



Data sheet

TriZetto ClaimsExchange

The electronic connectivity service that helps you significantly reduce the time and expense of repricing.

TriZetto® ClaimsExchange® is a SaaS-based electronic claim routing and repricing solution that connects payer organizations, third-party administrators and self-insured employers to PPOs and external vendors through a single point of connectivity. This revised white paper positions ClaimsExchange around three complementary market-ready stories: ClaimsExchange with core administration for organizations using Facets® and QNXT™; ClaimsExchange Standalone for organizations that need flexible routing and repricing without dependency on a specific core claims system; and ClaimsExchange with NetworX Suite® for organizations seeking integrated real-time repricing and provider contract solution alignment. Across these models, ClaimsExchange supports tiered network claim repricing, configurable member and provider matching using user-defined criteria and claim routing for clinical editing, bill review, fraud, waste and abuse (FWA) analysis and related trading-partner services.

The challenge

Healthcare organizations are expected to reduce administrative cost, improve claim quality and accelerate processing while managing increasingly complex vendor relationships, file formats, pricing arrangements and workflow requirements.

Traditional approaches to repricing can create operational friction through manual intervention, fragmented connectivity, custom development and limited flexibility across both pre-adjudication and post-adjudication workflows.

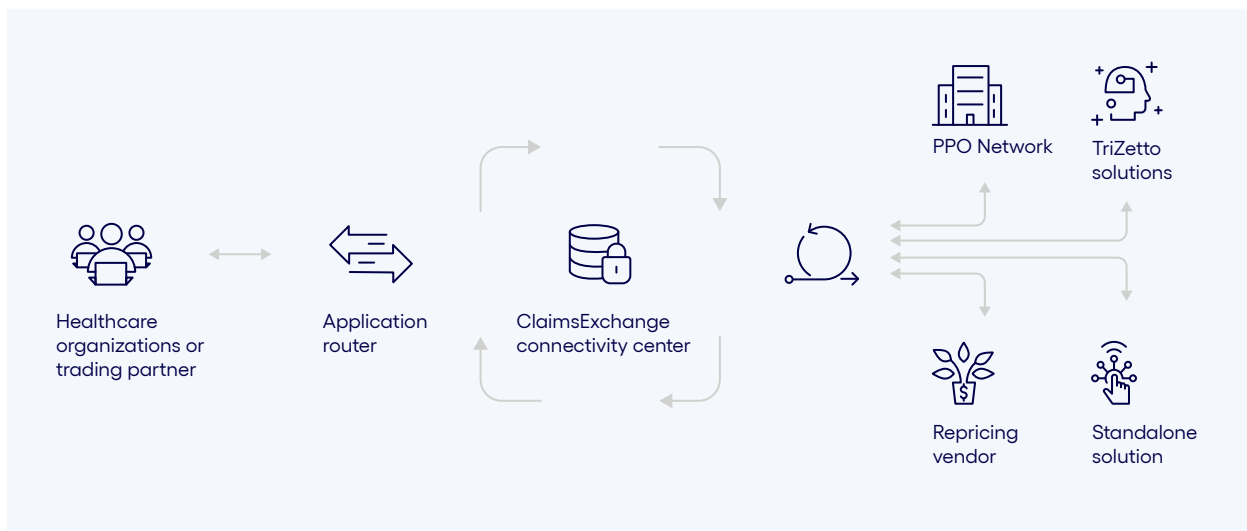
ClaimsExchange addresses these challenges by acting as a single connection point that centralizes workflow, vendor routing and electronic claim exchange—giving organizations a more scalable and market-ready repricing model.

Why ClaimsExchange?

ClaimsExchange is explicitly designed to link payers with preferred provider organizations (PPOs) and other repricing entities and electronically exchange claims and repricing data through a single point of connectivity.

It automates and streamlines repricing workflows, minimizes administrative burden and optimizes both pre- and post-adjudication processes.

The solution also supports real-time repricing, configurable routing rules, trading-partner file exchange, reporting, inquiry and operational monitoring—making it more than a repricing connector; it is a workflow platform for claims routing and external service orchestration.



Three deployment stories for a broader market

ClaimsExchange with core administration

For organizations operating on core administration platforms, ClaimsExchange integrates with Facets and QNXT to unify claims routing and repricing through a single point of connectivity.

In this model, ClaimsExchange supports real-time provider and member matching, retrieves plan and network details from the core environment, validates claim data and routes claims according to configurable business rules and workflow requirements.

This core-aligned deployment story is designed to help clients accelerate implementation, reduce manual touchpoints and create a more streamlined path from claim intake to pricing, editing and downstream adjudication.

ClaimsExchange Standalone

ClaimsExchange Stand Alone extends the platform beyond traditional core-system dependency. Organizations that are not on a claim payment system, or that do not require member or provider repositories, can use ClaimsExchange to intake 837 transactions, assign tiered networks and route claims for repricing to external vendors.

Using a contract network hierarchy, the stand-alone model can determine routing tiers directly from claim data elements within the 837 transactions without requiring an interface to a payment system.

This deployment model expands ClaimsExchange for smaller healthcare organizations, TPAs, self-insured employers and modernization-driven buyers who want flexible repricing capability without adding complex infrastructure.

ClaimsExchange with NetworX Suite

ClaimsExchange also aligns with NetworX solutions to support real-time repricing and integrated provider contract solution scenarios.

When organizations utilize TriZetto NetworX Pricer® Standalone or NetworX Payment Bundling Administration (PBA) provider contract capabilities, ClaimsExchange can support a more tightly aligned pricing model while preserving the same single-point connectivity, routing and workflow advantages.

This positioning strengthens ClaimsExchange as a bridge between external vendor connectivity and provider contract solution alignment—particularly for organizations seeking faster turnaround, broader pricing coverage and a more integrated repricing architecture.

Tiered network claim repricing

ClaimsExchange supports tiered network claim repricing by using configurable network hierarchy and contract logic to determine where a claim should be routed for pricing. The ClaimsExchange application automatically selects the appropriate PPOs for routing based on eligibility and plan information that already exists within your claim system or based on network hierarchy configured within ClaimsExchange.

When a claim is returned without pricing or is identified as non-contracted, ClaimsExchange can automatically route the claim to the next network in the hierarchy until pricing is returned, or the hierarchy is exhausted.

This capability supports in-network, out-of-network, wrap and Qualified Payment Amount (QPA)-related repricing scenarios and gives organizations a structured, scalable strategy for multi-network pricing.

Extensive member and provider user-defined criteria

ClaimsExchange supports highly configurable member and provider matching using user-defined criteria and rank-based logic that compares claim data to core system data in real time.

The platform supports hundreds of attributes and qualifiers, flexible rule options for comparing single or multiple data elements and configurable logic across match ranks for more precise matching behavior.

This capability helps organizations improve matching accuracy, reduce manual intervention and better accommodate claim data that varies by client, group, provider or submission pattern.

Claim routing for clinical editing, bill review, fraud, waste and abuse, and more

ClaimsExchange supports more than repricing. It can route claims to trading partners for clinical editing, payment integrity, bill review, FWA analysis and No Surprises Act Qualified Payment Amount (NSA QPA) repricing, among other vendor-supported services.

In post-adjudication workflows, claims can be extracted after adjudication and before finalization, then sent to external vendors for discount negotiation, bill review, clinical edits, payment integrity or other targeted review services designed to improve financial and operational outcomes.

This multi-vendor routing model positions ClaimsExchange as a centralized service layer for healthcare claims workflow optimization and external partner orchestration.

Workflow reporting and operational control

ClaimsExchange streamlines claim repricing by leveraging configurable routing rules, intelligent application routing, secure Connectivity Center services and automated workflows to seamlessly route, reprice and return claims across PPO networks, repricing vendors and TriZetto solutions.

The platform offers standard reports, automated report scheduling, claim routing history, repricing status visibility and role-based inquiry access across a wide range of member, provider and claim data elements.

These capabilities strengthen operational oversight while helping organizations move claims through pricing, editing and exception handling with greater speed and consistency.

Business value

- Reduce administrative burden with a single point of partner connectivity and managed vendor routing—simplifying workflows, eliminating custom builds and maintenance, and enabling efficient, scalable operations
- Improved repricing automation through configurable workflows, automated claim routing and multi-network pricing support
- Expanded deployment flexibility through support for core-integrated, stand-alone and NetworX-aligned scenarios
- Stronger claim quality and downstream efficiency through real-time matching, data validation and structured routing logic
- Broader savings opportunities through routing for repricing, negotiation, clinical editing, payment integrity, bill review, FWA analysis, dynamic copay and cost-share assistance benefits

Move repricing forward

Whether your organization wants a core-aligned repricing solution, a flexible stand-alone model or stronger alignment with NetworX Suite, ClaimsExchange delivers a scalable, standards-based approach to modern claims routing and repricing. **With tiered network logic, configurable matching and multi-vendor workflow support, ClaimsExchange helps transform claims operations into a more connected, efficient and market-ready model.**

Why Cognizant?

You need a partner with a deep understanding of the application landscape and how it has evolved over time—one that operates at the forefront of automated deployment and modernization while bringing proven experience in people led change. A partner with the insight to understand where you are today and the vision to help guide you confidently into the future.

Cognizant brings broad and deep expertise across a wide range of technologies, platforms and languages, helping IT and business leaders drive measurable results at speed and scale for more than 25 years. We are consistently recognized by leading research and advisory firms for our leadership in application transformation, application modernization, next generation ADM and automation.

Powered by a strong partner ecosystem and industry leading technology alliances, Cognizant helps fuel innovation at every stage of your application modernization journey. Wherever you are today—and whatever your future goals may be—Cognizant has the experience, capabilities and vision to help you succeed.

For more information, visit www.cognizant.com/healthcare.



Cognizant (NASDAQ: CTSI) is an AI Builder and technology services provider, building the bridge between AI investment and enterprise value by building full-stack AI solutions for our clients. Our deep industry, process and engineering expertise enables us to build an organization's unique context into technology systems that amplify human potential, realize tangible returns and keep global enterprises ahead in a fast-changing world. See how at www.cognizant.com or @cognizant.

World Headquarters

300 Frank W. Burr Blvd.
Suite 36, 6th Floor
Teaneck, NJ 07666 USA
Tel: +1 201 801 0233

European Headquarters

280 Bishopsgate
London
EC2M 4AG
England
Tel: +44 (0)1 020 7297 7600

India Corporate Office

Siruseri-Software Technology Park of India (STPI)
SDB Block—Ground Floor North Wing
Plot No H4, SIPCOT IT Park
Chengalpattu District
Chennai 603103, Tamil Nadu
Tel: 1800 208 6999

APAC Headquarters

1 Fusionopolis Link, Level 5
NEXUS@One-North, North Tower
Singapore 138542
Tel: +65 6812 4000

© Copyright 2025–2027, Cognizant. All rights reserved. No part of this document may be reproduced, stored in a retrieval system, transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the express written permission of Cognizant. The information contained herein is subject to change without notice. All other trademarks mentioned herein are the property of their respective owners.