



On Demand Seasonal Staffing Services for TPAs



How to eliminate
seasonal backlogs, hit
SLAs, and protect
margins without adding
fixed headcount.

Third-party administrators (TPAs) live and die by operational SLAs and margins. But peak seasons, open enrollment (OE), product launches, network changes, redeterminations, and year-end cleanups can turn even stable operations into a backlog machine. HealthAxis seasonal staffing, through AxisConnect, pairs payer-trained specialists with a disciplined operating system and deep familiarity with CAPS to quickly absorb demand spikes, without the risk and delay of hiring.

Through our AxisConnect suite of services, HealthAxis offers advanced business process as a service (BPaaS) and business process outsourcing (BPO) capabilities designed to optimize and streamline your middle and back-office operations.



This article focuses on three surge scenarios and exactly how we resolve them:

1. Open Enrollment overflow in member and provider support
2. Claims backlog after benefit or system changes
3. Data quality sprints for provider, member, and EDI corrections that block auto-adjudication

We'll show what the work looks like, the metrics we own, and how to stand up a surge team in days, not months.



Why TPAs struggle with seasonal surges

Volume volatility: Peaks can significantly exceed baseline for extended periods, but the work mix shifts daily (calls, claims, tickets, EDI rejects), making fixed staffing inefficient.

Complex work routing: Multiple intake lanes (mail, EDI, portals, IVR, and RPA feeds) require triage and skills-based routing to maintain healthy queues.

Change risk: Benefit and network updates, plan migrations, and file format changes produce error cascades that swamp core teams.

Talent latency: Recruiting, vetting, and training temporary staff typically takes 6–10 weeks, far longer than most surge windows.

HealthAxis addresses these with cross-trained pods, standard work libraries, and tight daily management, all designed around CAPS workflows.

Surge Scenario I

Open Enrollment Overflow (Member & Provider)

Symptoms

- Handle times climb; ASA/abandonment breach carrier SLAs.
- High first-week call spikes followed by sustained ticket volume on ID cards, eligibility, PCP changes, and benefit clarifications.
- Provider lines jam with questions about paneling, authorization status, and referral rules.

HealthAxis Approach

- **Tiered Overflow Pod:** A blended team covering voice, chat, and ticket back-office. Cross-trained on eligibility, plan design, accumulators, and standard benefits language.
- **CAPS-aware knowledge guides:** Surge agents use HealthAxis-authored quick-hit scripts tied to CAPS screens (benefit trees, accumulators, and prior authorization lookups) to reduce swivel time.
- **Quality Fence:** High calibration in the first few days, followed by ongoing QA sampling.

Metrics We Own

- **Service:** ASA, Abandon %, and Occupancy, with hour-by-hour staffing adjustments.
- **Quality:** Accuracy on eligibility/benefit answers and documented disclosures.
- **Speed:** AHT and FCR on high-volume intents (ID cards, PCP changes, COB questions, benefits).

Surge Scenario 2

Claims Backlog After Benefit/Network Changes

Symptoms

- Sudden drop in auto-adjudication rate after plan updates; queues swell in pended and denied work.
- Rework rate spikes due to missing COB info, outdated provider data, and benefit configuration edge cases.

HealthAxis Approach

- **Pre-Adjudication Sweep:** Dedicated team cleans intake errors (format, eligibility mismatches, missing data) to restore pass-through volume.
- **Edit-by-Edit Playbooks:** For your priority edits, we deploy standard work with examples, decision trees, and escalation thresholds.
- **Backlog Burn-Down Cadence:** Daily WIP limits, aging buckets, and throughput targets; we flex capacity by queue and complexity tier.

Metrics We Own

- **Throughput:** Claims/day by complexity tier (simple, moderate, complex).
- **Quality:** First-pass resolution and audit error-rate thresholds appropriate to the work type.
- **Flow:** Aging reduction (e.g., 30/60/90-day buckets) and **restored auto-adjudication rate**.

Surge Scenario 3

Data Quality Sprints That Unlock Flow

Symptoms

- 834 enrollment and 837 claim rejects cluster around a handful of root causes: provider IDs, taxonomy, eligibility effective dates, COB flags, missing prior auth links.
- Provider directory and panel updates lag after network changes, driving denials and calls.

HealthAxis Approach

- **Provider Data Correction Cell:** High-throughput team executes source-of-truth verification, NPPES cross-checks, and panel updates; pushes clean data back to CAPS and downstream systems.
- **Eligibility & COB Micro-desk:** Short-cycle outreach for COB primaries and eligibility confirmation; standardized letter templates and scripts accelerate time-to-answer.
- **EDI Reject Triage:** We segment top reject codes and fix upstream; daily scorecards keep trading partners honest.

Metrics We Own

- **Defect Removal:** % of claims re-routed to auto-adjudication after correction.
- **Turnaround:** Median time-to-correct for provider and member records.
- **Downstream Impact:** Reduction in related denials and call intent volume.

What Makes HealthAxis Seasonal Staffing Different



1. CAPS-native talent: Our surge pods are trained on CAPS navigation, edits, and benefit constructs, less time learning the system, more time moving work.
2. Outcome-based operations: We contract throughput, quality, or service outcomes, not just hours. Units of work and SLAs are crystal-clear.
3. Cross-training and elasticity: Each pod includes a bench with overlapping skills (claims, EDI, member/provider ops) to flex across queues as the mix changes.
4. Standard work + continuous improvement: We bring playbooks, daily huddles, and visual management so leaders see bottlenecks early and fix them.
5. Secure, compliant delivery: Role-based access, least privilege, encrypted channels, activity logging, and documented SOPs aligned to HIPAA requirements. BAAs executed.



Seasonal demand does not have to jeopardize service levels or budgets. With HealthAxis Seasonal Staffing, TPAs get trained people, proven playbooks, and an operating cadence that restores flow across member services, claims, and data quality. The result is faster recovery from surges, fewer defects that recycle back into queues, and clear accountability for outcomes. If your next peak is approaching, align on scope and metrics now so your core team stays focused on what matters most: accurate benefits, timely payments, and a better experience for members and providers.

Learn More Today

