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1.0 Purpose

This actionable policy document elaborates Lifecare’s way forward to receiving and handling complaints made against our services and employees. The ultimate objective of this document is to assist Lifecare and its employees in resolving complaints in an efficient, effective and professional manner as well as maintain an adequate record for the relevant regulatory authorities in addition to the following:

- Improve customer confidence, satisfaction and loyalty in the health insurance market
- Promote the dealing by companies with customer dissatisfaction in a swift, effective and fair manner
- Provide a clear escalation process regarding complaints received both internally and externally
- Use complaints to enhance procedures and correct procedural or policy deficiencies
- To allow customers to report instances where parties are not complying with the Health Insurance Law

2.0 Scope

In preparing this procedure, Lifecare has endeavoured to align our procedures with requirements of ISO 9001:2015, relevant regulatory requirements of DHA and the current best practices.

This includes setting out in writing the procedures and policies for:

- Definition of complaint;
- What is not a complaint?
- receiving complaints;
- investigating complaints;
- responding to complaints within appropriate time limits;
- recording information about complaints/ complaints logging;
- Internal structures and reporting requirements for complaints handling.
- Complaints escalation process
- Complaints review procedures

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3.0 Definitions/Abbreviations

QMS: Quality Management System

QC: Quality Controller

Complaint

Complaint means any expression of dissatisfaction by a customer, potential customer or other business partner or any regulatory body made to us either directly or indirectly which is related to a product or service provided /mediated by us or which is related to our people (employee) and procedures (including complaint handling) or is provided by any of our business partner such as but limited to Insurer, Claim Management (TPA), health provider (hospital), sub-broker, clinic or physician etc.

All complaints can be categorized as relating to one of the following:

- Advice provided or product suitability
- Accuracy of documentation provided
- Delays in process (issue of quotations, response to correspondence etc.)
- Administrative or operational process or procedures (i.e. a complaint about the process itself rather than the implementation of it)
- Service provided by advisers, staff or departments (efficiency, attitudinal, behavioural, knowledge)

What is not a complaint?

Any expression of dissatisfaction are not complaints if concerning denial of coverage for a consultation, treatment or procedure which is clearly not covered (not offered) under the policy or agency agreement or where the cost of treatment exceeds the monetary limits under the terms of the policy. However, Lifecare will capture such undue complaints as feedback / grievances in the complaint log.

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

An expression of dissatisfaction such as “I am not happy with...” or “I am not satisfied with what you are saying...” or “This policy that I was sold does not meet

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my needs” indicates the existence of a complaint. A statement that expectations were not met such as “I was told that.....but this has not happened” or “You promised to... but...” or “I asked for...but did not receive...” indicates the existence of a complaint.

Complaints from multiple members of the same group scheme relating to the same subject can be logged as a single complaint.

4.0 Reference

1. ISO 9001 : 2008 - 7.2 Customer Related Process
2. ISO 10002 Guidelines for Complaints Handling in Organization
- 3: DHA SN 02-2015 – Complaints handling procedures and complaints logs.

5.0 Responsibilities

The QMS QC is responsible for review and the Director-Operations is responsible for approval of this procedure. All employees are responsible for implementation of the procedure.

6.0 Process Steps

6.1 Guiding Principles of effective complaints handling

Principle	Lifecare Response
Accessibility	Our Complaints Handling Procedure is readily accessible to all employees. The procedure is easy to understand and includes details on making and resolving complaints. Procedure and Complaints log are saved at: Dropzone → QMS → Business Process → Customer Complaints Handling
Responsiveness	Receipt of each complaint is acknowledged to the complainant within 24 hours of receiving the complaint. Complaints will be handled in an efficient and effective manner. Complainants will be treated courteously and kept informed of the progress of their complaint throughout the complaint-handling process.
Objectivity	Each complaint is addressed in an equitable, objective and unbiased manner through the complaints-handling process.

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Charges	There will be no charge to the complainant for making a complaint.
Confidentiality	Personally identifiable information concerning the complainant is actively protected from disclosure at all times.
Customer-focused approach	All employees of Lifecare, including the members of the Directors, the CEO and the executive team, are committed to efficient and fair resolution of complaints. We actively solicit feedback from our clients on a regular basis through a client satisfaction survey and acknowledge a client's right to complain.
Accountability	All employees accept responsibility for effective complaints handling. Department managers, Quality Controller, Head of Legal and Compliance along with the management team are responsible for effective and unbiased handling of all complaints.
Continual Improvement	Our complaints handling process will be reviewed periodically, and at least annually, to aim to enhance its efficient delivery of effective outcomes by the Quality Controller. Any feedback from the client or any resolution of complaint leading to a change in a department process will be handled by a proper change management process.

6.2 Handling a Complaint

6.2.1 General

All complaints in respect of products / services or against any of the employees must be logged and registered in the log. Where possible, complaints should be made in writing so that the details of the complaint are clear and complete.

Source of receiving a complaint as follows;

- a. Email
- b. Phone
- c. Website
- d. Customer Feedback
- e. Client visit

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6.2.2 Complaint Handling procedures

1. Any individual / department / team member on receiving the complaint is responsible for the following:
 - a. to update the complainant details immediately in the complaints log register (Complaints log LCI-BP-04-F2 available at Dropzone/ QMS/ Business Process/ Customer Complaint Handling). Details to be entered on the log are Complainant name, Date, logged by, department / person towards which the complaint is directed, Policy / Provider details, description and Source of the complaint
 - b. to send the filled log copy, serial number of the complaint, email form the client, any other details of the complaint available to email id complaints@lifecareinternational.com
2. Quality controller upon receipt of the complaint, will send an email to the client acknowledging the complaint.
3. In case the complaint is not genuine, after checking with relevant department, Quality controller to inform the client accordingly and also log the complaint as general feedback in the complaints log.
4. If genuine, Quality controller inform the concerned department head of the same.
5. Department head should investigate and establish the cause of the complaint and will be responsible to carry out a thorough and prompt investigation and decide the final course of action.
6. Should department head face any issue in resolving the complaint, he/she must discuss with Client Services Manager or Operational Director who will direct the department head for the final action from Lifecare.
7. Department head, after completing through investigations, will inform the Quality Controller the resolution of the complaint.
8. Quality Controller will check if the resolution provided is as per LCI guidelines and core values and update the client of the resolution of the complaint and also update the log accordingly.
9. Quality controller will notify the client with the final resolution by sending compliant close letter and also obtain client survey.

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6.2.3 Acknowledgement of Complaints

The following are specific timelines in regards to providing a feedback to the complainant:

- i. A written acknowledgement within 24 hours of Lifecare receiving customer complaint;
- ii. Within 4 weeks of the Lifecare receiving customer complaint, a final response or an explanation of why the complaint has not been resolved, together with an indication of when Lifecare will next contact customer; and
- iii. Within 8 weeks of Lifecare receiving customer complaint, a final response or an explanation of why a response has been delayed and notification that customer may refer their complaint to Dubai Health Authority.

6.2.4 Review of a Complaint and Escalations

If Lifecare can't resolve the complaint to the satisfaction of complainant or complainant is still dissatisfied / complaint is unresolved by end of 8 weeks or in case Lifecare can't resolve the complaint by any means, the complainant if deems appropriate can escalate the complaint to external authorities as applicable (DHA / Provider etc.). In all cases Lifecare will assist the complainant with relevant contact details as appropriate.

6.2.5 Process Monitoring Method

After Complaint resolution, Quality Controller will send the Customer Satisfaction Survey (LCI-BP-04-F3) to the client. Client will be requested to express their level of satisfaction with our complaint handling procedures and support (as a minimum scoring system with 1 = Very satisfied, 2= fairly satisfied, 3= Neutral, 4= fairly dissatisfied and 5 = Very dissatisfied in line with the regulatory guideline). All the feedback received is saved in a repository and results are compiled in a report by the Quality Controller on monthly basis.

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Note: A closed complaint is a complaint:

- i. Where Lifecare has sent a final response; or
- ii. Where the complainant has positively indicated acceptance of the Lifecare's earlier response; or
- iii. Where the complainant has failed to revert to Lifecare within four weeks of the Lifecare's most recent communication; or
- iv. Where the complainant has taken the matter up with the insurance company directly.

7.0 Process Measures

1. TAT as mentioned in the respective stages and Process flow
2. Enhance customer satisfaction level through feedback received from complainant satisfaction survey
3. Root Cause Analysis and Preventive action to avoid repetitive complaints.
4. Corrective Action taken

8.0 Staff Training

All relevant staff members will be trained on complaint handling procedures, how to identify a complaint and how complaints should be dealt with and recorded properly. As and when there will be any revisions on the complaints handling process, staff will be informed accordingly. HR will manage and maintain the training log records of all staff members.

9.0 Reporting

Quality controller will generate following reports:

1. A monthly report of all complaints received and status of all ongoing complaints in addition to Customer Satisfaction Survey results is submitted to the CEO, Director Operations, Head of Operational Excellence and Head of Legal and Compliance. Customer Complaints handling system will be reviewed by the Head of Legal and Compliance periodically to ensure complaints are being handled in an unbiased manner and customer satisfaction levels.

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2. An annual report covering the calendar year is submitted to Dubai Health Authority funding department no later than 7th January each year by including following details:

- Complaints actual TATs by number of days to resolution or point of referral to third party deliberation
- Number of complaints outstanding at end of each calendar month
- Number of complaints unresolved after 15, 30, and 90 days at the end of each calendar month
- 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
- Number of complaints fully upheld
- Number of complaints partially upheld
- Number of complaints denied (prior to any external escalation)

10.0 Document/Records Management

Sl. No	Record Name	Form No.	Retention period
1	Customer Complaint Log	LCI-BP-04-F2	2 years
2	Communication details	Goldmine e-mails / notes	2 years
3	Customer Complaints Survey	LCI-BP-04-F3	2 years

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Customer Complaint Handling Flowchart

