

## **CBHS Disputes Resolution Committee Charter and Powers**

### **Purpose**

To resolve disputes that, in the view of the complainant, have not reached a favourable outcome, by the Level 1 and Level 2 Complaints Handling and Dispute Resolution Process. The Committee is not responsible for intervening in disputes with commercial partners which are governed by a contract or agreement.

### **Composition**

Product Manager, Finance Manager and Operations Manager.

Please note the composition of the Committee may vary due to availability and subject matter.

The committee is facilitated by the Member Care Manager.

### **Responsibilities**

- Listen and ensure each complainant is understood.
- Thoroughly investigate the circumstances giving rise to each complaint or dispute.
- Facilitate a fair and prompt resolution to outstanding disputes through a commitment of negotiation, open communication, integrity and respect.
- Challenge policies and procedures which may have led to an issue arising.
- Request further information from complainant in assisting the decision process if required.
- Have regard to what is fair and reasonable in all circumstances as well as the principles of the Health Benefit Fund Rules, Policies, Procedures and the objectives of the Code.
- Consultation with Private Health Insurance Ombudsman (PHIO).

### **Powers**

Make a final determination using the Remedies policy.

Provide feedback to Managers to improve customer service and prevent further complaints by addressing systemic or other issues identified during the review process.