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Complaints Handling

1- Introduction:

All companies (Payers, Third party claims administrators and health insurance intermediaries) must have a formally documented complaints procedure to specify the minimum requirements and standards that are to be adopted by the parties in dealing with complaints.

2- Definitions / Key Terms:

2-1 Complaints:

Any expression of dissatisfaction by a customer, potential customer or other business partner or any regulatory body made to the company either directly or indirectly which is related to a product or service provided by the company or which is related to an employee of the company or which is related to a service provided by an intermediary acting on behalf of the company or provided by another business partner of the company such as but not limited to a health claims management company, hospital, clinic or physician.

3- Purpose of Policy:

3-1 To specify the minimum requirements and standards that are to be adopted by the parties in dealing with complaints.

4- Policy Objectives:

4-1 Improve customer confidence in the health insurance market

4-2 Improve customer confidence, satisfaction and loyalty in respect of market participants

4-3 Promote the dealing by companies with customer dissatisfaction in a swift, effective and fair manner

4-4 Provide a clear escalation process regarding complaints received both internally and externally

4-5 Use complaints to enhance procedures and correct procedural or policy deficiencies

4-6 To allow customers to report instances where parties are not complying with the Health Insurance Law

5- Scope:

5-1 To ensure all Payers, Third party claims administration companies and health insurance intermediaries companies have a formally documented complaints procedure.

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6- Policy Stakeholders:

6-1 Payers

6-2 Third Party Claims Administrators

6-3 Health Insurance Intermediaries

6-4 Insured members

7- Policy Implementation Required Resources:

Circular issued by DHIC

8- Policy Content:

8-1 Identifying a complaint

An explicit comment or statement such as “I want to make a complaint” or “Who do I complain to about this?” indicates the existence of a complaint.

8-2 Complaints Log

All complaints must be logged, preferably in an automated system. As a minimum, the complaints log must detail the following:

Name of complainant

Name of patient (where applicable)

Date of complaint

Name of staff member receiving and registering the complaint

Name of staff member to whom the complaint has been directed

Identification of a repeat complaint (that is a repeat of an earlier complaint made by the same complainant)

Policy detail (if an existing insured member) including Policy Number, Member Number, Company name (if a corporate scheme)

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- Intermediary name (if applicable)
- Category of complaint (see below)
- Detail of the complaint
- Source of complaint (telephone, email, personal visit, online facility, via a third party, etc.)

8-3 Complaint ownership

The complaints procedure must specify who will own the complaint. This must be a named person or a specific jobholder title. The complaint holder cannot be a department. He or she must be a clearly identifiable staff member.

The complaints procedure must specify the reporting lines for complaints handling. Complaints cannot be handled by the person about whom the complaint is made nor by a department which is the subject of the complaint.

8-4 Facilitating complaints channels

The company must provide complaints reception channels of varying types including by telephone (free phone), SMS, email, personal visit, and company website.

All channels must be offered (where technologically feasible) in languages appropriate to those spoken by at least 70% of the insured members.

Complaints procedures must be openly and actively publicized (in policy documentation, on websites, in sales literature and in offices).

8-5 Reporting

A monthly report of all complaints received and the status of ongoing complaints must be submitted to the Chief Operations Officer, Chief Risk Officer or similar.

An annual report covering the calendar year must be submitted to Dubai Health Authority, Health Funding Department no later than 7 January each year.

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8-6 Categories of complaint

All complaints must be categorized in the complaints log as relating to one of the following:

- Denial of coverage
- Rejection of claim
- Accuracy of documentation provided
- Delays in process (refunds, reimbursements, approvals, issue of membership cards, additions or deletions of members)
- Administrative or operational process or procedures
- Product dissatisfaction or suitability
- Changes to policy terms (exclusions, conditions, renewal, premiums, network coverage)
- Service provided by staff or departments (efficiency, attitudinal, behavioral, knowledge)

8-7 Complaints escalation process

The Complaints Procedure must contain a clear written policy and process for the escalation of complaints both internally and externally. It should also contain a clear written policy and process for ensuring that the complainant is kept fully informed of the progress of their complaint.

8-8 Staff training

The company must demonstrate that it has a program to train staff in complaints handling procedures, how to identify a complaint and how complaints should be dealt with and recorded.

The company must keep a record as part of its Training Log to record which staff have received such training and when.

8-9 Complaints process flowchart

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The company must develop and maintain a clearly understandable flowchart identifying the complaints procedure from end to end. The flowchart must be made available to both customers and prospective customers. As a minimum it should be published on the company website and be included with policy documentation for new customers.

8-10 Complaints review procedures

The company must have a documented process describing how it will review the outcome of all complaints and make necessary adjustments to its policies, services, products, processes or procedures to avoid repetitions of upheld complaints.

9- Deployment Methodology: (Check all that apply)

Announcement

Awareness

Training

On Job Training

10- Policy Performance Indicators:

10.1 Reports which details below:

Complaints actual TATs

Number of complaints outstanding at end of each calendar month

Number of complaints unresolved after 15, 30, and 90 days

Number of complaints escalated for outside deliberation or arbitration.

Complainant satisfaction with outcome of internal dealing with the complaint (as a minimum a scoring system with 1= fully satisfied, 2= largely satisfied, 3= largely unsatisfied, 4= completely dissatisfied)

Number of complaints by category

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- Number of complaints fully upheld
- Number of complaints partially upheld
- Number of complaints denied (prior to any external escalation)

11- List of Risks:

11-1 Delay in handling complaints causing dissatisfaction among the stakeholders

12- Policy Revision/Update :

N/A

13- Audit, Improvement & Development:

13-1 Internal audit for compliance with the document content

13-2 Corrective actions for non-conformities with the document content

14- Records List*

14-1

15- Appendices *

15-1 References

Policy Directive Number 1 of 2014 (PD 01/2014)

[https://www.isahd.ae/content/docs/PD%2001-2014%20Complaints%20handling%20\(rev%201\).pdf](https://www.isahd.ae/content/docs/PD%2001-2014%20Complaints%20handling%20(rev%201).pdf)

15-2 Attachments

Policy Directive Number 1 of 2014 (PD 01/2014)

N.B.: "*" Put "N/A" if there is nothing to write.

(the document) to be replaced by document title

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S.	Summary	Amend Type*	Page	Issue No.	Issue Date
1	Complaints handling	Modify		PD 01/2014	21 st Sept 2014

* Amend Type: Add – Modify – Cancel

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