



March 15, 2019

Dear Business Manager:

Please submit a copy of this letter with any inquiry or additional documentation.

Buckeye has procedures in place to routinely audit claims processing. Throughout the course of our recent review, we have identified a systemic error affecting claim payments. Our auditing process has determined that some errors have impacted a selection of your claims. Invalid system logic is prompting behavioral health claims to incorrectly deny with instruction to bill primary insurer first and resubmit with EOB. Once a correction has been established, the impacted claims will be reprocessed for adjustment.

Please know that we are working towards a resolution and anticipate remediation of the issue within 30 days. Should the issue resolution require 60 days or more than the initial anticipated timeline, we will communicate the status updates to you via our provider portal no later than every 30 days.

If you have questions about this information, please call **866-296-8731** to speak to a Buckeye Health Plan Provider Claims Assistance Representative.

Sincerely,

Buckeye Health Plan
Payment Integrity Department