



Bureau of Workers'
Compensation



MCO open enrollment 2012

Choose to connect with your MCO today April 30 - May 25

Dates to remember



7:30 a.m., April 30

Open enrollment begins

5:30 p.m., May 25

Open enrollment ends

July 2

MCOs selected during open enrollment begin medical management of claims. **Note:** Employers who do not select a new MCO during open enrollment will have claims managed by their current MCO prior to and after July 2.

Open enrollment information

Your managed care organization (MCO) works with you to help file your claims promptly and make sure your injured workers receive the quality medical care they deserve to return to work as safely and quickly as possible.

Choosing an MCO that meets the needs of your business and your workers is an important decision. 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 ohiobwc.com.



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 2012 open enrollment period.



However, if you want to switch to a new MCO, you may do so between 7:30 a.m., April 30 and 5:30 p.m., May 25.

This guide will walk you through the selection process, while the report card provides 2011 MCO performance information. You may select an MCO using the online selection form on ohiobwc.com or the printable version on page 5. If you need additional assistance, please call our MCO selection line at 800-859-6631. 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 following three easy steps will guide you through the open enrollment process.** You have from April 30 to May 25, 2012, to make your selection and submit a change via one of the methods described under Step 3.

If you select a new MCO during open enrollment

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 have until 4:30 p.m., June 1, 2012, to change your selection. You can speak with a BWC representative from 7:30 a.m. to 5:30 p.m., Monday through Friday, by calling 1-800-859-6631.

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 MCO identification card to any injured workers with active claims.

Your new MCO will start managing the medical part of your claims July 2, 2012.

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 25. If you have questions, contact the MCO.

Instructions

Step 1 Review the Alphabetical MCO list found on page 4.

Step 2 Use our *MCO Report Card* to compare the performance of the MCOs. In the report card, BWC has evaluated each MCO based on quality of medical management, safe return-to-work strategies and timeliness of service. You can access the report card from the open enrollment link found at the bottom of the ohiobwc.com home page.

We have listed the MCOs' contact information under the Alphabetical MCO list on page 4. We encourage you to call the MCOs you are considering choosing to find out more about their services, network providers and how the MCO will support your return-to-work initiatives.

Continued on page 3

Step 3

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

Option 1

Complete and submit a selection form electronically

Go to the ohiobwc.com home page and click on the 2012 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

Complete the form on page 5 of this guide 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 25, 2012.

Option 3

Make your selection using our automated phone line

Call **1-800-859-6631** from 6 a.m. until midnight, Monday through Saturday. The automated phone line will walk you through the process. Before calling, we recommend you note your policy number, county code and new MCO number below. You must call the selection line before 5:30 p.m., May 25.

Policy number: ○○○○○○○○

Your BWC policy number is included on your certificate of coverage.

County code: ○○

Please see page 4 for a list of two-digit county codes. If you already have an MCO, the automated line will ask you to confirm the county we have on file for you.

New MCO number: ○○○○○

You can find this five-digit number under the MCO's name in the Alphabetical MCO list on page 4.

Option 4

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 5

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 25, 2012.*

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.*

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 or when calling the automated selection line.**

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
9916 Carver Road, Suite 400
Cincinnati, OH 45242
Phone: 800-869-1871, 0 for operator or
513-221-3422, 0 for operator
Fax: 513-985-1381 or 513-221-2008

AdvoCare

10026
25001 Emery Road, Suite 300
Cleveland, OH 44128
Phone: 800-659-4025

AultComp MCO

10016
100 Lincoln Way E., Suite 360
P.O. Box 4817
Massillon, OH 44648-4817
Phone: 888-738-5800 or 330-830-4919

CareWorks

10010
5555 Glendon Court
Dublin, OH 43016
Phone: 888-627-7586

Comp One

10073
725 Boardman-Canfield Road, Unit A-3
Boardman, OH 44512
Phone: 877-281-9821 or 330-259-0083

CompManagement Health Systems

10005
6377 Emerald Parkway
P.O. Box 1040
Dublin, OH 43017
Phone: 888-247-7799

CorVel Ohio MCO

10008
5080 Tuttle Crossing Blvd., Suite 200
Dublin, OH 43016
Phone: 800-275-6463
Fax: 866-612-7957

Frank Gates Managed Care Services

10061
P.O. Box 1549
Dublin, OH 43017-1549
Phone: 877-847-5459

GENEX Care for Ohio

10042
1325 E. Kemper Road, Suite 115
Cincinnati, OH 45246
Phone: 800-447-6250

Health Management Solutions

10006
1901 Indian Wood Circle
Maumee, OH 43537
Phone: 888-202-3515

Medical Administrators

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

Ohio Employee Health Partnership

10017
445 Hutchinson Ave., Suite 205
Columbus, OH 43235
Phone: 888-844-0039 or 614-885-0039
Fax: 888-208-0050

Sheakley UNICOMP

10002
One Sheakley Way
Cincinnati, OH 45246
Phone: 888-743-2559 or 513-326-8003
Fax: 888-626-2667

The Health Plan

10060
52180 National Road E.
P.O. Box 97
St. Clairsville, OH 43950-0097
Phone: 888-847-7810

University Hospitals CompCare

10052
P.O. Box 12778
Cleveland, OH 44122
Phone: 800-818-7273

WorkStar Health Services

10074
7593 Tylers Place Blvd., Suite 108
West Chester, OH 45069
Phone: 800-256-8833

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: - -

<p>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.</p>	<p>Mail or fax form to: Ohio Bureau of Workers' Compensation Policy processing 30 W. Spring St., 22nd floor Columbus, OH 43215-2256 Fax: 614-719-5313</p>
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