

# MCO open enrollment



April 28 – May 23, 2025

## Dates to remember

**7:30 a.m., April 28**  
Open enrollment begins.

**5:30 p.m., May 23**  
Open enrollment ends.

**June 30**  
Newly selected MCOs begin managing the medical part of claims.



**Bureau of Workers' Compensation**

[bwc.ohio.gov](http://bwc.ohio.gov) 1-800-644-6292

*Revised April 2025*

# 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 [bwc.ohio.gov](http://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 2025 open enrollment period.**



**However, if you want to select a new MCO, you may do so between 7:30 a.m., April 28 and 5:30 p.m., May 23, 2025.**

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 [bwc.ohio.gov](http://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 April 28-May 23, 2025, 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 30, 2025.

## 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 23, 2025. 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 [bwc.ohio.gov](http://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 [bwc.ohio.gov](http://bwc.ohio.gov) home page.
- Step 3** Submit your request to select a new MCO using one of these options.

<b>Option 1</b>	<b>Complete and submit a selection form electronically.</b>	Go to the <a href="http://bwc.ohio.gov">bwc.ohio.gov</a> home page and click on the 2025 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.
<b>Option 2</b>	<b>Complete a hard-copy selection form and mail or fax it to BWC.</b>	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 23.
<b>Option 3</b>	<b>Complete a selection form provided by the MCO.</b>	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.  <i>Note: The MCO must receive your signed form by the date indicated by the MCO.</i>
<b>Option 4</b>	<b>Submit an official “letter of change” to BWC.</b>	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. <i>Note: We must receive your signed letter by 5:30 p.m., May 23, 2025.</i>



## Alphabetical MCO list

We have assigned a five-digit number to identify each MCO. This number is located next to the MCO's name below. You will need this number when completing your selection form. All of the MCO's in this list have statewide certification. *Note: Any MCO not listed is currently at capacity.*

### **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**

P.O. Box 36149  
Canton, OH 44735-6149  
Phone: 888-738-5800 or  
330-830-4919  
Fax: 330-830-4902

### **CorVel Ohio MCO 10008**

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

### **MinuteMen OhioComp 10041**

3470 Carnegie Ave., Suite B200  
Cleveland, OH 44115  
Phone: 888-644-6266  
Fax: 216-426-0651

### **ProMedica Medical Management 10006**

2545 Farmers Drive, Suite 400  
Columbus, OH 43235  
Phone: 888-202-3515  
Fax: 567-585-9506

### **Sedgwick MCO 10005**

P.O. Box 1040  
Dublin, OH 43017  
Phone: 888-627-7586  
Fax: 866-258-5045

### **Sheakley UNICOMP 10002**

9987 Carver Road, Suite 300,  
Blue Ash, OH 45242  
Phone: 888-743-2559 or  
513-618-1249  
Fax: 888-626-2667 or 513-326-8005

### **Spooner Medical Administrators, Inc. 10011**

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

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

# 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**  
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**Mail or fax form to: Ohio Bureau of Workers' Compensation**  
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