



MCO

open enrollment

May 3 – May 28, 2021

Dates to remember

7:30 a.m., May 3

Open enrollment begins.

5:30 p.m., May 28

Open enrollment ends.

June 28

Newly selected MCOs begin managing the medical part of claims.



Bureau of Workers' Compensation

Governor Mike DeWine
Interim Administrator/CEO John Logue

We've got you covered

www.bwc.ohio.gov



Open enrollment information

Your managed care organization (MCO) helps you file and manage claims, and ensures injured workers receive the quality medical care they deserve. Your MCO also helps facilitate a quick and safe return to work, which benefits your company and your workforce.

To explain your options and help you make the best choice for your employees, BWC has produced this MCO Selection Guide and an accompanying MCO Report Card, which is also available on www.bwc.ohio.gov.



If you have a good relationship with your MCO and you are satisfied with the service it provides, you don't need to do anything during the 2021 open enrollment period.



However, if you want to select a new MCO, you may do so between 7:30 a.m., May 3 and 5:30 p.m., May 28.

This guide walks you through the selection process while the report card provides up-to-date MCO performance information. You may select an MCO using the online selection form on www.bwc.ohio.gov or the printable version found in this guide. If you need additional assistance, please call 1-800-644-6292. Representatives are available from 7:30 a.m. to 5:30 p.m. Monday through Friday.

If you wish to choose a new MCO, please continue reading. **The three easy steps on the next page will guide you through the open enrollment process.** You have from May 3 to May 28, 2021, to make your selection and submit a change via one of the methods described under Step 3.

What happens next?

If you selected a new MCO, you will receive a confirmation letter from BWC within seven to 10 business days after your selection. If you believe we updated your selection incorrectly, you can speak with a BWC representative from 7:30 a.m. to 5:30 p.m., Monday through Friday, by calling 1-800-644-6292.

After open enrollment, we will send you a fact sheet that explains the claims-transition process. We will also send a fact sheet, notification letter, and new BWC identification card to any injured workers with active claims.

Your new MCO will start managing the medical part of your claims on June 28, 2021.

Is it possible my selection would not be accepted?

Yes. Some MCOs may be at capacity, which means they cannot accept additional employers. MCOs may be at capacity because they:

- o Have voluntarily asked to be placed at capacity;
- o Are in non-compliance with BWC requirements;
- o Are pending a merger or decertification.

We may remove an MCO from capacity at any time during the open enrollment period. So, you can either make another selection or wait to see if the MCO is accepting new employers before May 28. If you have questions, contact the MCO.

Employer's right to select: During open enrollment, an employer may select any MCO that meets its individual business needs. The MCO selection is solely the employer's decision.

Instructions

Step 1

Review the Alphabetical MCO list, which includes contact information for each MCO, on page 4. We encourage you to contact the MCOs you are considering choosing to find out more about their services and network providers.

Step 2

Use our *MCO Report Card*, which is available on www.bwc.ohio.gov, to compare the performance of MCOs. In the report card, we have evaluated each MCO based on quality of managing the medical part of claims, safe return-to-work strategies and timeliness of service. You can access the report card by clicking on the MCO open enrollment link found on the www.bwc.ohio.gov home page.

Step 3

Submit your request to select a new MCO using one of these options.

Option 1

Complete and submit a selection form electronically.

Go to the www.bwc.ohio.gov home page and click on the 2021 open enrollment banner ad. From there, scroll down to Related links and click on the link to the online selection form. Follow the instructions to complete and submit the form electronically.

Option 2

Complete a hard-copy selection form and mail or fax it to BWC.

Print the form included in this guide (page 5), and mail or fax it to BWC. The address and fax number are included on the form. We must receive your signed form by 5:30 p.m., May 28.

Option 3

Complete a selection form provided by the MCO.

You may have received an enrollment form from an MCO. If you choose to complete this form, mail or fax it to the selected MCO.

Note: The MCO must receive your signed form by the date indicated by the MCO.

Option 4

Submit an official "letter of change" to BWC.

You may select a new MCO by submitting an official "letter of change" on your company letterhead. In your letter, please provide the same information we ask for on our selection form and mail it to:

Ohio Bureau of Workers' Compensation

Attn: Open Enrollment
30 W. Spring St., 22nd Floor
Columbus, OH 43215-2256

You may also fax the letter to 614-719-5313. *Note: We must receive your signed letter by 5:30 p.m., May 28, 2021.*

County codes

Below is a list of all 88 Ohio counties and their corresponding two-digit code. Please locate your county of main business operations, and make note of its code number. You'll need this county code number to complete your selection form.

Two-digit county codes

01 Adams	45 Licking
02 Allen	46 Logan
03 Ashland	47 Lorain
04 Ashtabula	48 Lucas
05 Athens	49 Madison
06 Auglaize	50 Mahoning
07 Belmont	51 Marion
08 Brown	52 Medina
09 Butler	53 Meigs
10 Carroll	54 Mercer
11 Champaign	55 Miami
12 Clark	56 Monroe
13 Clermont	57 Montgomery
14 Clinton	58 Morgan
15 Columbiana	59 Morrow
16 Coshocton	60 Muskingum
17 Crawford	61 Noble
18 Cuyahoga	62 Ottawa
19 Darke	63 Paulding
20 Defiance	64 Perry
21 Delaware	65 Pickaway
22 Erie	66 Pike
23 Fairfield	67 Portage
24 Fayette	68 Preble
25 Franklin	69 Putnam
26 Fulton	70 Richland
27 Gallia	71 Ross
28 Geauga	72 Sandusky
29 Greene	73 Scioto
30 Guernsey	74 Seneca
31 Hamilton	75 Shelby
32 Hancock	76 Stark
33 Hardin	77 Summit
34 Harrison	78 Trumbull
35 Henry	79 Tuscarawas
36 Highland	80 Union
37 Hocking	81 Van Wert
38 Holmes	82 Vinton
39 Huron	83 Warren
40 Jackson	84 Washington
41 Jefferson	85 Wayne
42 Knox	86 Williams
43 Lake	87 Wood
44 Lawrence	88 Wyandot

Alphabetical MCO list

We have assigned a five-digit number to identify each MCO. This number is located under the MCO's name below. **You will need this number when completing your selection form.** Note: All of the MCOs in this list have statewide certification.

1-888-OHIOCOMP

10041
2900 Carnegie Ave.
Cleveland, OH 44115
Phone: 888-644-6266
Fax: 888-644-7339

3-hab

10013
P.O. Box 429540
Cincinnati, OH 45242
Phone: 800-869-1871, 0 for operator or
513-221-3422, 0 for operator
Fax: 513-985-1381

AultComp MCO

10016
2458 Lincoln Way E., Unit 11
P.O. Box 4817
Massillon, OH 44648-4817
Phone: 888-738-5800 or 330-830-4919
Fax: 330-830-4902

CorVel Ohio MCO, INC.

10008
P.O. Box 3758
Dublin, OH 43016-0389
Phone: 800-275-6463
Fax: 844-267-8351

GENEX Care for Ohio

10042
11590 Century Blvd., Suite 202
Cincinnati, OH 45246
Phone: 800-447-6250
Fax: 877-239-5769

Health Management Solutions

10006
2545 Farmers Drive, Suite 400
Columbus, OH 43235
Phone: 888-202-3515
Fax: 614-923-7696

Occupational Health Link

10017
445 Hutchinson Ave., Suite 205
Columbus, OH 43235
Phone: 888-844-0039
Fax: 888-208-0050

Sedgwick MCO

10005
P.O. Box 1040
Dublin, OH 43017
Phone: 888-247-7799
Fax: 866-258-5045

Sheakley UNICOMP

10002
One Sheakley Way
Cincinnati, OH 45246
Phone: 888-743-2559 or 513-326-8003
Fax: 513-672-4515

Spooner Medical Administrators, Inc.

10011
28301 Ranney Parkway
Westlake, OH 44145
Phone: 800-542-9479 or 440-899-2400
Fax: 800-542-9480

MCO Selection Form

Complete this form, then mail or fax it to BWC using the address or fax number found below. Remember to keep a copy for your records.

Employer policy number: (Use the policy number found on your certificate of coverage.)

Company name: _____

Doing business as: _____

Contact name: _____

Number of employees: _____

Phone number with extension: _____ - _____ - _____ ext. _____

Fax number: _____ - _____ - _____

County of operation: (Use the two-digit number from the County codes on page 4 of this guide.)

Mailing address: _____

City: _____ State: _____ ZIP code: _____

Name of MCO selected: _____

MCO number: (Use the five-digit number from the Alphabetical MCO list on page 4 of this guide.)

Employer's signature: _____

Employer name (print): _____

Employer title: _____

Date: - -

Employer's right to select
An employer may select any MCO that meets its individual business needs. The MCO selection is solely the employer's choice.

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