foundever®

Whitepaper

# The operator's advantage

## Applying Lean & journey mapping to AI workflows

Keeping brand promises.

# In this whitepaper you'll find...

Introduction

# The transformation gap and cost no dashboard captures

A policyholder files a claim after a fender-bender. They receive an automated acknowledgment, then nothing. They call back. They're transferred. They repeat themselves. They wait. Meanwhile, the carrier's internal dashboard shows the claim moving efficiently through its digital queue. Both things are true, and that's the problem.

This is the transformation gap: the distance between how a process looks on an IT roadmap and how it feels to a customer navigating a stressful moment.

The cause usually isn't weak technology. It's bolting AI onto workflows that were never fixed in the first place. Layer a powerful tool onto a messy process and you don't fix the mess—you scale it.

Standard metrics miss this entirely. Uptime, cycle time and throughput can all climb while customer trust drains and renewals slip. Closing the gap requires three coordinated capabilities:

01. Customer Journey Mapping (CJM) to identify real friction

02. Lean analysis to remove root causes and standardize work

03. AI to scale solutions once the operational foundation is ready

A fourth capability—an operating partner that lives in the day-to-day operational reality—is what turns strategy into sustained outcomes.

Digital transformations and AI adoption are not IT projects, they're an enterprise-wide commitment to reimagining operations. Five well-mapped processes with a few targeted AI tools will beat 15 disconnected tools bolted across broken workflows. Every time.

That practitioner-led approach is the core of the Foundever operating partner model. Here's how it works.

The customer journey

# Customer journey mapping

### Start where the customer starts

Every operational improvement initiative begins with a question: Whose perspective are we solving for?

Usually it defaults to internal. Teams drop AI into existing workflows without revisiting the journey first—tuning handoffs and cycle times while the actual experience stays exactly as broken as before. The metrics look better. The customer still waits, still repeats themselves, still hears nothing.

Customer journey mapping forces a fundamental reorientation—not just to the first touchpoint, but to the full arc of the policyholder's lived experience. For claims, the arc begins when the customer experiences a loss, an often stressful and emotional event. Each step and moment through settlement are opportunities to build or erode trust.

Mapping this arc means capturing channel switching, information needs, customer effort at each stage, repeat contacts, and what happens after formal claim closure, not just the procedural hand-offs visible from inside the operation.

### Mapping the emotional arc

A well-constructed customer journey map for a standard auto or property claim typically identifies several predictable—and preventable—emotional low points:

#### The silence gap

After initial claim filing, the customer hears nothing. No status update, no timeline, no next steps.

#### The repetition tax

Each time the customer re-engages (by phone, portal, or email), they must re-explain their situation. There is no continuity.

#### The uncertainty peak

Just before a settlement decision, anxiety spikes. Customers feel uninformed and powerless.

#### The resolution disconnect

Even when a claim resolves favorably, a clumsy final communication leaves the customer unsatisfied, and unlikely to renew.

Customer journey • Insurance claims

# Where trust breaks in the policyholder claims journey

A standard auto or property claim, from incident to closure.

Touchpoints | Pain points | Experience

## The loss

Insured incurs a loss and contacts their carrier

Smartphone • Web portal

- Long, confusing claim form
- Asked to re-enter information the insurer already has

Anxious
*"I just need this handled."*

**Stage 1**

## The first reply

Carrier acknowledges the claim and confirms receipt

Email • Smartphone

- Generic confirmation
- No owner, timeline or next steps

Cautiously hopeful
*"What happens next?"*

**Stage 2**

## The silence

Insured waits with no updates as the claim is reviewed

Web portal • Email • Phone

- **The silence gap:** No updates or timeline while the claim is reviewed.
- **The repetition gap:** Re-explaining the whole story on every contact.

In the dark
*"Did they forget me?"*

**Stage 3**

## The verdict

Carrier provides settlement

Email • Web portal

- **The uncertainty peak:** No preview of the outcome or available options. Settlement feels opaque and one-sided

Powerless
*"I don't know what to expect."*

**Stage 4**

## Closure

Insured receives payment and the claim is officially closed

Email • Web portal

- **The resolution disconnect:** Closure feels transactional. Payment timing and next steps remain unclear.

Relieved but wary
*"That was harder than it should have been."*

**Stage 5**

## From empathy to prioritization

Not every friction point carries the same weight. The customer journey map's value is in separating the ones that frustrate customers from the ones that lose them.

The point of mapping the emotional arc is that it anchors prioritization in what matters to the customer, not just what is technically available or operationally convenient. But customer impact alone is not a sufficient filter. The most durable prioritization frameworks combine customer value, business impact, operational readiness, data availability and implementation risk. The journey map ensures customer experience is never crowded out of that equation.

Consider the claims status gap identified on the previous page. From an internal perspective, this might not register as a critical failure—the claim is progressing, agents are working, the system is functioning. But from the policyholder's perspective, the absence of proactive updates is the loudest signal they receive: "You are not a priority."

Overlay the map with NPS and renewal data and the pattern jumps out: the carriers that communicate least during a claim lose the most customers after it.

An operating partner like Foundever makes these maps credible. Pulling from millions of real customer interactions across carriers, it can pinpoint which touchpoints reliably trigger frustration or churn—and where AI investment moves retention most.

Cross-referencing the internal map

# Lean principles in practice

**The inside view: Why the road to bad processes is paved with good intentions**

Once the customer journey map has identified what the customer is experiencing, the natural next question is: what internal reality is creating it?

This is where Lean methodology enters the framework as a diagnostic instrument for systemic friction. The goal is to take a customer-facing pain point and trace it back through the internal workflow until its true root cause is exposed.

Let's follow the friction point identified in Section 1: "The customer does not know the status of their claim."

From the inside, it's easy to explain away. Claims pass through adjusters, outside vendors, legal review and updates across aging systems. Of course there are delays. Of course communication slips.

Accepting that explanation without examining it is how broken processes become permanent.

Lean diagnostic • Current state

# Why claims status goes silent

| | Stage 1<br>Investigation begins | Stage 2<br>Vendor assigned | Stage 3<br>Inspection and work completed | Stage 4<br>Report and invoice submitted | Stage 5<br>Decision made |
|---|---|---|---|---|---|
| Policyholder | Sees "In Review" | Calls for an update<br>Repeats claim details | The silence gap<br>Investigation work continues, but the policyholder hears nothing. | | Finally receives a response |
| Claims adjuster | Opens investigation | Assigns vendor | | | Reviews report<br>Makes decision |
| Third-party vendor | Schedules inspection | | Completes the work<br>Records milestones | Submits report and invoice | |
| Core system | Status remains "In Review" | | | Vendor milestones do not update the status<br>Invoice receipt triggers the first status update | |

**Legal review:** Only when flagged

**Root cause:** The vendor integration was designed for financial reconciliation, not customer communication

Lean waste identifiers

- **Waiting:** Claim sits idle in "In Review" while work happens elsewhere
- **Non-utilized data:** Milestone events captured but never used to update status
- **Over-processing:** Customer and agents re-explain context the system should already hold
- **Defects:** Stale status field drives rework and avoidable contacts

*Handoff waste also builds at every lane transition—adjuster → vendor → legal → system—where context degrades. Noted here to keep the map readable.*

## Applying the 5 Whys

Lean's most powerful diagnostic tool is deceptively simple: ask "why" five times and follow the answer honestly.

Problem: The customer does not know the status of their claim during the investigation phase.

**Why 1**
Because no outbound update is sent during this phase.

**Why 2**
Because the status field in the core system isn't updated until the vendor submits their report.

**Why 3**
Because the system only triggers status updates on invoice receipt—not on milestone events within the vendor workflow.

**Why 4**
Because the vendor integration was built for financial reconciliation, not customer communication.

**Why 5**
Because when the integration was designed, customer-facing communication was not a defined system requirement.

The root cause is architectural and how the system was designed. A workflow built around invoice processing will always produce communication gaps, regardless of how well the team running it performs.

Surface-level automation won't change that. Put a chatbot on top and the customer doesn't get better information—they get the same silence, faster.

The core fix here is getting the operation to work the way it should, not AI. Redesigning how vendor updates flow through the claims process is fundamentally an operations problem that good process discipline solves without needing to reach for AI at all. Not every customer problem requires AI, and deploying it where automation suffices adds complexity without making things better for the customer.

AI enters the picture at a different layer: conversational access to real-time status through a virtual agent, predictive identification of claims likely to generate repeat contacts, or personalization of outbound communications based on customer profile and claim type. The distinction is important because applying AI before the optimal workflow is identified scales the problem rather than accelerating a solution.

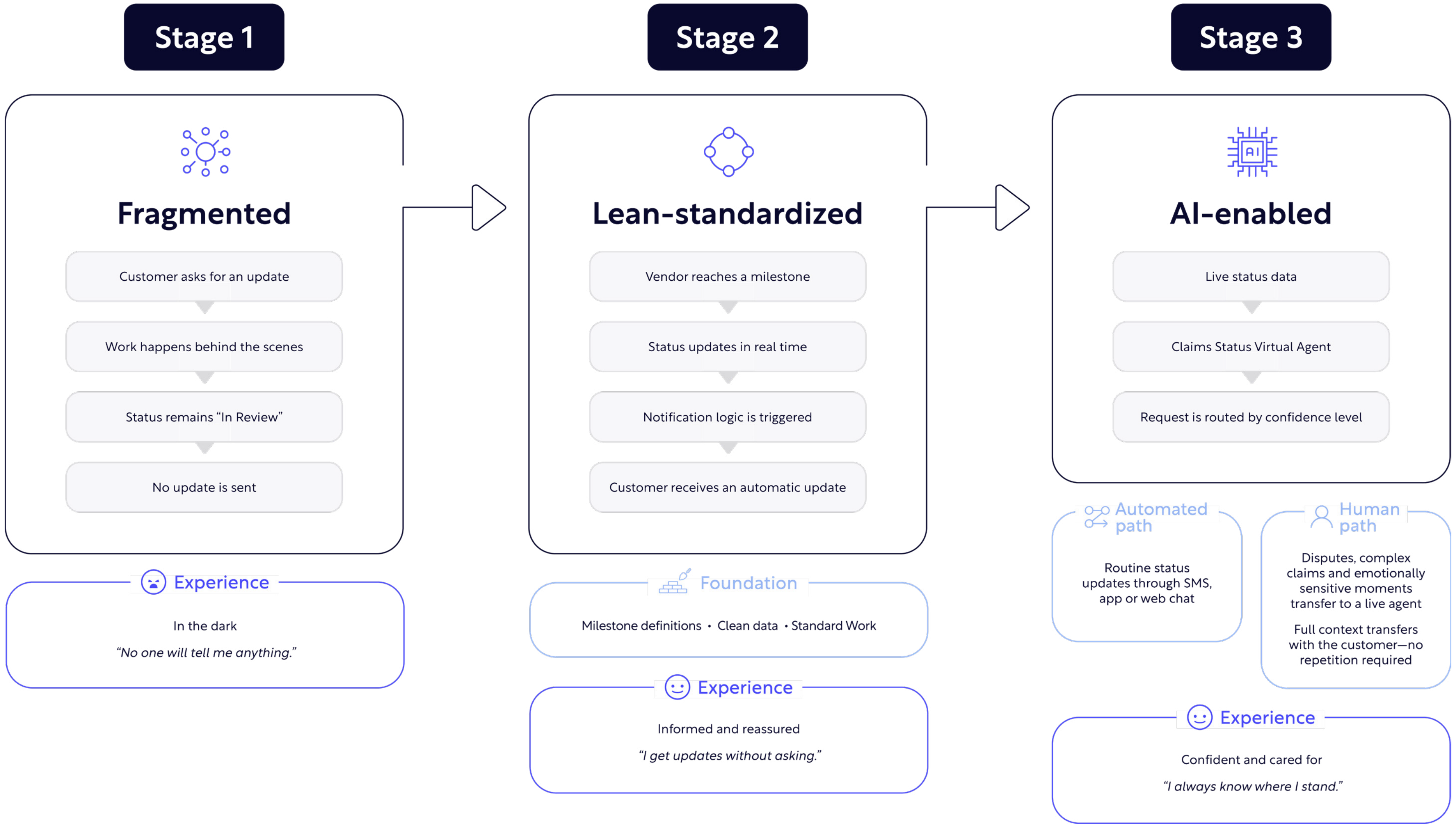
### The operating partner as a Lean practitioner

This is where the operating partner model creates differentiated value. Foundever doesn't arrive with a pre-packaged AI solution and deploy it onto existing workflows. It works inside the operational reality, embedding Lean rigor at the process level, facilitating cross-functional workflow analysis, and identifying the precise intervention points where structural changes will unlock AI's potential.

The 5 Whys isn't a one-time audit. Done right, it becomes a rhythm: spot new friction, trace it to the root, ship a targeted fix, repeat. The operating partner keeps that rhythm going—so improvement becomes a habit instead of a project.

## Designing for AI readiness

# From fragmented workflow to AI-ready claims status



## Building the path AI can follow

In Lean methodology, Standard Work is the documented, agreed-upon best practice for executing a repeatable task. It provides the baseline from which continuous improvement is measured and the logical structure from which AI learns.

Variation across teams—different definitions of "under review," local workarounds for status updates or inconsistent escalation rules—should be read as signals. Those differences expose exactly where the process needs harmonizing and where AI can deliver disproportionate value once the underlying workflow is consistent. For example, standardizing milestone definitions and event triggers creates a clear target for models to identify real-time status and drive proactive communications that customers notice.

Foundever's operating partner model moves teams from diagnosis to delivery, which sometimes means understanding your workflow before AI, or integration fixes before either.

We translate Lean outputs into the right specifications for the right tools: process redesign where the root cause is architectural, automation where the work is deterministic, and AI where interpretation, personalization, prediction or conversational handling adds value.

This is an operational-discipline challenge, which is why many AI programs underperform, whether they're IT-led, vendor-driven or launched as top-down initiatives without operational buy-in. The technology alone is rarely the limiting factor. The common failure mode is deploying tools before the processes, data and governance are ready. Prioritizing Standard Work and embedding frontline practice into program design increases the odds that AI will accelerate real improvement rather than amplify existing variation.

## The human-in-the-loop safety net

There is a second critical dimension to AI-readiness that's often addressed too late in deployment planning: what happens when the AI reaches its limits?

Every AI system has a confidence boundary—a point beyond which the interaction involves too much ambiguity, too much emotional complexity or too many unique variables for automated handling to serve the customer well. In claims, this manifests as coverage disputes, multi-party liability situations, represented claimants or a policyholder who is frightened and needs a human voice.

Designing for these moments is a core architectural requirement.

Foundever's operating partner model provides the human-in-the-loop infrastructure that makes AI deployments trustworthy:

### Exception management

Frontline teams are trained specifically to handle the cases AI cannot, with full context transfer, no repetition required.

### Model training

Agents continuously feed signals back into AI systems, flagging misroutes, identifying emerging inquiry patterns, and refining intent recognition over time.

### Empathetic hot-transfer

When an AI interaction reaches an emotional inflection point—a policyholder in distress, a complaint escalating—the handoff to a human agent is seamless, warm and informed. The customer never has to start over.

This is a real differentiator. Treat the human layer as a cost to phase out, and your AI gets less trusted and less accurate over time. Treat it as an active partner in performance, and your systems compound—better quality, more efficiency, more customer confidence, year after year.

Conclusion

# The transformation trifecta

**Direction. Correction. Acceleration.**

The framework at the center of this paper isn't complicated to grasp. It's just hard to do—and that difficulty is exactly why most carriers haven't pulled it off yet.

Customer journey mapping provides direction. It anchors every transformation decision in the reality of the customer's experience, ensuring that AI investment is aimed at friction that actually matters, not friction that shows up in internal dashboards.

Lean methodology provides correction. It systematically dismantles the root causes of that friction, eliminating structural waste, standardizing work and building the clean operational foundation that AI requires to function as designed.

AI provides acceleration. Once the direction is right and the foundation is clean, AI scales the solution—delivering faster, more consistent, more personalized service at a volume no human team could sustain alone.

Sequence these three deliberately, with a partner who has the practitioner depth to manage the messy middle, and transformation sticks. It sidesteps the most common ways these programs fail, and it gets stronger over time.

Mapping the journey and deploying the model are necessary, but they're not sufficient on their own. What determines whether transformation sticks is what happens between strategy and scale: the daily operational discipline, the frontline intelligence, the continuous improvement.

That is Foundever's differentiation—not that others cannot contribute to pieces of this, but that no other partner connects all of it: frontline interaction intelligence drawn from billions of real conversations, journey insight grounded in operational reality, process execution across 45+ countries, and the human delivery infrastructure to sustain and evolve these programs as customer expectations and AI keep moving. That combination is what provides a true operational advantage.

The operator's advantage is there for any carrier willing to earn it—with a partner that's proven the approach across millions of interactions. The alternative is another cycle of tech spend with no foundation underneath it. That choice will decide who leads this industry in the years ahead.

To explore how Foundever's operating partner model can support your AI transformation strategy, connect with our Insurance Practice team.

Let's talk

# About Foundever®

Foundever® is the next-generation service leader reinventing customer experience (CX). Built on diverse and proven industry experience, we combine digital operations with a 150,000-strong, people-led workforce across +45 countries.

Each year we enable 3.3 billion conversations in +60 languages for more than 800 world-leading brands, helping them keep their brand promises in every moment that matters. AI-driven solutions integrated with deep human insight, power a unified experience ecosystem that delivers technology-enabled, people-led and insight-driven outcomes at scale. By blending human empathy with AI and automation, we simplify complexity, accelerate digital transformation and create measurable brand and business momentum for our clients.

Get to know us at **foundever.com** and connect with us on **LinkedIn**, **Facebook** and **Instagram**.

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