

**MCO Contact Tables
March 2010**

1-888-OHIOCOMP		10041
To Report an Injury	To Submit Medical	To Send Bills
Phone 888-644-6266 216-426-0646 FAX 216-426-0651 888-644-7339	Address 1-888-OHIOCOMP 2900 Carnegie Ave Cleveland, OH 44115 FAX 216-426-0651 888-644-7339 Case Management Supervisor & Phone: Melodie Russ, RNC, CCM Phone: 216-426-0646 ext 147	Address 1-888-OHIOCOMP 2900 Carnegie Ave Cleveland, OH 44115 FAX 216-426-0651 888-644-7339 Billing Department Phone: 1-888-644-6266 Ext 399 Fax: 1-888-644-7339 Email: billing@1-888-ohiocomp.com
General Information: Phone: 888-644-6266 Email Address: info@1-888-ohiocomp.com		

3-HAB www.3hab.com		10013
To Report an Injury	To Submit Medical	To Send Bills
Phone 513-221-3422, or 800-869-1871 FAX 513-221-2008, or 800-869-1872	Address 3-HAB Attn. Care Coordinator 9916 Carver Rd., Suite 400 Cincinnati, Ohio 45242 FAX 513-221-2008, or 800-869-1872 Case Management Supervisor & Phone: David J. Greenfield, MD 800-869-1871	Address 3-HAB Attn. Billing Coordinator 9916 Carver Rd., Suite 400 Cincinnati, Ohio 45242 FAX 513-221-2008, or 800-869-1872 Billing Supervisor Paula Pruitt paulap@3hab.com 800-869-1871 ext 3238
General Information: 800-869-1871 Email Address: info@3hab.com		

AdvoCare Incorporated		www.advocare-inc.com	10026
To Report an Injury	To Submit Medical	To Send Bills	
Phone 800-659-4025, or 216-514-1451 (Mon. - Fri., 7:30 a.m.-5 p.m.) FAX 216-514-1227 877-514-1227	Address AdvoCare 25001 Emery Road Suite 300 Cleveland, Ohio 44128 FAX 216-514-1227 877-514-1227 Case Management Supervisor & Phone: Kathy Cuthill, RN, BSN,CCM, kathyc@advocare-inc.com 800-659-4025 ext 228	Address AdvoCare 25001 Emery Road Suite 300 Cleveland, Ohio 44128 FAX 216-514-1227 877-514-1227 Billing Contact Megan Washington meganw@advocare-inc.com , 800-659-4025 ext 205	
General Information: 800-659-4025 Email Address: kagnich@advocare-inc.com			

AultComp		10016	
To Report an Injury	To Submit Medical	To Send Bills	
Phone 888-738-5800, or 330-830-4919 FAX 330-830-4900 877-738-0058	Address Aultcomp 100 LincolnWay E Ste 360 PO BOX 4817 Massillon, Ohio 44648-4817 FAX 330-830-4900 877-738-0058 Case Management Supervisor & Phone: Nancy Toussant RN, COHN-S 330-830-4919	Address Aultcomp 100 LincolnWay E Ste 360 PO BOX 4817 Massillon, Ohio 44648-4817 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM General Billing Inquiries: toll free 888-738-5800 330-830-4919 Billing contacts: Kristy Williams kwilliams@aultcomp.com (330)830-4919 ext 130 Nicole Lasick nlasick@aultcomp.com (330)830-4919 ext 104 Debra Kemp dkemp@aultcomp.com 330-830-4919 ext 119 FAX 330-830-4900 877-738-0058	
General Information: Phone: 330-830-4919 Email Address: AULTCOMP@AULTMAN.COM			

CareWorks www.careworks.com		10010
To Report an Injury	To Submit Medical	To Send Bills
Phone 888-627-7586 Option #2 FAX 888-711-9284	Address CareWorks P.O. Box 182726 Columbus, OH 43218 FAX 888-711-9284 Utilization Management FAX 888-627-0074 Utilization Management Phone 888-627-7586 Option #1 State Fund Administration Coordinator Vicki Blevins 614-760-3830 614-760-3614 (fax)	Address CareWorks P.O. Box 94748 Cleveland, OH 44101 Phone 888-627-7586 Option 5 Billing Contact: Jayne Gribble Jayne.Gribble@CareWorks.com 888-627-7586 ext 3533 Judy Barrie Judy.Barrie@CareWorks.com 888-627-7586 ext 3558
General Information: Phone: 888-627-7586 Email Address: vicki.blevins@careworks.com		

Comp One		10073
To Report an Injury	To Submit Medical	To Send Bills
Phone 877-281-9821 ext. 113 or 330-259-0083 ext. 113 FAX 877-283-0921 or 330-259-0095	Address 725 Boardman-Canfield Road Unit A3 Boardman, Ohio 44512 FAX 877-283-0921 or 330-259-0095 Case Management Supervisor & Phone: Pam Webb, RN, B.A., C.D.M.S. 877-281-9821 ext. 115 or 330-259-0083 ext. 115	Address 725 Boardman-Canfield Road Unit A3 Boardman, Ohio 44512 FAX 877-283-0921 or 330-259-0095 Billing contact: Paulette S. paulettes@componemco.com 330-259-0083 x114 877-281-9821 ext. 114
General Information: Phone: 877-281-9821 or 330-259-0083 Email Address: DianneL@componemco.com		

CompManagement Health Systems, Inc. www.chsmco.com		10005
To Report an Injury	To Submit Medical	To Send Bills
Phone 888-247-7799 (24 hrs.) FAX (General) 800-334-4229 FAX (All Appeal Information) 866-746-2621	Address CompManagement Health Systems, Inc. P.O. Box 1040 Dublin, OH 43017 FAX 800-334-4229 Customer Service Phone: 888-247-7799 Case Management Supervisor & Phone: Angie Flynn flynna@chsmco.com 888-247-7799 ext5891	Address CompManagement Health Systems, Inc. P.O. Box 1040 Dublin, OH 43017 Customer Service 888-247-7799 Bill Review Manager Carla Tipton tiptonc2@chsmco.com 888-247-7799 ext 2403 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM
General Information: Phone: 888-247-7799 Email Address: boltr@chsmco.com		

CorVel Corporation www.corvel.com		10008
To Report an Injury	To Submit Medical	To Send Bills
Phone: 800-275-6463 FAX: 877 -677-6756	Address: CorVel Corporation P.O. Box 30306 Cleveland, Ohio 44130 FAX: 877-677-6756 Utilization Management Fax: 866-612-7957 Utilization Management Phone: 800-275-6463 Case Management Manager Marilyn Estep, R.N., CCM 800-275-6463, ext. 79389	Address: CorVel Corporation PO Box 30306 Cleveland, OH 44130 General Phone Number: 800-275-6463 FAX: 866-612-7957 Billing Manager Pamela Vales 800-275-6463, ext. 33122 Pamela_Vales@Corvel.com
General Information: 800-275-6463 Email Address: Duane.Szymanski@CorVel.com		

GENEX Care for Ohio www.genexservices.com		10042
To Report an Injury	To Submit Medical	To Send Bills
Phone 800-447-6250 ext.7650 FAX 888-275-9719	Address (For Medical Management and PreCertification) GENEX Care for Ohio 1329 E. Kemper Rd. Bldg 400 Suite 4218 Cincinnati, OH. 45246 Phone 800-447-6250 ext. 7639 FAX 888-275-9719 Case Management Supervisor & Phone: Sandra Simons RN, CCM 800-447-6250 ext. 7658	Address GENEX Care for Ohio 1329 Kemper Rd. Bldg 400 Suite 4218 Cincinnati, OH. 45246 For Billing Customer Service Phone 800-447-6250 ext. 7641 FAX 888-275-9719 Billing Contacts: Don Dudash CPC- Donald.dudash@genexservices.com 800-447-6250 ext 7641

		Val Miller – Valerie.miller@genexservices.com 800-447-6250 ext 7641
General Information: Phone 513-346-7880 ext. 7658 800-447-6250 ext. 7658		Employer Services: 513-346-7880 ext 7657 800-447-6250 ext 7657
Email Address: Sandy.Simons@genexservices.com		Email Address: Katie.Miracle@genexservices.com

Health Management Solutions www.hmssolutions.com		10006
To Report an Injury	To Submit Medical	To Send Bills
Phone 614-799-0898, or 888-202-3515 (8:00 a.m.- 5:00 p.m.) After hours, select option 3 Address Health Management Solutions 2545 Farmers Drive, Suite 400 Columbus, OH 43235 Corporate Address 1901 Indian Wood Circle Maumee, OH 43537 FAX 614-799-0869 or 888-303-6294	Address Health Management Solutions 2545 Farmers Drive, Suite 400 Columbus, OH 43235 FAX 614-799-0869 or 888-303-6294 Anne Grossman Csaszar, Sr. VP 888-202-3515 ext 107	Address Health Management Solutions 2545 Farmers Drive, Suite 400 Columbus, OH 43235 FAX 614-799-0869 or 888-303-6294 Billing Contact Anne Grossman Csaszar, Sr. VP 888-202-3515 ext. 107 Anne.Csaszar@promedica.org
General Information: Phone: 888-202-3515 Email Address: Anne.Csaszar@promedica.org		

Medical Administrators, Inc.		10011
To Report an Injury	To Submit Medical	To Send Bills
Phone 440-899-2400 800-542-9479 FAX 440-899-2411 800-542-9480	Address Medical Administrators, Inc. 28301 Ranney Parkway Westlake, Ohio 44145 FAX 440-899-2411 800-542-9480 Case Management Supervisor & Phone: Lisa Lachendro 440-899-2400 ext. #223	Address Medical Administrators, Inc. 28301 Ranney Parkway Westlake, Ohio 44145 FAX 440-899-2411 800-542-9480 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM Billing contact: Tonya K, 440-899-2400 ext. 226 (phone), 440-899-2411 (fax), tonyak@medadmin.com
General Information: Phone: 800-542-9479 Email Address: lisal@medadmin.com		

Ohio Employee Health Partnership www.oehpmco.com		10017
To Report an Injury	To Submit Medical	To Send Bills
Phone 888-844-0039 FAX 888-240-6381	Address Ohio Employee Health Partnership 445 Hutchinson Ave, Columbus Ohio 43235 FAX 614-825-1459 888-240-6381 Case Management Julie Perkins, RN 1-888-844-0039 ext 1005 Email: juliep@oehpmco.com	Address Ohio Employee Health Partnership 445 Hutchinson Ave, Columbus Ohio 43235 PHONE 888-844-0039 FAX 877-605-8311 Billing Team Email: billing@oehpmco.com
General Information: Phone: 888-844-0039 Email Address: karenc@oehpmco.com		

Premier Managed Care Services, Inc. www.premiermco.com		10015
To Report an Injury	To Submit Medical	To Send Bills
Phone 800-510-4155, or 614-430-3650 (24 hrs.) FAX 614-430-3873 or 888-510-4316	Address Premier Managed Care Services, Inc. P.O. Box 609 Lewis Center, Ohio 43035-0609 FAX 614-430-3873 or 888-510-4316 Case Management: Anna Steinberger, RN, BSN, CCM 800-510-4155 x212 Annas@premiermco.com	Address Premier Managed Care Services, Inc. P.O. Box 609 Lewis Center, Ohio 43035-0609 FAX 614-430-3873 or 888-510-4316 Billing Contacts : Yolanda Jackson yalondaj@premiermco.com 800-510-4155 Ext 206 Kelly Ogilby Kellyo@Premiermco.com 800-510-4155 Ext 207 Christina Carter Chrisc@Premiermco.com 800-510-4155 Ext 204
General Information: Phone: 800-510-4155 Email Address: Kimm@premiermco.com		

Sheakley UniComp www.sheakley.com 10002		
To Report an Injury Phone 888-743-2559, or 513-326-8003 FAX 888-626-2667 or 513-326-8005	To Submit Medical Address Sheakley UniComp One Sheakley Way Cincinnati, OH 45246 FAX 888-626-2667 or 513-326-8005 Manager of Clinical Services : Deborah Wehmeyer deborahw@sheakley.com (888) 743-2559 ext 1274	To Send Bills Address Sheakley UniComp One Sheakley Way Cincinnati, OH 45246 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM Billing Contact: Becky Lipp beckyl@sheakley.com (888) 743-2559 ext 1431
General Information: Phone: 888-743-2559 Email Address: mco@sheakley.com		

The Health Plan www.healthplanmwcp.com 10060		
To Report an Injury Phone 888-847-7810, or 740-695-7678 FAX 877-847-6927	To Submit Medical Address The Health Plan Managed Workers' Compensation Program P.O. Box 97 St. Clairsville, OH 43950 FAX 877-847-6927 Case Management Supervisor & Phone: Pam Rodriques RN, ONC, CCM 330-834-2314 888-847-7810 Email : prodriques@healthplan.org	To Send Bills Address The Health Plan Managed Workers' Compensation Program P.O. Box 97 St. Clairsville, OH 43950 FAX 877-847-6927 Billing Contact: Tammy Davis tdavis@healthplan.org 888-847-7810 ext 2078
General Information: Phone: 888-847-7810 Email Address: prodriques@healthplan.org		

University Hospitals CompCare www.universitycompcare.com 10052		
To Report an Injury Phone 800-818-7273 FAX 800-654-3849	To Submit Medical Address University CompCare P.O. Box 12778 Cleveland, OH 44112 FAX 800-654-3849 Case Management Contact Information: Mary Gaffney, Manager 216-767-8813	To Send Bills Address University CompCare P.O. Box 12778 Cleveland, OH 44112 FAX 800-654-3849 ANSI, NSF & BWC electronic formats to CLAIMS@HTP-INC.COM Billing Contact: Tonya Woodfolk Tonya.Woodfolk@uhhospitals.org 800 818-7273 x78809
General Information: Phone: 800-818-7273 Email Address: compcare@uhhospitals.org		

Vantage Occupational Health Plan <http://www.ohpinc.com/wedo.html>
10061

To Report an Injury

Phone
877-847-5459
614-717-4705

FAX
800-946-7922
614-717-4709

To Submit Medical

Address
Vantage Occupational Health Plan
P.O. Box 1549
Dublin, OH 43017

FAX
800-946-7922
614-717-4709

Case Management Supervisor &
Phone:
Barbara Wright RN, CDMS
614-717-4705 x 226

To Send Bills

Address
Vantage Occupational Health Plan,
P.O. Box 1549
Dublin, OH 43017

FAX
800-946-7922
614-717-4709

Billing Customer Service
Claims Processing Manager:
Kacey Cavinee
614-717-4705 x 224

General Information: Phone: 877-847-5459
Email Address: bwright@ohpinc.com