

## MCO Contact Tables

### July 2019

<b>1-888-OHIOCOMP</b>		<b>10041</b>
<b>To Report an Injury</b>	<b>To Submit Medical</b>	<b>To Send Bills</b>
<p><b>Phone</b> 888-644-6266 216-426-0646</p> <p><b>FAX</b> 216-426-0651 888-644-7339</p>	<p><b>Address</b> 1-888-OHIOCOMP 2900 Carnegie Ave Cleveland, OH 44115</p> <p><b>Medical Documentation Fax:</b> 216-426-0651 888-644-7339</p> <p><b>Case Management Supervisor:</b> Lynn Popovich, RN, BSN, CCM Phone: 216-426-0646 Ext 1184</p>	<p><b>Address</b> 1-888-OHIOCOMP 2900 Carnegie Ave Cleveland, OH 44115</p> <p><b>Billing Fax:</b> 216-426-0651 888-644-7339</p> <p><b>Billing Department</b> Megan Washington Phone: 1-888-644-6266 Ext 1376 Email: <a href="mailto:billinginquiries@1-888-ohiocomp.com">billinginquiries@1-888-ohiocomp.com</a></p> <p><b>Electronic Billing Info:</b> 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><b>General Information: Phone: 888-644-6266</b>  <b>Email Address: <a href="mailto:info@1-888-ohiocomp.com">info@1-888-ohiocomp.com</a></b></p>		

<b>3-HAB</b>		<a href="http://www.3hab.com">www.3hab.com</a>	<b>10013</b>
<b>To Report an Injury</b>		<b>To Submit Medical</b>	<b>To Send Bills</b>
<b>Phone</b> 513-221-3422, or 800-869-1871  <b>FAX</b> 513-221-2338 800-869-1872	<b>Address</b> 3-HAB Attn. Care Coordinator P.O. Box 429540 Cincinnati, Ohio 45242-9540  <b>Medical Documentation Fax:</b> 513-221-2338 800-869-1872  <b>Case Management Supervisor:</b> Nicole C. 800-869-1871 ext.3207	<b>Address</b> 3-HAB Attn. Billing Coordinator P.O. Box 429540 Cincinnati, Ohio 45242-9540  <b>Billing Fax:</b> 513-221-2338 800-869-1872  <b>Billing Supervisor</b> Melony R. <a href="mailto:melonyr@3hab.com">melonyr@3hab.com</a> 800-869-1871 ext 3252  <b>Electronic Billing Info:</b> Clearinghouse: Alveo Formats accepted: 5010 Contact: Brigott Dawn 800-327-1213	
<b>General Information: 800-869-1871</b> <b>Email Address: <a href="mailto:info@3hab.com">info@3hab.com</a></b>			

AultComp MCO, Inc.		10016
To Report an Injury	To Submit Medical	To Send Bills
<p><b>Phone:</b> 888-738-5800 or 330-830-4919</p> <p><b>Fax:</b> 330-830-4901 877-738-0058</p>	<p><b>Address:</b> Aultcomp 2458 Lincoln Way E Unit 11 PO BOX 4817 Massillon, OH 44646</p> <p><b>Medical Documentation Fax:</b> 330-830-4901 877-738-0058</p> <p><b>Case Management Supervisor:</b> Vicki Bouscher 330-830-4919</p>	<p><b>Address:</b> Aultcomp 2458 Lincoln Way E Unit 11 PO BOX 4817 Massillon, OH 44646</p> <p><b>General Billing Inquiries:</b> 888-738-5800 330-830-4919</p> <p><b>Billing Contact:</b> Denette Edwards <a href="mailto:denette.e.1@aultcompmco.com">denette.e.1@aultcompmco.com</a> 888-738-5800 ext. 131</p> <p><b>Billing Fax:</b> 330-830-4901 877-738-0058</p> <p><b>Electronic Billing Info:</b> Clearinghouse used: Alveo Formats accepted: ANSI 837</p> <p><b>Contact:</b> Todd Cropper 888-738-5800 ext. 112 Brigott Dawn 800-327-1213</p>
<p><b>General Information: 330-830-4919</b></p>		

CareWorks		<a href="http://www.careworks.com/ohio-mco/">www.careworks.com/ohio-mco/</a>	10010
To Report an Injury		To Submit Medical	To Send Bills
<b>Phone:</b> 888-627-7586 Option 1  <b>Fax:</b> 888-711-9284  <b>Website:</b> <a href="https://froi.careworksco.com">https://froi.careworksco.com</a>	<b>Address:</b> CareWorks P.O. Box 182726 Columbus, OH 43218-2726  <b>Medical Documentation Fax:</b> 888-711-9284  <b>Utilization Management Phone:</b> 888-627-7586 Option 3  <b>Director Case Management:</b> Kim Thompson, RN, BSN, CRRN, CCM 888-627-7586 Ext. 53567 <a href="mailto:kim.thompson@careworksco.com">kim.thompson@careworksco.com</a>	<b>Address:</b> CareWorks P.O. Box 182726 Columbus, OH 43218-2726  <b>Billing and Customer Service Phone:</b> 888-627-7586 Option 2  <b>Billing Contacts:</b> Cindy Ogden <a href="mailto:cindy.ogden@careworksco.com">cindy.ogden@careworksco.com</a> 888-627-7586 ext. 53659  Judy Barrie <a href="mailto:judy.barrie@careworksco.com">judy.barrie@careworksco.com</a> 888-627-7586 ext. 53558  <b>Billing Fax:</b> 888-711-9284  <b>Electronic Billing Info:</b> Clearinghouse: Change Healthcare (formerly Emdeon) Formats accepted: ASC X12N 837 Contact: Change Healthcare 877-363-3666 <a href="http://www.changehealthcare.com">www.changehealthcare.com</a>	
<b>General Information: 888-627-7586</b> <b>Email Address: <a href="mailto:cwcomm@careworksco.com">cwcomm@careworksco.com</a></b>			

Comp One		10073
To Report an Injury	To Submit Medical	To Send Bills
<b>Phone:</b> 877-281-0083 ext. 119 330-259-0083 ext. 113  <b>Fax:</b> 330-259-0094 877-283-0921	<b>Address:</b> 725 Boardman-Canfield Road Unit A3 Boardman, OH 44512  <b>Medical Documentation Fax:</b> 330-259-0094 877-283-0921  <b>Case Management Supervisor            &amp; Phone:</b> Dianne Lindsay, RN,CCM, CHCQM 877-281-9821 ext. 119 330-259-0083 ext. 119	<b>Address:</b> 725 Boardman-Canfield Road Unit A3 Boardman, OH 44512  <b>BillingFax:</b> 330-259-0094 877-283-0921  <b>Billing contact:</b> Debra Anthony <a href="mailto:Debraa@componemco.com">Debraa@componemco.com</a> 877-281-9821 ext. 126  <b>Electronic Billing Info:</b> 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
<b>General Information: 877-281-9821 or 330-259-0083</b> <b>Email Address: <a href="mailto:Diannel@componemco.com">Diannel@componemco.com</a></b>		

CompManagement Health Systems, Inc.		www.chsmco.com	10005
To Report an Injury	To Submit Medical	To Send Bills	
<b>Phone (24 hours)</b> 888-247-7799  <b>Fax:</b> 614-790-8350 800-334-4229	<b>Address:</b> CompManagement Health Systems, Inc. P.O. Box 1040 Dublin, OH 43017  <b>Medical Documentation Fax:</b> 614-790-8350 800-334-4229  <b>Customer Service Phone:</b> 888-247-7799  <b>Case Management            Supervisor:</b> June McPherson <a href="mailto:mcpersonj@chsmco.com">mcpersonj@chsmco.com</a> 888-247-7799 ext 65610	<b>Address:</b> CompManagement Health Systems, Inc. P.O. Box 1040 Dublin, OH 43017  <b>Customer Service:</b> 888-247-7799  <b>Bill Review Manager:</b> Shelley Carson Phone: 888-247-7799 ext. 65508 <a href="mailto:CHSCustomerService@chsmco.com">CHSCustomerService@chsmco.com</a>  <b>Billing Fax:</b> 614-790-8350 800-334-4229  <b>Electronic Billing Info:</b> Clearinghouse: Change Healthcare Formats accepted: X12 837v5010 Contact: 615-932-3000 or <a href="http://www.changehealthcare.com/legacy/about">http://www.changehealthcare.com/legacy/about</a>	
<b>General Information: 888-247-7799</b> <b>Email Address: <a href="mailto:guistq@chsmco.com">guistq@chsmco.com</a></b>			

CorVel Ohio MCO, Inc.		www.corvel.com	10008
To Report an Injury	To Submit Medical	To Send Bills	
<b>Phone:</b> 800-275-6463  <b>Fax:</b> 503-205-1753	<b>Address:</b> CorVel Ohio MCO, Inc. P.O. Box 3758 Dublin, Ohio 43016-0389  <b>Medical Documentation Fax:</b> 503-205-1753 877-677-6756  <b>Utilization Management Phone:</b> 800-275-6463  <b>Case Management Manager:</b> Diane Pritchard 800-275-6463 ext. 79397 <a href="mailto:Diane_Pritchard@corvel.com">Diane_Pritchard@corvel.com</a>	<b>Address:</b> CorVel Corporation P.O. Box 3758 Dublin, OH 43016  <b>General Phone Number:</b> 800-275-6463  <b>Billing Fax:</b> 503-205-1753 877-677-6756  <b>Billing Manager:</b> Carla Geary, CPC, Bill Review Manager T 800-275-6463 F 877-677-6756 <a href="mailto:GM-CLOH-CLEVCSS@corvel.com">GM-CLOH-CLEVCSS@corvel.com</a>  <b>Electronic Billing Info:</b> 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	
<b>General Information: 800-275-6463</b> <b>Email Address: <a href="mailto:Chris_Herrington@corvel.com">Chris_Herrington@corvel.com</a></b>			

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

Health Management Solutions		www.hmssolutions.com	10006
To Report an Injury	To Submit Medical	To Send Bills	
<p><b>Phone:</b> 614-799-0898 or 888-202-3515 (8:00 a.m. - 5:00 p.m.) After hours, select option 3</p> <p><b>Address:</b> Health Management Solutions 2545 Farmers Drive, Suite 400 Columbus, OH 43235</p> <p><b>Corporate Address:</b> 1901 Indian Wood Circle Maumee, OH 43537</p> <p><b>Fax:</b> 614-889-6246 888-303-6294</p>	<p><b>Address:</b> Health Management Solutions 2545 Farmers Drive, Suite 400 Columbus, OH 43235</p> <p><b>Medical Documentation Fax:</b> 614-889-6246 888-303-6294</p> <p><b>Case Management:</b> Anne Grossman Csaszar 888-202-3515 ext. 300507 <a href="mailto:Anneg@hmssolutions.com">Anneg@hmssolutions.com</a></p>	<p><b>Address:</b> Health Management Solutions 2545 Farmers Drive, Suite 400 Columbus, OH 43235</p> <p><b>Billing Fax:</b> 614-889-6246 888-303-6294</p> <p><b>Billing Contact:</b> Anne Grossman Csaszar 888-202-3515 ext. 300507 <a href="mailto:Anneg@hmssolutions.com">Anneg@hmssolutions.com</a></p> <p><b>Electronic Billing Info:</b> Contact: Michael Pulsfort (614)889-8061</p>	
<p><b>General Information: 888-202-3515</b> <b>Email Address: <a href="mailto:Anneg@hmssolutions.com">Anneg@hmssolutions.com</a></b></p>			

Occupational Health Link Inc.		www.oehtmco.com	10017
<b>To Report an Injury</b>	<b>To Submit Medical</b>	<b>To Send Bills</b>	
<b>Phone:</b> 888-844-0039  <b>Fax:</b> 614-318-1095 888-240-6381	<b>Address:</b> Occupational Health Link 445 Hutchinson Ave., Suite 205 Columbus, OH 43235  <b>Medical Documentation Fax:</b> 614-318-1095 888-240-6381  <b>Case Management:</b> Cheryl Hammond, PA-C 888-844-0039 ext. 1040 <a href="mailto:juliep@oehtmco.com">juliep@oehtmco.com</a>	<b>Address:</b> Occupational Health Link 445 Hutchinson Ave., Suite 205 Columbus, OH 43235  <b>Phone:</b> 888-844-0039  <b>Billing Fax:</b> 614-318-1095 877-605-8311  <b>Billing Team Email:</b> Crystal Webb, CPC <a href="mailto:crystalw@oehtmco.com">crystalw@oehtmco.com</a> 888-844-0039 ext. 1035	
<b>General Information: 888-844-0039</b> <b>Email Address: karenc@oehtmco.com</b>			

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

Spooner Medical Administrators, Inc.		10011	
To Report an Injury	To Submit Medical	To Send Bills	
<b>Phone:</b> 440-899-2400 800-542-9479  <b>Fax:</b> 440-899-2411 800-542-9480	<b>Address:</b> Spooner Medical Administrators, Inc. 28301 Ranney Parkway Westlake, OH 44145  <b>Medical Documentation Fax:</b> 440-899-2411 800-542-9480  <b>Case Management Supervisor:</b> Ed S, RN, CCM 440-899-2400 ext. 231 <a href="mailto:edwards@spoonermai.com">edwards@spoonermai.com</a>	<b>Address:</b> Spooner Medical Administrators, Inc. 28301 Ranney Parkway Westlake, OH 44145  <b>Billing Fax :</b> 440-899-2411 800-542-9480  <b>Billing Contact:</b> Tonya O., CPC, CPC-H 440-899-2400 ext. 226 <a href="mailto:tonyao@spoonermai.com">tonyao@spoonermai.com</a>  <b>Electronic Billing Info:</b> Formats accepted: 837 v5010 Contact: Mike D. 440-899-2400 ext. 310 <a href="mailto:miked@spoonermai.com">miked@spoonermai.com</a>	
<b>General Information: 800-542-9479</b> <b>Email Address: <a href="mailto:lisal@spoonermai.com">lisal@spoonermai.com</a></b>			

