

PEAK TPA CLAIMS PROCESSING TRANSITION FAQ's

How do I submit a claim to PEAK?

Paper claims are to be sent to ArchCare Plan Name at Peak TPA P.O. Box 30760 Tampa, FL 33630-3760.
Electronic Claims to Payer ID 27034

What dates of service should I sent PEAK to process?

All dates of service for claims submitted after December 15th, should be sent to PEAK. This includes adjusted or corrected claims previously sent to TriHealth Benefit Solutions (TBS).

What clearinghouses can I submit claims through?

Claims can be electronically submitted through Smart Data Solutions, Change Healthcare, Ability, or TriZetto.

Do you accept both professional and electronic claims?

Yes, if you have previously been experiencing a problem, please try resubmitting.
(Note, if they are still having this problem after multiple attempts, please gather their name, contact info, and clearinghouse they are submitting through and we will reach out to them.)

My claims are not being accepted by PEAK, what should I do?

Peak TPA is registered with 4 clearinghouses Change Healthcare, TriZetto, Smart Data Solutions, and Ability. Currently claims being sent through Ability are experiencing a problem with being accepted or providing an error that the attending physician is required. Peak is working to get this resolved immediately. If you wish, you can submit your claims through Smart Data Solutions at no cost or print and mail your claims in.

Who do I contact about claim status?

For claims submitted to TBS, please contact TBS at 866-479-5050.
For claims submitted to Peak TPA, please call 866-386-4447

I haven't been paid in over a month. When can I expect payment?

We are very sorry for the delay in payment and recognize the validity of your concerns. We are working with our new TPA to get payments processed as quickly as possible.

How do I check appeal status?

Appeal status can be obtained by sending an email to ClaimsInquiry@archcare.org

My claims have been denied T1375 – Deny Archcare Directive, why did you deny my claims?

Our previous TPA denied any claims they were unable to process prior to the last day of the transition. Please resubmit these claims to Peak. We are working with them to ensure these claims are not denied for timely filing.

I am still unable to register with Zelis?

We felt the fees charged by Zelis were excessive and have decided to use another vendor for claims payment, PaySpan. We are currently going through the process to implement this relationship. Additional detail on how to sign up for EFT with PaySpan will be available in the upcoming weeks. In the meantime, we will issue paper checks for all outgoing payments. We apologize about any inconvenience that this may be causing.

I received a check without receiving a remittance advice aka an EOB. I cannot post this payment. What do I need to do to obtain a copy of the remittance advice?

For claims processed through TBS, please register or log in to Vantanex for a replacement EOP. If you have not received your Electronic Remittance Advise (ERA), please provide me the check date and check number and we will request it be reloaded for you.

For claims processed through Peak, please provide your check number and check date and we will provide a copy.

I've submitted many claims to PEAK TPA. When I call to check status of my submitted claims, I am being told by the PEAK representative that my claim is not on file. My clearing house has not sent me any reports indicating the claim(s) have been rejected. How can I find out the status of my claim submission?

We apologize about the delay. This transition has been a large implementation and we appreciate your continued patience. For claims that have been received by PEAK are now entering the system appropriately, PEAK should be able to advise you of claim status. If you are again told that the claims are not on file, please resubmit to ensure they are received timely.

If I received payment prior to December 15, 2019 and that payment is incorrect, what should I do, contact TriHealth or PEAK TPA?

Please file a request for reconsideration. This request should be filed within 60 days of the original determination date. Appeals can be sent to the appropriate plan at:

205 Lexington Ave 8th Floor
Attn: Grievance and Appeals
New York, NY 10016.