

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.

The identified error caused therapy related claims carrying a GN, GP, or GO modifier to be incorrectly denied. Once a correction has been established, we will adjust the impacted claims and resubmit them for processing.

Please know that we are working to correct the systemic errors and have an anticipated timeline for the remediation of the issue of 30 days. Should the issue resolution be anticipated to require 60 days or more for remediation, we will communicate that to you via our provider portal. We will publish updates regarding the issue on the provider portal no later than every 30 days.

If you have questions about this information, please call **1-866-296-8731** to speak to a Buckeye Health Plan Provider Claims Assistance Representative.

Sincerely,

Buckeye Health Plan
Payment Integrity Department