Terrence Hollis

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My Key Qualifications

- **5 years in regulated customer service** in one unbroken stretch, October 2021 to present, spanning health insurance and banking contact centers.
- Health insurance operations at **Healthgram**: complex member and provider inquiries on eligibility, claims, prior authorization status, billing, and benefits interpretation.
- Daily hands-on with **Genesys Cloud and Salesforce Service Cloud** for case documentation, verification notes, and next steps.
- Averaged **87% first-call resolution** over the last 12 months on claims-status and eligibility inquiries.
- Raised **QA documentation scores from 90% to 96%** on escalated cases by standardizing verification language in Salesforce.
- Cut after-call work by **28 seconds** per case using structured note templates and knowledge base content.
- Logged prior-authorization trends that **reduced repeat contacts by 14%** in one quarter, partnering with operations on team messaging.

Experience

Customer Service — **Healthgram**, a health benefits administrator serving employers and members

Feb 2023 – Present · 3 yrs 9 mos

- Resolve escalated member and provider cases end to end across phone and secure messaging, coordinating with claims, enrollment, pharmacy, and provider relations teams on nonstandard issues.
- Managed complex claims-status and eligibility inquiries for members and provider offices, averaging 87% first-call resolution over the last 12 months by researching coverage, claims history, and enrollment records before outlining clear next steps.
- Raised QA documentation scores on escalated cases from 90% to 96% by standardizing verification language, next-step notes, and disposition details in Salesforce Service Cloud.
- Cut average after-call work by 28 seconds on secure-message and callback cases using structured note templates and approved knowledge base content in Genesys Cloud.
- Identified recurring confusion around prior authorization status updates, logging trend examples for supervisors and partnering with operations to clarify team messaging, helping reduce repeat contacts on those cases by 14% over one quarter.
- Supported onboarding for new representatives during nesting periods, completing 22 side-by-side coaching sessions in 6 months covering call documentation standards, benefits research steps, and de-escalation language.

Member Service Representative — **First Horizon Bank**, regional bank serving the Southeast

Oct 2021 – Jan 2023 · 1 yr 3 mos

- Handled inbound calls on account servicing, online banking access, debit card issues, and dispute follow-up in a regulated environment, verifying customers and documenting every interaction per escalation and compliance procedures.
- Resolved online banking access and debit card calls in a high-volume queue while maintaining 93% QA over the final 12 months, following authentication steps and policy-approved explanations on regulated calls.
- Raised first-call resolution on assigned queue from 78% to 84% by building quick-reference notes for standard dispute timelines and required follow-up steps.
- Kept schedule adherence at 97% across the final two quarters, staying available for overflow call blocks and keeping after-call work within target during staffing shortages.

Education

- **Middle Tennessee State University** — Bachelor of Science in Liberal Studies · 2017 – 2021

Skills

- **Contact Center & CRM Platforms:** Genesys Cloud, Salesforce Service Cloud, Knowledge Base
- **Health Insurance Operations:** Claims Support, Eligibility Verification, Benefits Interpretation
- **Service & Quality Metrics:** First Call Resolution, Quality Assurance
- **Productivity Tools:** Microsoft Excel, Microsoft Outlook