



# Ease revenue cycle pressure with TTEC Vericycle

Turn revenue cycle complexity into faster, more predictable cash flow

The healthcare claims lifecycle has many points of friction: patient access, eligibility, prior authorizations, coding and claim preparation, denials, appeals, and payment posting, just to name a few. Each one can trigger unnecessary rework and contact center interactions.

That friction isn't just frustrating. It leads to higher costs and slower payments.

## TTEC VeriCycle: AI-powered RCM engine for payers and providers

TTEC VeriCycle significantly reduces friction by optimizing touchpoints across the entire Revenue Cycle Management (RCM) lifecycle for both providers and payers. It helps healthcare organizations improve claim accuracy, accelerate resolution, and protect revenue while delivering a better customer experience.

Backed by more than two decades of healthcare expertise, we leverage AI, automation, and human intelligence to shift upstream and equip providers with access to payer systems to provide real-time insights before claims are submitted to address potential issues. With TTEC VeriCycle, intervention moves upstream and AI augments — not replaces — the people who manage the claim journey.

VeriCycle helps your team work faster, more accurately, and with better decision support across the claims lifecycle.



**AI automates the routine** with real-time eligibility checks, Prior auth prefill and tracking, claims status polling, appeal draft generation, and ERA ingestion and posting.



**AI guides the associate** by embedding intent detection, knowledge retrieval, confidence scoring, proactive alerts and next-bests-action prompts into the contact center platforms they already use.



**Humans stay in control** to make contextual decisions for complex cases, compliance and sensitive issues, documentation review, quality assurance, and final resolutions.

**Speed and accuracy sit at the heart of TTEC VeriCycle**

**80-85%**  
faster eligibility verification

**65-70%**  
fast prior authorizations

**70-80%**  
faster coding

**~70%**  
faster appeal generation

**Fewer**  
preventable denials

**Lower**  
rework

**Higher**  
associate productivity

## One solution connects payers and providers

Each side of the claims ecosystem has a distinct story. We keep what works and deploy AI and automation to improve areas of friction unique to each organization.

### For payers: Payment integrity

For health plans, VeriCycle creates a real-time assist layer for member and provider claim inquiries while enabling upstream provider education. Reduce provider and member claim-related contacts, improve **first-contact resolution**, and equip advocates with consistent **next-best actions**.

Examples include:

- **Claims status and denial reason:** Find the reason, policy, and next step without toggling across systems.
- **Prior authorization support:** Confirm status, gaps, and required documentation for the procedure.
- **Provider education:** Explain what needs to be corrected before a repeat call or appeal is created.

### For providers: Revenue cycle acceleration

For providers, VeriCycle helps RCM teams prevent avoidable denials and protect reimbursement from intake through payment posting. Increase clean claims, reduce preventable denials, accelerate reimbursement, and support RCM teams across eligibility, coding, appeals, and posting.

Examples include:

- **Financial clearance:** Eligibility verification, benefits checks, prior authorization support, and patient responsibility estimation.
- **Claim creation and validation:** Charge capture review, coding validation, claim scrubbing, and edits resolution before submission.
- **Post-claim management:** Denial identification, appeals and reconsiderations, underpayment follow-up, and payment posting reconciliation.
- **Financial analytics:** Denial trend analysis, aging and AR reporting, payer performance insights, and root-cause dashboards.

## Shift your RCM into overdrive

Start with the claim friction that matters most to your organization and scale up as it proves value.

**Contact our healthcare experts today.**

## How it works

**VeriCycle runs alongside existing systems and the associate workflow** — pulling the right data, surfacing the right context, and guiding the next action.

1

### Detect intent

Eligibility, claim status, prior auth, denial, appeal

2

### Retrieve context

EHR, clearinghouse, payer platforms, policy, claims history

3

### Validate risk

Coverage, PA, documentation, coding, payer rules

4

### Recommend action

Attach docs, correct fields, draft appeal, route exception

5

### Human confirms

Associate reviews, resolves, or escalates complex cases



## ABOUT TTEC

For over four decades, TTEC has partnered with iconic and disruptive brands to turn customer interactions into meaningful connections. With a global ecosystem of CX experts, we design, build and deliver AI-powered, digital-first customer experiences that span the entire customer lifecycle. Our unique combination of operational excellence and deep technical expertise sets us apart as we work with clients to maximize moments that build trust, inspire lasting loyalty and deliver valuable business outcomes.

Together with our team of architects and builders at TTEC Digital, we integrate data, analytics and AI within the world's leading CX technology platforms to help clients optimize what they already have, integrate what they need next, and achieve powerful business outcomes. Learn more at [ttec.com](https://www.ttec.com) and [ttecdigital.com](https://www.ttecdigital.com).