

FREQUENTLY ASKED QUESTIONS
OHIO MANAGED CARE ORGANIZATION (MCO)
OPEN ENROLLMENT PROCESS FOR EMPLOYERS



Q. What is an MCO (Managed Care Organization)?

A. In March 1997, the Ohio Bureau of Workers' Compensation (BWC) began implementing a managed-care system, the Health Partnership Program (HPP). Under this managed-care system, private-sector Managed Care Organizations (MCOs) manage the medical services in workers' compensation claims. BWC and the private-sector MCOs certified to participate in the Health Partnership Program (HPP) work together to provide comprehensive medical-management services on workers' compensation claims for the employers and employees of Ohio.

Q. What is MCO Open Enrollment?

A. Open Enrollment gives all employers that participate in the Ohio state-fund program for workers' compensation with an active policy the opportunity to choose the MCO that will help manage the medical portion of their workers' compensation claims. A strong MCO-employer partnership also helps injured workers receive the treatment they need to get back to work as safely and quickly as possible.

Q. Does OPRA endorse a particular MCO for their membership?

A. Yes. OPRA endorses CompManagement Health Systems, Inc. (CHS) as the MCO for our membership.

Q. Am I able to request additional information directly from CompManagement Health Systems?

A. Yes. During the Open Enrollment period, please contact CompManagement Health Systems' Customer Service Department at (888) 247-7799, option 1 for assistance.

Q. When does the Open Enrollment process begin?

A. The commencement of the Open Enrollment period for MCOs is determined by BWC and occurs every two years. Your opportunity to evaluate your MCO options this year begins Monday, May 3rd and ends Friday, May 28th.

Q. What is the process for Open Enrollment?

A. If you decide to select a new MCO, an MCO selection form needs to be completed. An enrollment form selecting CompManagement Health Systems as your organization's MCO has been provided in this packet. Please sign and return via toll-free fax to (866) 258-5045 prior to May 28th.

Q. When would my organization use an MCO?

A. When one of your employees incurs a workers' compensation injury or illness, as a vendor to BWC, an MCO is responsible for medical case management, utilization review, first level of medical dispute resolution, and paying medical providers for services for all assigned workers' compensation claims. In addition, MCOs are responsible for educating injured workers, employers and providers about HPP.

Q. Is my organization required to have a MCO?

A. Yes. With House Bill (H.B.) 107, enacted on October 20, 1993, the Health Partnership Program was implemented on March 1, 1997 requiring all state-funded employers to have an MCO.

Q. What is an MCO responsible for?

A. An MCO is responsible for medical case management, utilization review, first level of medical dispute resolution, paying medical providers for services, and educating injured workers, employers and providers about HPP. MCOs are also responsible for maintaining full accreditation status from the American Accreditation HealthCare Commission, otherwise known as URAC, for its case management programs throughout the term of their contract with BWC.

Q. Are all MCOs the same?

A. Even though all MCOs are required to perform the same basic requirements, the results can vary. OPRA endorses CompManagement Health Systems because they are consistently at the top of their industry in areas such as but not limited to:

- **Return-to-Work Management** – CHS exceeds BWC’s well-managed benchmarks and the MCO statewide average
- **Medical Savings** – many current CHS customers experience significant medical savings up to 15%. In addition, CHS secured more than \$9.9 million in medical savings in 2009 for their customers through utilization review, preferred provider organization (PPO) network discounts, and integration of an aggressive clinical editing package
- **Operational Locations** – to better serve customers on a local level, CHS maintains offices in Columbus, Cleveland, Cincinnati, and Toledo
- **Experience** – CHS’ colleagues average over 7 years experience in all workers’ compensation matters and serve over 59,000 employers in the state of Ohio
- **Medical Director** – CHS’ Medical Director reviews difficult claims with employers to search for opportunities for optimal care and coordinates with medical providers to discuss current treatment in order to decrease lost time and improve outcomes

Q. How is an MCO paid for their services?

A. MCOs are paid directly by the BWC through a portion of the employer premium. Payment is based on the number of employers an MCO has as clients and the number of active claims and bills the MCO manages on the employer’s behalf. MCOs are also eligible to earn an incentive payment for their effectiveness in returning injured workers back to work.

Q. Is there a certification process for MCOs with the Ohio BWC?

A. Yes. The BWC requires that each organization desiring to operate as a certified MCO in the state of Ohio complete an extensive application setting forth its qualifications. The application has over 25 provisions which include but are not limited to the areas of organizational structure, health care provider network, provider credentialing processes, provider payment methodology, provider communications and educational programs, treatment guidelines, utilization review process, quality assurance/improvement standards programs, medical dispute resolution process, injured worker relations and education programs, and information system capabilities.

Q. Will the BWC provide any additional information to employers regarding the Open Enrollment process?

A. An [MCO Report Card](#) is posted on the BWCs website at www.ohiobwc.com. BWC created the report card to help employers evaluate the performance of managed care organizations measuring components contributing to the quality of medical management, safe return-to-work strategies and timeliness of service.