

MCO Contact Tables November 2018

1-888-OHIOCOMP		10041
To Report an Injury	To Submit Medical	To Send Bills
<p>Phone 888-644-6266 216-426-0646</p> <p>FAX 216-426-0651 888-644-7339</p>	<p>Address 1-888-OHIOCOMP 2900 Carnegie Ave Cleveland, OH 44115</p> <p>Medical Documentation Fax: 216-426-0651 888-644-7339</p> <p>Case Management Supervisor: Lynn Munn, RN, BSN, CCM Phone: 216-426-0646 Ext 1184</p>	<p>Address 1-888-OHIOCOMP 2900 Carnegie Ave Cleveland, OH 44115</p> <p>Billing Fax: 216-426-0651 888-644-7339</p> <p>Billing Department Mary Mulhall Phone: 1-888-644-6266 Ext 1374 Email: billing@1-888-ohiocomp.com</p> <p>Electronic Billing Info: Clearinghouse: Quadax or Relay Health Formats accepted: 837 v5010 Contact: Len Stusek (Quadax) 440-777-6300 Alissa Stanley (Relay Health) 610-205-5962</p>
<p>General Information: Phone: 888-644-6266 Email Address: info@1-888-ohiocomp.com</p>		

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 513-221-2338 800-869-1872	Address 3-HAB Attn. Care Coordinator P.O. Box 429540 Cincinnati, Ohio 45242-9540 Medical Documentation Fax: 513-221-2338 800-869-1872 Case Management Supervisor: Nicole C. 800-869-1871 ext.3207	Address 3-HAB Attn. Billing Coordinator P.O. Box 429540 Cincinnati, Ohio 45242-9540 Billing Fax: 513-221-2338 800-869-1872 Billing Supervisor Melony R. melonyr@3hab.com 800-869-1871 ext 3252 Electronic Billing Info: Clearinghouse: Alveo Formats accepted: 5010 Contact: Brigott Dawn 800-327-1213	
General Information: 800-869-1871 Email Address: info@3hab.com			

To Report an Injury	To Submit Medical	To Send Bills
<p>Phone: 888-738-5800 or 330-830-4919</p> <p>Fax: 330-830-4901 877-738-0058</p>	<p>Address: Aultcomp 2458 Lincoln Way E Unit 11 PO BOX 4817 Massillon, OH 44646</p> <p>Medical Documentation Fax: 330-830-4901 877-738-0058</p> <p>Case Management Supervisor: Vicki Bouscher 330-830-4919</p>	<p>Address: Aultcomp 2458 Lincoln Way E Unit 11 PO BOX 4817 Massillon, OH 44646</p> <p>General Billing Inquiries: 888-738-5800 330-830-4919</p> <p>Billing Contact: Denette Edwards denette.e.1@aultcompmco.com 888-738-5800 ext. 131</p> <p>Billing Fax: 330-830-4901 877-738-0058</p> <p>Electronic Billing Info: Clearinghouse used: Alveo Formats accepted: ANSI 837</p> <p>Contact: Todd Cropper 888-738-5800 ext. 112 Brigott Dawn 800-327-1213</p>
<p>General Information: 330-830-4919</p>		

CareWorks		www.careworks.com	10010
To Report an Injury		To Submit Medical	To Send Bills
Phone: 888-627-7586 Option 1 Fax: 614-760-3668 888-711-9284	Address: CareWorks P.O. Box 182726 Columbus, OH 43218-2726 Medical Documentation Fax: 614-760-3668 888-711-9284 Utilization Management Phone: 888-627-7586 Option 3 State Fund Administration Coordinator: Vicki Blevins 614-760-3830	Address: CareWorks P.O. Box 182726 Columbus, OH 43218-2726 Phone: 888-627-7586 Option 2 Billing Contact: Jayne Gribble Jayne.Gribble@CareWorks.com 888-627-7586 ext. 53533 Judy Barrie Judy.Barrie@CareWorks.com 888-627-7586 ext. 53558 Billing Fax: 614-760-3668 888-711-9284 Electronic Billing Info: Clearinghouse: Change Healthcare (formerly Emdeon) Formats accepted: ASC X12N 837 Contact: Change Healthcare 877-363-3666 www.changehealthcare.com	
General Information: 888-627-7586 Email Address: Vicki.Blevins@careworks.com			

Comp One		10073
To Report an Injury	To Submit Medical	To Send Bills
Phone: 877-281-0083 ext. 119 330-259-0083 ext. 113 Fax: 330-259-0094 877-283-0921	Address: 725 Boardman-Canfield Road Unit A3 Boardman, OH 44512 Medical Documentation Fax: 330-259-0094 877-283-0921 Case Management Supervisor & Phone: Dianne Lindsay, RN,CCM, CHCQM 877-281-9821 ext. 119 330-259-0083 ext. 119	Address: 725 Boardman-Canfield Road Unit A3 Boardman, OH 44512 BillingFax: 330-259-0094 877-283-0921 Billing contact: Debra Anthony Debraa@componemco.com 877-281-9821 ext. 126 Electronic Billing Info: Clearinghouse: Insuraware Data Services, Trizetto/Cognizant Formats accepted: NSF 2003; X12 formats 837, 835, 276, 277, 278, 824; versions 3051, 5010, 6010 Contact: Dana Jablonski 614-561-6171
General Information: 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 (24 hours) 888-247-7799 Fax: 614-790-8350 800-334-4229	Address: CompManagement Health Systems, Inc. P.O. Box 1040 Dublin, OH 43017 Medical Documentation Fax: 614-790-8350 800-334-4229 Customer Service Phone: 888-247-7799 Case Management Supervisor: June McPherson mcpersonj@chsmco.com 888-247-7799 ext 65610	Address: CompManagement Health Systems, Inc. P.O. Box 1040 Dublin, OH 43017 Customer Service: 888-247-7799 Bill Review Manager: Quinn Guist Phone: 888-247-7799 ext. 65416 guistq@chsmco.com Billing Fax: 614-790-8350 800-334-4229 Electronic Billing Info: Clearinghouse: Change Healthcare Formats accepted: X12 837v5010 Contact: 615-932-3000 or http://www.changehealthcare.com/legacy/about	
General Information: 888-247-7799 Email Address: guistq@chsmco.com			

CorVel Ohio MCO, Inc.		www.corvel.com	10008
To Report an Injury	To Submit Medical	To Send Bills	
Phone: 800-275-6463 Fax: 503-205-1753 844-267-8351	Address: CorVel Ohio MCO, Inc. P.O. Box 3758 Dublin, Ohio 43016-0389 Medical Documentation Fax: 503-205-1753 877-677-6756 Utilization Management Phone: 800-275-6463 Case Management Manager: Diane Pritchard 800-275-6463 ext. 79397 Diane.Pritchard@corvel.com	Address: CorVel Corporation P.O. Box 3758 Dublin, OH 43016 General Phone Number: 800-275-6463 Billing Fax: 503-205-1753 877-677-6756 Billing Manager: Carla Geary, CPC, Bill Review Manager T 800-275-6463 F 877-677-6756 Carla_Geary@corvel.com Electronic Billing Info: Clearinghouse: Insuraware Data Services, Trizetto/Cognizant Formats accepted: NSF 2003; X.12 formats 837, 835, 276, 277, 278, 824; versions 3051, 5010, 6010 Contact: Derek Scranton, Compliance Manager	
General Information: 800-275-6463 Email Address: Chris_Herrington@corvel.com			

GENEX Care for Ohio		www.genexservices.com	10042
To Report an Injury	To Submit Medical	To Send Bills	
<p>Phone: 800-447-6250 ext. 17672</p> <p>Fax: 513-346-7895 888-275-9719</p>	<p>Address (Utilization/Medical Management): GENEX Care for Ohio 11590 Century Blvd., Suite 202 Cincinnati, OH 45246</p> <p>Phone: 800-447-6250 ext. 17637</p> <p>Medical Documentation Fax: 513-346-7895 888-275-9719</p> <p>Case Management Supervisor: Denise Sturm RN, CCM Denise.Sturm@genexservices.com 800-447-6250 ext. 17637</p> <p>Manager: Angela Houston, RN, CCM Angela.houston@genexservices.com 800-447-6250 ext. 17655</p>	<p>Address: GENEX Care for Ohio 11590 Century Blvd., Suite 202 Cincinnati, OH 45246</p> <p>For Billing Customer Service Phone: 800-447-6250 ext. 17638</p> <p>Billing Fax: 513-346-7895 888-275-9719</p> <p>Billing Contacts: Don Dudash, CPC Donald.dudash@genexservices.com 800-447-6250 ext. 17638</p> <p>Val Miller Valerie.miller@genexservices.com 800-447-6250 ext. 17672</p> <p>Electronic Billing Info: Clearinghouse: Jopari Acct. # J1895 Formats accepted: EDI ANSI X12 837 versions 4010 and 5010 Contact: Colleen Berry, Director, Payer Technologies 925-429-4821</p>	
<p>General Information: 513-346-7880 ext. 17657 or 800-447-6250 ext. 17657</p> <p>Email Address: Leslie.jump@genexservices.com</p> <p>Email Address: joanne.reasinger@genexservices.com</p>			

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: 614-889-6246 888-303-6294	Address: Health Management Solutions 2545 Farmers Drive, Suite 400 Columbus, OH 43235 Medical Documentation Fax: 614-889-6246 888-303-6294 Case Management: Anne Grossman Cszasz 888-202-3515 ext. 300507 Anneg@hmssolutions.com	Address: Health Management Solutions 2545 Farmers Drive, Suite 400 Columbus, OH 43235 Billing Fax: 614-889-6246 888-303-6294 Billing Contact: Anne Grossman Cszasz 888-202-3515 ext. 300507 Anneg@hmssolutions.com Electronic Billing Info: Clearinghouse: Insuraware Data Services, Trizetto/Cognizant Formats accepted: NSF 2003; X12 formats: 837, 835, 276, 277, 278, 824; versions 3051, 5010, 6010 Contact: Dana Jablonski	
General Information: 888-202-3515 Email Address: Anneg@hmssolutions.com			

Occupational Health Link Inc.		www.oehpmco.com	10017
To Report an Injury	To Submit Medical	To Send Bills	
Phone: 888-844-0039 Fax: 614-318-1095 888-240-6381	Address: Occupational Health Link 445 Hutchinson Ave., Suite 205 Columbus, OH 43235 Medical Documentation Fax: 614-318-1095 888-240-6381 Case Management: Julie Perkins, RN, CCM 888-844-0039 ext. 1005 juliep@oehpmco.com	Address: Occupational Health Link 445 Hutchinson Ave., Suite 205 Columbus, OH 43235 Phone: 888-844-0039 Billing Fax: 614-318-1095 877-605-8311 Billing Team Email: Crystal Webb, CPC crystalw@oehpmco.com 888-844-0039 ext. 1035	
General Information: 888-844-0039 Email Address: karenc@oehpmco.com			

Sheakley UniComp		www.sheakley.com	10002
To Report an Injury	To Submit Medical	To Send Bills	
Phone: 888-743-2559 or 513-618-1249 Fax: 513-326-8005 888-626-2667	Address: Sheakley UniComp One Sheakley Way Cincinnati, OH 45246 Medical Documentation Fax: 513-326-8005 888-626-2667 Director of Medical Management: Angela Fennell angelaf@sheakley.com 888-743-2559 ext. 7002	Address: Sheakley UniComp One Sheakley Way Cincinnati, OH 45246 Billing Contact: Kimberly Hairston kimberlyh@sheakley.com 888-743-2559 ext. 7010 Billing Fax: 513-326-8005 888-626-2667 Electronic Billing Info: Clearinghouse: Relay Health Formats accepted: 837 v5010 Contact: Ammi K. 888-743-2559 ext. 7104	
General Information: 888-743-2559 Email Address: mco@sheakley.com			

Spooner 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: Spooner Medical Administrators, Inc. 28301 Ranney Parkway Westlake, OH 44145 Medical Documentation Fax: 440-899-2411 800-542-9480 Case Management Supervisor: Ed S, RN, CCM 440-899-2400 ext. 231 edwards@spoonermai.com	Address: Spooner Medical Administrators, Inc. 28301 Ranney Parkway Westlake, OH 44145 Billing Fax : 440-899-2411 800-542-9480 Billing Contact: Tonya O., CPC, CPC-H 440-899-2400 ext. 226 tonyao@spoonermai.com Electronic Billing Info: Formats accepted: 837 v5010 Contact: Mike D. 440-899-2400 ext. 310 miked@spoonermai.com	
General Information: 800-542-9479 Email Address: lisal@spoonermai.com			