



Phased, custom training helps benefits company scale performance, hit quality targets

TTEC streamlines and simplifies complex onboarding to create capable, confident teams that deliver high CSAT

Health and benefits administration is crucially important — to teams choreographing this essential activity and to consumers who place their trust in companies to understand their unique needs and goals to achieve well-being.

Challenge

Complexity was our client's overarching challenge. Contact center healthcare advocates received multilayered training across a wide range of processes, each with its own idiosyncrasies. Handling benefits administration tasks involved one set of scripts while credit card payments entailed a different set of steps and dealing with a triage situation required an entirely separate protocol.

The speed at which new hires were expected to master procedures — particularly during open enrollment — was too ambitious, leaving contact center associates feeling overwhelmed while creating performance and attrition issues. Internal capacity was limited. Our client's own team was heavily focused on back-office work, leaving a gap in member engagement and benefits administration support. Long handle times persisted.

Our client was intrigued by the benefits of automation but budget constraints and lack of a clear ROI prevented them from taking advantage of solutions that would improve performance.

Solution

TTEC launched a three-month, phased new-hire onboarding program that leveraged an adaptive training model. We deployed a thoughtfully designed, phased new-hire training model that started with simple procedures and gradually built on new knowledge and confidence gained to upskill to more complex benefits administration tasks. Monthly face-to-face business reviews and weekly check-ins maintained alignment to ensure a strong operational rhythm.

Proof, not promises

80%

CSAT, above target

90%

quality scores

80%

FCR, exceeded target

Source: TTEC clients

We created separate teams dedicated to customer engagement and back-office roles to bring clarity to each function.

Frequent evaluation of CSAT and root cause analysis enabled our team to be proactive by seizing new insights to improve performance. We did daily scrubbing of dissatisfaction score (DSAT) calls to identify whether the underlying issue involved associates or the process or systems. If the root cause of a problem involved people, we identified specific behaviors that drove low CSAT scores such as lack of acknowledgement, empathy, or soft skills, for example, and customized coaching accordingly.

Results

TTEC transformed complex benefits administration into a seamless, high-performance operation using better training models and to achieve measurable improvements in quality and satisfaction, without overtaxing internal teams or breaking the budget.

Member satisfaction exceeded the 80% goal established by the payer. Quality scores consistently rose above 90% while first call resolution (FCR) outperformed our client's 80% target.

Our adaptive training model not only accelerated speed to proficiency but also reduced anxiety among healthcare advocates who felt overwhelmed by the extensive material they needed to master.

Plans are under way to further optimize the service model, potentially expanding scope or implementing automation in targeted workflows.

ABOUT TTEC

We are TTEC (NASDAQ: TTEC). The architects and builders of next-generation customer experiences. For over four decades, we've been shaping and redefining what it means to connect brands with their customers: Seamlessly, intelligently, and with lasting impact. We partner with the world's most iconic and disruptive companies to design and deliver AI-powered, digital-first experiences that don't just serve customers, but exceed their expectations. Every interaction. Every touchpoint. Every time.

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