OUTSOURCE CONSULTANTS

CASE STUDY

HEALTHCARE | HEALTH BENEFITS ADMINISTRATION

Members were hanging up before anyone answered. Sixty days later, abandonment was under 5%.

For a health-benefits third-party administrator (TPA), the member phone line is the product. This consumer-focused TPA was running it through a single-location contact center with limited English proficiency, thin training, and weak documentation, and the results showed: high call volumes, members abandoning before anyone answered, and CRM records too unreliable to trust.

Outsource Consultants (OC) matched the administrator to a multi-location Philippines operation trained for sensitive healthcare inquiries and kept its Vendor Management Office (VMO) benchmarking the program from day one.

Within 60 days of launch, call abandonment fell below 5%, exceeding the administrator's own expectations, and the move delivered a 21% cost reduction: $363K in the first year, $1.1M over the engagement.

<5%

call abandonment in under 60 days, exceeding the administrator's expectations

21%

first-year cost reduction, totaling $363K

$1.1M

saved across the engagement, 21% off the cost line

VERTICAL	SERVICES	FOOTPRINT	GOVERNANCE
Health benefits administration (TPA)	**Member support, voice + digital**	**Multi-location offshore, geo-redundant**	**VMO: monthly KPI cadence**

THE STORY IN 20 SECONDS

THE HANG-UP

A single-site center with limited English and weak documentation left members abandoning calls about their own health benefits.

THE MATCH

An independent match to a multi-location operation trained for sensitive healthcare inquiries, with documentation discipline built in.

THE RETURN

Abandonment under 5% in 60 days, quality scores in the mid-90s, and $1.1M in savings at 21% off the cost line.

THE CHALLENGE

For a TPA, the phone line is the product

A member calling a benefits administrator is rarely calling on a good day. They are confused about coverage, worried about a claim, or standing in a pharmacy with a question that cannot wait. Every abandoned call is a member who did not get an answer about their own health benefits, and every one of those members reports back to the employer who chose the plan.

A TPA's client retention lives and dies on those calls.

This administrator was fighting rising member volume with a single-location center that was failing on three fronts at once: agents with limited English proficiency serving members in sensitive conversations, thin training and documentation practices, and CRM records unreliable enough to force members to repeat themselves call after call. The center was not just missing calls. It was eroding trust in the benefit itself.

A single site also meant a single point of failure: no surge capacity when volume spiked, and no geographic redundancy if anything went wrong at the one location doing all the work.

An abandoned benefits call is never just an abandoned call. It is a member who lost confidence in the plan, reporting back to the employer who bought it.

Agents trained for the hardest member conversations first

The administrator engaged Outsource Consultants to run an independent search. OC screened its network of 300+ vetted BPO partners, each tracked on 100+ performance data points, against the criteria this work demands: documented healthcare experience with sensitive member inquiries, English proficiency as a hard gate, multi-location architecture for resilience, and the documentation discipline to fix the CRM problem at its root.

OC narrowed the market to a shortlist. The administrator made the final selection from top, vetted candidates. OC does not choose the provider; the client does.

The match landed on a multi-location Philippines operation where agents were trained specifically for sensitive healthcare conversations before taking member calls, with domestic-presence call handling and precise documentation processes wired into the workflow.

And OC's VMO stayed in: benchmarking abandonment, handle time, and quality every month from day one, because the fastest way to lose a turnaround is to stop measuring it.

Most outsourcing does not fail in the selection.
It fails in the first 180 days after go-live.

So OC's VMO stayed in: benchmarking abandonment, handle time, and quality every month from day one. The breakthrough came inside 60.

ABOUT THE ADVISOR

Screened for the hardest conversations

OC tracks 300+ vetted partners on 100+ performance data points. That data surfaced a partner already trained for sensitive benefits calls, with the English fluency and documentation discipline the old vendor lacked. Fixing the vendor match solved abandonment headaches.

Measured from day one, proven at the peak

OC's VMO measured the program every month from day one, free to the client. Under 5% abandonment in 60 days, and it held through the busiest season of the year.

Better calls kept clients

A TPA sells the member experience. When calls got answered and documented, employers had one less reason to leave. The 21% savings came with it, not instead of it.

INSIDE THE ENGAGEMENT

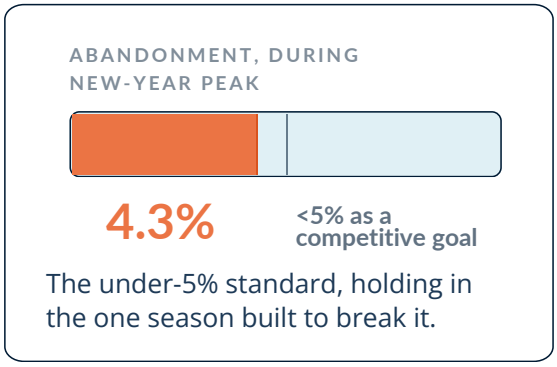
The TPA win that held through peak season

A 60-day turnaround is a great launch story. But what made this engagement worth studying is what the record shows happening after the launch glow faded.

The peak-season BenAdmin test

A benefits administrator's hardest weeks come at the turn of the year, when new plan years hit and member call volume spikes.

That is exactly where an abandonment win goes to die. Instead, the record shows English-queue abandonment running at 4.3% through a subsequent new-year peak, the under-5% standard holding in the one season built to break it.



Member quality that stayed predictable

Through consecutive reporting cycles, internal quality scores held in a tight 94.5 to 95% band, average handle time ran at goal, and external audit errors improved sharply month over month. Documentation discipline, which was the original CRM complaint, became routine, leveraging precise records, so members stopped repeating themselves.

In member services, predictable consistency is a powerful achievement.

The administrator loved the results and asked OC to do more

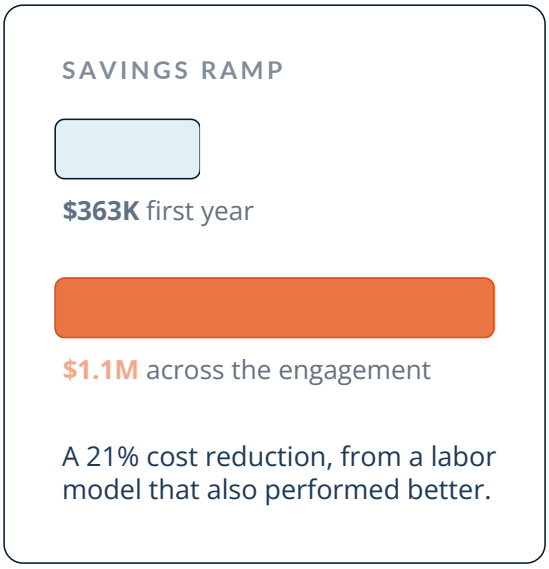
Confidence showed up as scope. During the engagement, the administrator expanded coverage into weekends, adding Saturday support and Sunday coverage twice a month across member voice and digital channels. It also gained resilience the old single site could never offer: a multi-location architecture with a documented disaster-recovery arrangement, one geography backing up another, so a local disruption could not take the member line down.

THE RESULTS

Trust in the member line, rebuilt in one quarter

Within 60 days of launch, call abandonment fell below 5% and beat the administrator's own expectations. Members calling about their benefits reached a trained agent who documented the conversation properly, so the next call started where the last one ended.

Quality held in the mid-90s. And the economics worked in the same motion: a 21% cost reduction, $363K in the first year and $1.1M across the engagement, from a labor model that also performed better. The administrator did not choose between fixing the member experience and fixing the cost line. The right match fixed both.



They bought more

The administrator expanded coverage into weekends during the engagement, growing the program across voice and digital channels. Scope expansion is the clearest signal a program is delivering: it measured the results, then widened the mandate.

BY THE NUMBERS

<5%
abandonment within 60 days of launch

4.3%
abandonment through a new-year peak season

Mid-90s
quality scores, cycle after cycle

$1.1M
saved across the engagement

WHO SHOULD CARE

Four ways to read this outcome

Different leaders read this story against different numbers. All four readings are correct.

IF YOU OWN THE MARGIN

21% cost reduction, with performance up

The savings came from replacing a failing single-site model with the right offshore architecture, not from squeezing the same broken operation harder. $1.1M across the engagement, and the metric that usually pays for cost cuts, member experience, improved in the same motion.

IF YOU OWN CLIENT RETENTION

Members grade the plan by the phone call

A TPA's real customers, the employers, renew based on what their people experience. Every abandoned member call is churn risk on the book of business. Cutting abandonment below 5% and holding it through peak season is client retention wearing an operations badge. The savings were never the point; what you do with them is.

IF YOU OWN THE EXPERIENCE

Sensitive calls need trained specialists

Benefits conversations are health conversations: claims, coverage, care. Agents were trained for that sensitivity before taking a call, held to quality scores in the mid-90s, and disciplined about documentation so members never had to start over. Empathy that is not operationalized is just a slogan.

IF YOU OWN TECHNOLOGY + RISK

One site is a single point of failure

The move added what the old model could never offer: multi-location delivery with a documented disaster-recovery arrangement, one geography backing another, so the member line survives a local disruption. And every healthcare BPO in OC's network is vetted for HIPAA readiness, with BAA process, SOC 2 reporting, and incident-response documentation available on first request.

THE TAKEAWAY

Three things to take from this story

01 **For a benefits administrator, the phone line is the product.** Members judge the plan, and employers judge the TPA, by what happens when someone calls. Fund it like the product it is.

02 **Sensitive calls need purpose-trained agents.** Healthcare-specific training, language proficiency as a hard gate, and documentation discipline turned the member line from a liability into proof of the benefit's value.

03 **Sixty days is enough when the match is right.** The turnaround was fast because the fit was right and the VMO's measurement started on day one. The peak-season hold (and ongoing optimization, via the administrator's dedicated VMO) is what proved it.

Your member line is either building trust in the benefit or draining it. There is no neutral.

A 30-minute conversation with our healthcare CX advisors will tell you which one you have, and what abandoned calls are costing your book of business. No cost, no obligation, no pitch deck.

Let's Talk **outsource-consultants.com** **888.766.4482**

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