Customer Complaint Handling and Dispute Resolution Policy

(For Customers)

April 2016

1. Purpose of the Complaint Handling and Dispute Resolution Policy

The purpose of the Customer Complaint Handling and Dispute Resolution Policy (policy) is to set out the policy and procedures for the handling of complaints received by Teachers Federation Health Limited ABN 86 097 030 414 trading as UniHealth Insurance (UHI).

The Board and senior management of UHI view complaints as an opportunity to:

(a) maintain and enhance customer loyalty and approval; and

(b) enhance our competitiveness by continuous review and improvement.

This policy is an abridged version of the Customer Complaint Handling and Dispute Policy which is an internal document maintained by UHI.

Customers can lodge complaints in writing via post, fax or email, in person at one of our Member Contact Centres or over the phone with a member of our contact centre.

Phone:	1300 367 906 Monday – Thursday, 8am – 8pm (AEST) Friday, 8am – 6pm (AEST) Saturday, 8.30am – 12.30pm (AEST)
Mobile and overseas callers:	+ 61 2 8346 2111
Fax:	1300 728 388
Email:	info@unihealthinsurance.com.au
Mail:	UniHealth Insurance GPO Box 9812 Sydney NSW 2001

2. Complaints handling and dispute resolution procedure

UHI categorises the level of complaints into first, second, 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 appropriate distribution channel and within 3 working days of receipt; or

(b) Staff review – where the first contact resolution complaint has been unsatisfactorily resolved or the complaint is sensitive or complex in nature; a second level review is undertaken by an appropriately nominated staff member.

All First Level Resolution complaints must be resolved within **three (3) working days** of receipt of the complaint.

2.2 Second Level Resolution

A Second Level Resolution complaint is defined as follows:

(a) Referred to Team Leader or Business Unit Manager – 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 the Team Leader or Business Unit Manager for review and consideration.

All Second Level Resolution complaints must be resolved within 14 working days of receipt of the complaint.

2.3 Third Level Resolution

A Third Level Resolution complaint is defined as:

(a) Assisted referrals – PHIO Complaints Level 1 and Level 2.

First and Second Level complaints must be resolved within **three (3) working days** of receipt from PHIO. UHI must respond directly to the complainant and advise PHIO of the action taken and response provided.

(b) Disputes – PHIO Complaints Level 3

All Third Level Resolution complaints require intervention by PHIO.

All Level 3 complaints must be resolved within **14 days** of receipt from PHIO. UHI must respond directly to PHIO.

Note on PHIO

A customer making a complaint has the right to lodge their complaint with PHIO if they are not satisfied with the outcome of our processes. All relevant staff at UHI, advise customers of this right as well as the internal escalation process.

PHIO can be contacted on 1300 362 072 or a customer can write to:

Private Health Insurance Ombudsman Office of the Commonwealth Ombudsman GPO Box 442 CANBERRA ACT 2601
Phone: 1300 362 072
Email: phio.info@ombudsman.gov.au

See also PHIO website for further details.

Note on Health Centres (Dental, Optical and Allied Health Services)

A customer making a complaint in relation to the Health Centre (dental, optical or allied health) practices has a right to lodge their complaint to a governing board, if they are not satisfied with the outcome of our processes.

In this case, the complaint should be referred to the Executive Manager[1], Health Services who will then refer to the complainant to the relevant governing board (refer to table below).

[1] Refer to Appendix 4

Note on Teachers Healthcare Services

A customer making a complaint in relation to Teachers Healthcare Services has a right to lodge their complaint to a governing board, if they are not satisfied with the outcome of our processes.

In this case, the complaint should be referred to the Clinical Operations Manager who will then refer the customer 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 customer can make a complaint in relation to UHI breaching the Australian Privacy Principles (APP) or the UHI Privacy Policy.

In the first instance, a customer must lodge their complaint with UHI following the procedures stated above, and if they are not satisfied with the outcome of our processes, then the complainant has the right to lodge the complaint with PHIO.

If the complainant is still not satisfied with the outcome, then the complaint may be taken to the Office of the Australian Information Commissioner (OAIC).

OAIC can be contacted on 1300 363 992 or a member can write to:

The Office of the Australian Information Commissioner
Phone: 1300 363 992
Email: enquiries@oaic.gov.au
GPO Box 5218
Sydney, NSW 2001

See also OAIC privacy complaint brochure for further details:

http://www.oaic.gov.au/privacy/making-a-privacy-complaint

2.4 Travel Insurance Services and General Insurance

In the event a customer makes a complaint that relates to Travel Insurance with Allianz Global Assistance (AGA) or General Insurance with QBE; the complaint should be referred to AGA or QBE at the time of receipt and recorded in the HAMBS system.

AGA or QBE will attempt to resolve the complaint in accordance with their internal dispute resolution process. If the complainant is not satisfied with the outcome, they will have the right contact the Financial Ombudsman Service Limited (FOS).

A dispute can be referred to FOS, subject to its terms of reference. FOS provides a free and independent dispute resolution service for consumers who have general insurance disputes falling within its terms.

The contact details for FOS are:

Financial Ombudsman Service Limited (FOS)
GPO Box 3, Melbourne Victoria 3001
Phone: 1300 780 808
Fax: (03) 9613 6399 Website: www.fos.org.au
Email: info@fos.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 ASIC.
AGA and QBE have an obligation under law to report certain information, complaints or incidents including breaches of the conditions of its licence to ASIC. AGA and QBE are 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 is an important part of the complaints handling process.

It is the responsibility of the Board, the Risk and Governance Committee and senior management 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.