

RBHS – Complaints Handling Policy

Version 9.1 – June 2020

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Next review date	June 2022
Review frequency	Every 2 years
Related policies/ procedures	<ul style="list-style-type: none"> • RHBS Ex-gratia Policy • RBHS Privacy Policy
Related legislation/ standards	<ul style="list-style-type: none"> • Private Health Insurance Act 2007 • Australia's anti-discrimination laws • Competition & Consumers Act 2010 • Privacy Act 1988 & the Australian Privacy Principles • International Standard AS/NZS 10002:2014 Customer Satisfaction – Guidelines for Complaint Management in Organisations • The Private Health Insurance Code of Conduct • NSW Health Records Act • Any other relevant legislation/regulation
Policy owner	Board of Directors
Scope	Board of Directors Management and Staff

This policy is scheduled for review every 2 years as part of RBHS' standard 2 yearly cycle, unless legislative or prudential requirements or risk events require it to be reviewed earlier.

1. Purpose

This document outlines Reserve Bank Health Society Limited ("RBHS")'s policy for the process of resolving complaints. The purpose of this policy is to:

- increase the satisfaction of members and third parties who deal with RBHS;
- be transparent and protect members' rights, including their right to make comments and complaints;
- ensure we are efficient, fair and easy to contact for dealing with complaints;
- provide accurate, timely and relevant information about complaints and how they are being handled; and
- continue to improve our products and services by monitoring and reporting on all complaints.

2. Scope

This policy applies to all employees of RBHS, including senior management and the Board of Directors, and to all problems, grievances and disputes received from members.

3. Risks Covered in this Policy

The policy is a key control in managing the following key Risk for RBHS:

- Operational delivery

Specifically, this policy ensures that RBHS's protects member's rights, ensuring RBHS is efficient, fair and easy to contact. The requirements under this policy represent significant mitigation controls against the above listed risk.

4. Guiding principles

4.1 *People Focus*

We're committed to a quick and fair resolution of all complaints. Complaints provide an opportunity to improve our products, services and processes and all staff recognise a complainant's right to make a comment or complaint. With this in mind, staff will actively ask for feedback when talking to members, agents and other parties.

People making a complaint will be actively involved in the complaints process and treated with respect at all times.

4.2 *No Detriment to Complainant*

RBHS will take all reasonable steps to ensure that complainants are not adversely affected because of a complaint made by them or on their behalf.

4.3 *Visibility and Transparency*

Our policy for handling complaints will be displayed clearly in printed material (like brochures and cover descriptions), on our website.

4.4 *Accessibility*

Any person or group making a complaint will be able to contact all levels of staff at RBHS, subject to following due process as described below.

Policy holders have three avenues of appeal: informal, formal (written) and external. Policy holders are encouraged to try to resolve issues informally in the first instance. All complaints will be treated in a fair manner.

Complaints should be directed to the RBHS through either:

- Telephone – 1800 027 299
- Facsimile – 1300 309 704
- Email – info@myrbhs.com.au
- Post – Locked Bag 23, Wollongong DC NSW 2500.

All complaints will be recorded as commencing at the time of the initial communication with the complainant. The remedy sought by the complainant is also recorded. A record of complaints escalated to the CEO, Board or Ombudsman will be reviewed by the Board of the RBHS.

Complaints can be classified as Level 1, 2 or 3, as defined below.

Complaints should be addressed with the complainant in full before escalation to the next level if unresolved.

Complaint - Level 1 (Grievance)

Policy holder contacts the RBHS and expresses concern about an aspect of their membership. The staff member reviews the complaint based on relevant Rules/Policies. The complainant is informed of these Rules/Policies and the RBHS explanation. If the complainant accepts the explanation, the matter is resolved immediately, and there is no further action required by the RBHS.

The standard response time for Level 1 complaints is less than 7 days from the initial complaint.

Complaint – Level 2 (Problem)

Policy holder contacts the RBHS and expresses concern about an aspect of their membership and is not satisfied with the explanation given by the staff member. The matter will then be referred to the Hospital and Health Services Manager or the Customer Experience Manager, and if necessary escalated to the Head of Customer Service. A detailed investigation of the issue will be conducted and the policy holder will be provided with a written response within 14 days of the complaint being received.

If the complainant accepts the response no further action is required.

Complaint – Level 3 (Dispute)

Policy holder contacts the RBHS and expresses concern about an aspect of their membership and is not satisfied with the Level 2 written explanation given. In this case, the matter is referred to the Chief Executive Officer (CEO). The CEO may present the case to the Board with his/her recommendation if deemed necessary.

The policy holder will be contacted within 14 days of indicating dissatisfaction with the written explanation.

In all cases, policy holders will be involved in declaring issues closed and closures will be recorded.

External Appeals

The RBHS will endeavour to offer a mutually satisfactory solution to the policy holder's complaint. If the solution offered to the policy holder is not to their satisfaction, the policy holder may contact the Private Health Insurance Ombudsman's office to lodge an official complaint. The policy holder will be informed that he/she has this option.

The Ombudsman's contact details are:

Private Health Insurance Ombudsman
Telephone – 1300 737 299
Email – phio.info@ombudsman.gov.au
Internet – www.privatehealth.gov.au

If the RBHS is contacted by the Ombudsman, the RBHS will assist with the Ombudsman's investigation and report to the Board on the progress of any complaint.

3.1 No charge

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RBHS will not charge a fee to a member who lodges a complaint.

3.2 Responsiveness and Communication

We will respond quickly to all complaints:

- We will acknowledge receipt of the complaint within 2 days;
- We will keep the member informed and provide a progress report of the complaint each 7 days until resolved (or at another time if agreed to by both parties). The member will be provided with access to this and other RBHS policies that are relevant to their complaint;
- We will notify the complainant of the complainant's representative of the outcome and the reasons for the outcome upon resolution.

3.3 Objectivity, Fairness and Equity

Complaints will be dealt with objectively, without bias and in an equitable manner. RBHS's Complaint Management System continually tracks progress of the complaint and escalation to a more senior period if required.

3.4 Privacy and Disclosure

RBHS will ensure that personally identifiable information about a member is handled in accordance with the RBHS Privacy Policy and the Australian Privacy Principles.

AUTHORISED BY:

Mr. Coords

Chairperson, RBHS Board
7 July 2020