Level One Complaint), where initial contact must be made with the complainant within three business days (not including the date the complaint was sent), or less if urgent. NMH must respond directly to the complainant and advise PHIO of the action taken and response provided.
- b) Disputes (PHIO Level Three Complaint), where a response is required within 14 days of the complaint being forwarded to NMH. PHIO will contact NMH outlining the complaint, requesting that NMH respond directly to PHIO with detailed information relevant to the complaint.

All Third Level Resolution complaints require intervention by PHIO.

Note on the Commonwealth Ombudsman

A complainant has the right to lodge their complaint with PHIO if they are not satisfied with the outcome of NMH's processes. All relevant staff at NMH advise customers of this right, as well as the internal escalation process.

Complaints to PHIO can be made online, over the phone or via post.

Phone: 1300 362 072

Mail: Commonwealth Ombudsman
GPO Box 442
Canberra ACT 2601

Further information is provided on the PHIO website <https://www.ombudsman.gov.au/>.

Note on Health Centres (Dental and Eyecare Services)

In relation to dental and eyecare practices at Health Centres, a complainant has a right to lodge their complaint to a governing board, if they are dissatisfied with the outcome of the internal complaints process. In this case, the complaint should be referred to the National Operations Manager, Health Centres, who will then refer the complainant to the relevant governing board (refer to table below).

Note on Teachers Healthcare Services

In relation to Teachers Healthcare Services complaints, a complainant has the right to lodge their complaint to a governing board if they are dissatisfied with the outcome of the internal complaints process.

In this case, the complaint should be referred to the Clinical Operations Manager, who will then refer the complainant to the relevant governing board (refer to table below).

State	Governing Board
NSW	Health Care Complaints Commission

QLD	Office of the Health Ombudsman
All other states	Australian Health Practitioner Regulation Agency

Note on Complaints about Breaches of the Australian Privacy Principles

A complaint can be made in relation to NMH breaching the Australian Privacy Principles (APP) or the NMH Privacy Policy.

In the first instance, a complainant must lodge their complaint with NMH following the procedures stated in this policy, if they are dissatisfied with the outcome of the internal complaints process, then the complainant has the right to lodge the complaint with PHIO or the Office of the Australian Information Commissioner (OAIC).

Complaints to the OAIC must be made in writing. The OAIC may be contacted via the following options:

Phone: 1300 363 992

Email: enquiries@oaic.gov.au

Mail: Office of the Australian Information Commissioner

GPO Box 5218

Sydney NSW 2001

Fax: 02 9284 9666

Further information is provided on the OAIC website <https://www.oaic.gov.au/>.

2.4. Travel Insurance Services

In the event that a complaint is received by NMH in relation to travel insurance with TravelCard, the complaint is to be referred to TravelCard.

TravelCard will attempt to resolve the complaint in accordance with their internal dispute resolution process. If the complainant is dissatisfied with the outcome, they have the right to pursue the matter further with the Australian Financial Complaints Authority (AFCA).

A complaint may be referred to AFCA subject to its terms of reference, complaints can be made online, via email or phone.

Phone: 1800 931 678

Email: info@afca.org.au

Further information is provided on the AFCA website <https://www.afca.org.au/>.

In general, where there has been a significant breach of a legal or regulatory requirement, the organisation will then assess the complaint to determine whether it is required to be reported to the Australian Securities and Investments Commission (ASIC). TravelCard has an obligation under law to report certain information, complaints, or incidents including breaches of its license to ASIC. TravelCard is required to report significant regulatory breaches to ASIC within 10 days of the breach being identified.

3. Monitoring and Reporting on Complaints

Monitoring and reporting are an important part of the complaints handling process. It is the responsibility of the NMH Board, Risk and Governance Committee and CEO to monitor and review various aspects of the complaints handling process, appropriate to their role and responsibilities.

To this end, procedures have been established to enable appropriate monitoring, review and reporting and for continuous improvement.