



Welcome

Managed Care Organizations (MCOs) are vital in managing a worker's injury and the claims process. So choosing an MCO that meets your needs and ensures the best outcomes for you and your injured worker is an important decision. The Ohio Bureau of Workers' Compensation (BWC) created the MCO Report Card to make it easy to evaluate every MCO's performance. It measures key elements that lead to medical management quality, safe return-to-work strategies and service timeliness. The 2025 Report Card, based on assessments between Jan. 1 and Dec. 31, 2024, is an objective information source to inform your decision.

MCOs begin working as soon as an injury occurs. They file the First Report of Injury form with BWC or work with employers and providers and advocate for filing it as quickly as possible. They also ensure the medical treatment an injured worker receives is timely, related to the claim, necessary to treat the work-related injuries, and is cost-effective. MCOs also process medical bills and ensure they are accurate and paid on time.

A statewide average has been calculated for several measures within the report card to assist employers in identifying how well an MCO is performing against the state as a whole and against the other MCOs. The average is a simple calculation of taking all the MCOs' performance for the specific data metric and averaging it out for the state. The MCOs' actual performance is then plotted against the calculated state average for that data point. In addition, for those measures that have contractual requirements, we have reflected the contractual benchmark on the left side of those pages so a comparison may also be done to determine whether an MCO is meeting its obligations.



Number of employers

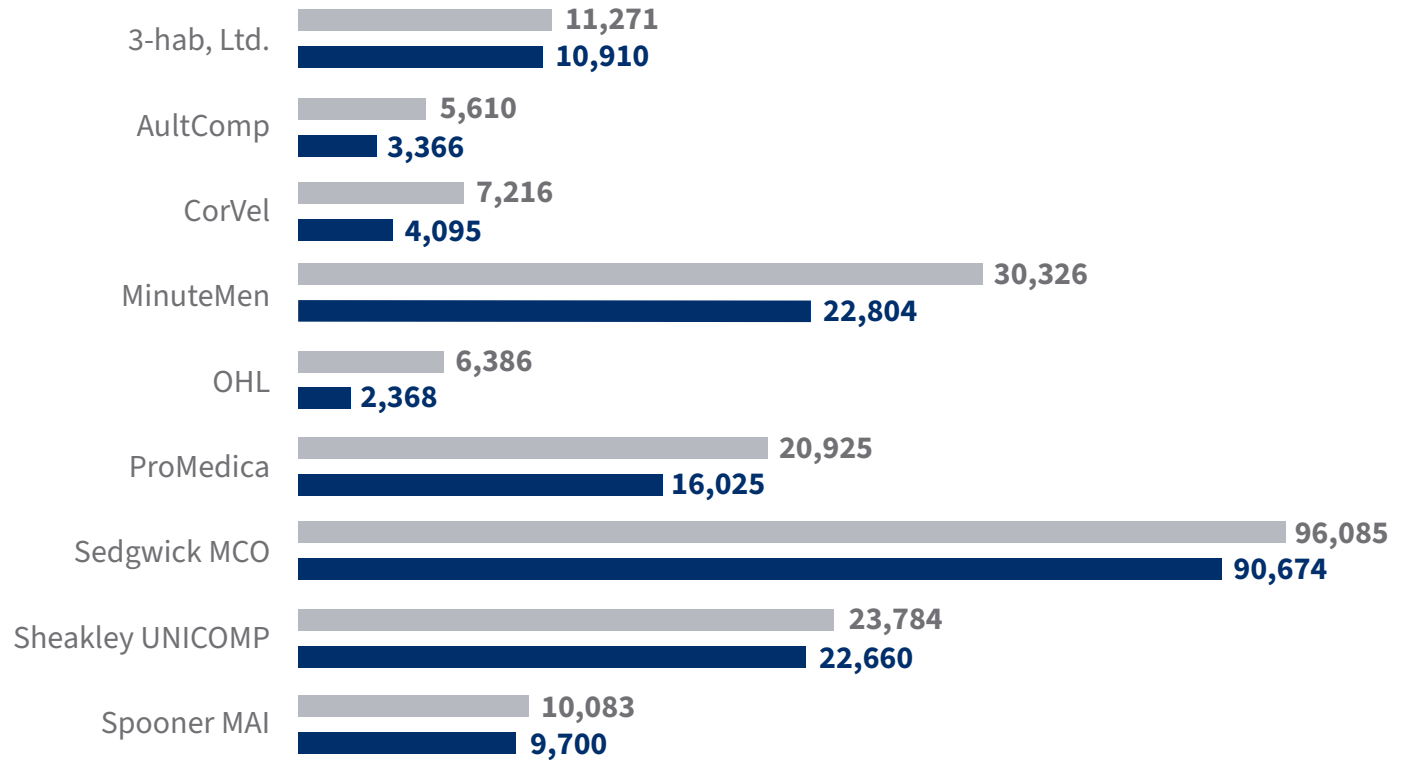
This chart shows the number of employers assigned to the MCO as of Dec. 31, 2024, which is an indication of the size of the MCO's book of business.

Number of claims

This chart shows the number of active claims assigned to the MCO on Dec. 31, 2024, regardless of the date of injury.

MCO number of employers

MCO number of claims





MCO book of business

BWC has identified 11 industries that represent most employers within Ohio. We group all other industries in category 12. This graph reflects the percentage of assigned employers from each industry category in an MCO's book of business. The industry groups are represented by the key below:

Industry number Industry type

- 01 Agriculture
02 Commercial
03 Construction
04 Extraction
05 High-risk commercial/service
06 Manufacturing
07 Office work/miscellaneous
08 Service
09 Taxing districts
10 Transportation
11 Utility
12 Other

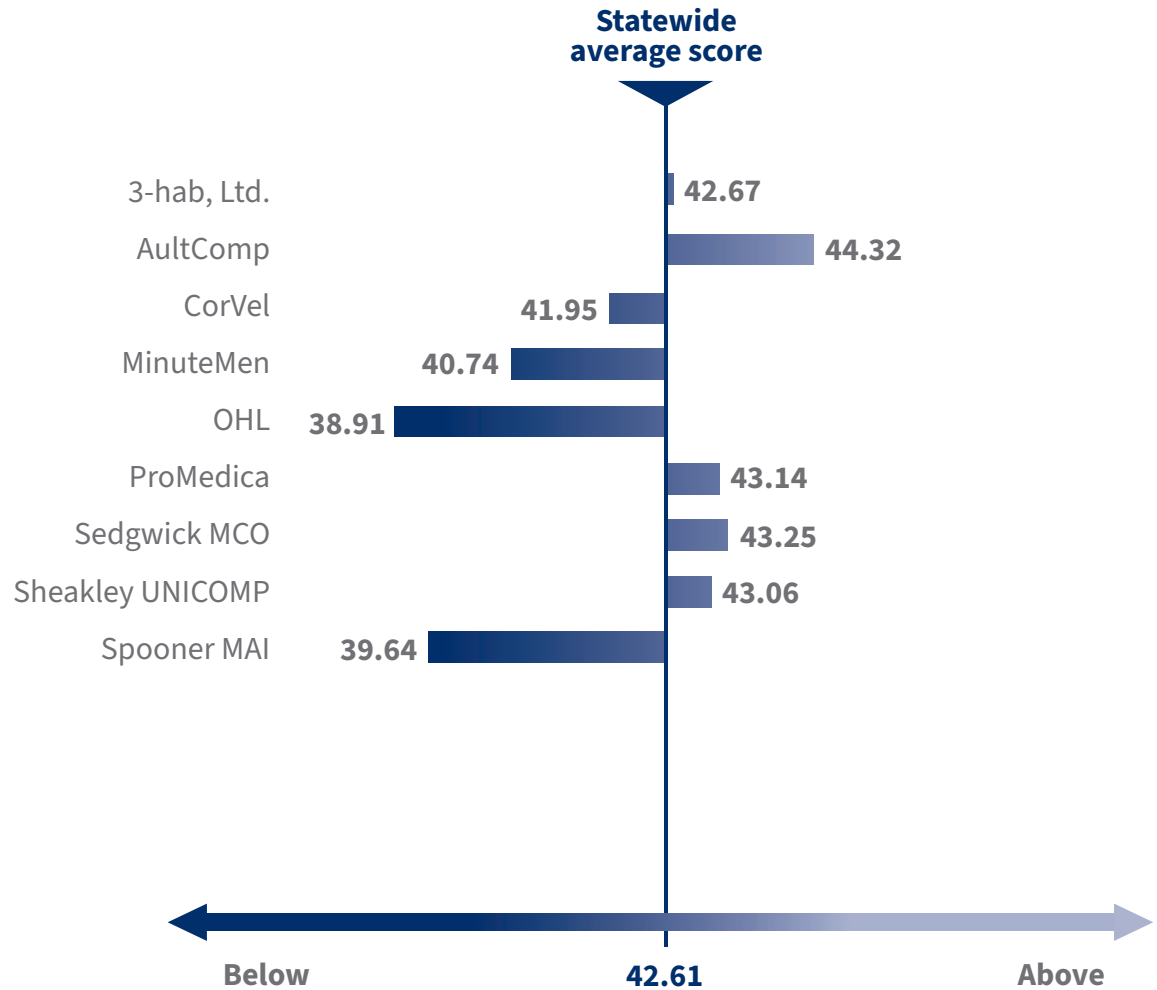
Table with 13 columns: Industry number, 01, 02, 03, 04, 05, 06, 07, 08, 09, 10, 11, 12. Rows include 3-hab, Ltd., AultComp, CorVel, MinuteMen, OHL, ProMedica, Sedgwick MCO, Sheakley UNICOMP, and Spooner MAI.



Return-to-Work score

The Return-to-Work score is a composite score that measures how well the MCOs perform at returning injured workers to the workforce against statewide benchmarks. The composite Return-to-Work score takes into account the time lost from work, the severity of the injury, the industry in which the injured worker was employed, and other key factors that can impact an individual's ability to return to work timely.

For 2024, the statewide average score was 42.61. If an MCO's score is higher than the statewide average score, the MCO is outperforming the other MCOs at returning injured workers to the workforce timely.

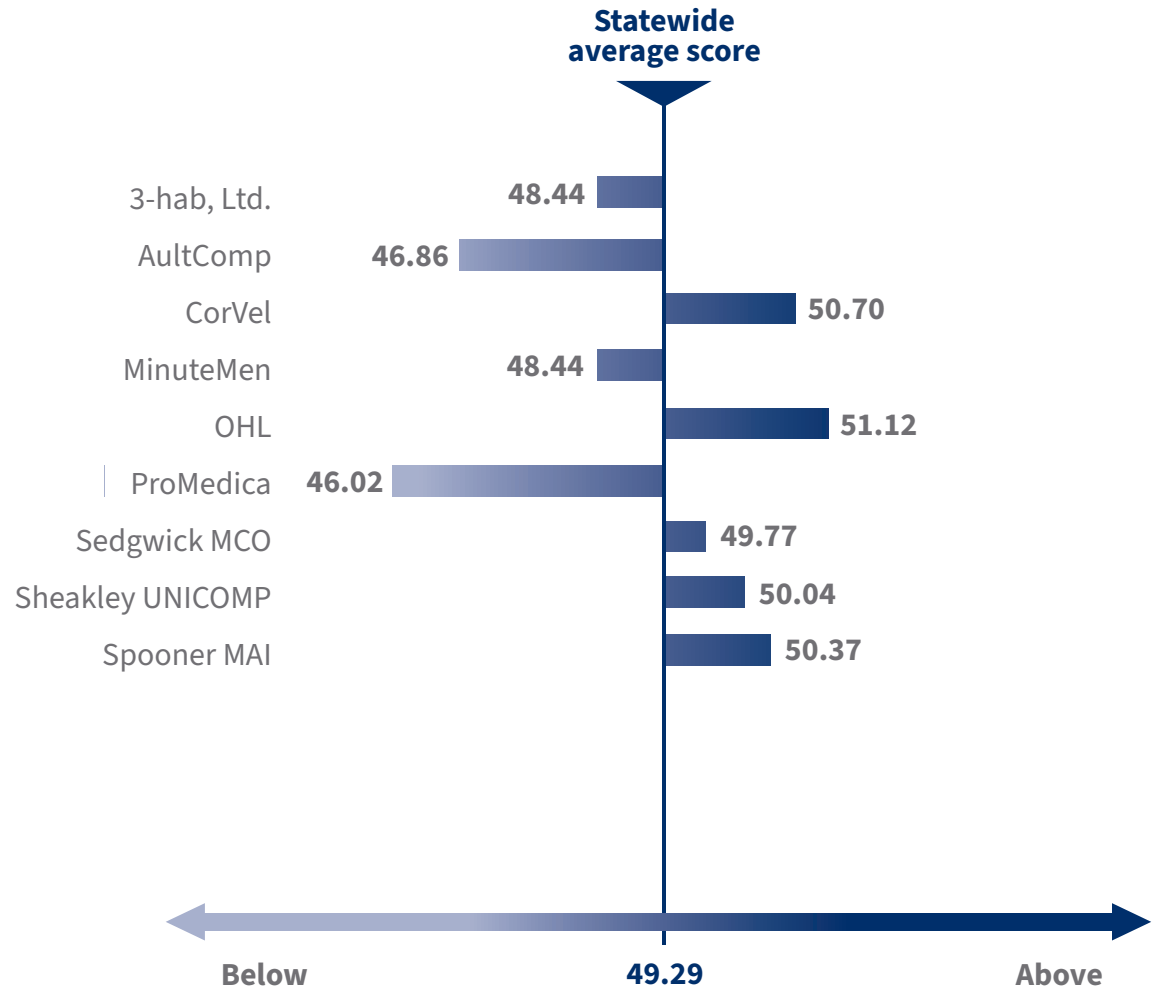




Medical Costs score

The Medical Costs Score is an assessment of the MCO's performance in managing the medical costs associated with a claim. MCOs are responsible for assessing medical service requests and conducting utilization reviews to determine if a treatment is medically necessary and cost effective. We measure the effectiveness and efficiency of the MCOs in managing those costs. The score is based on all medical costs after an injured worker has returned to the workforce and compares those costs against statewide benchmarks.

For 2024, the statewide average score was 49.29. If an MCO's score is higher than the statewide average score, the MCO is outperforming the other MCOs at managing medical costs.

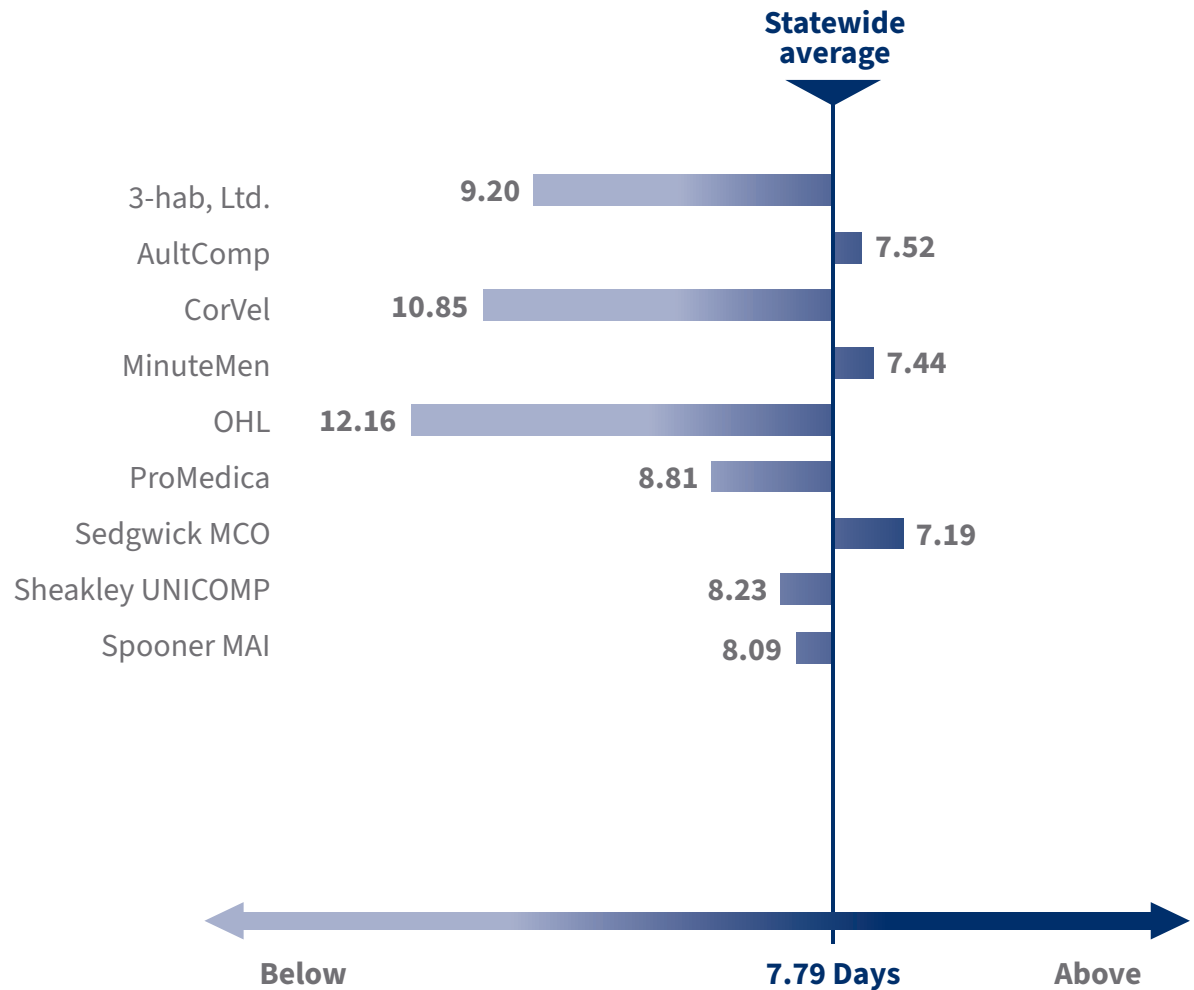




FROI timing

This measure reflects how long it takes BWC to receive the First Report of Injury (FROI) notification. It starts from the date of injury to when the claim is filed with BWC. The sooner a claim is filed, the sooner an injured worker can receive medical treatment and benefits and the quicker the worker can safely return to work.

The goal for the state is 12 days. Currently, the statewide average is 7.79 days. The lower the number of days, the better the MCO is performing against the statewide average.

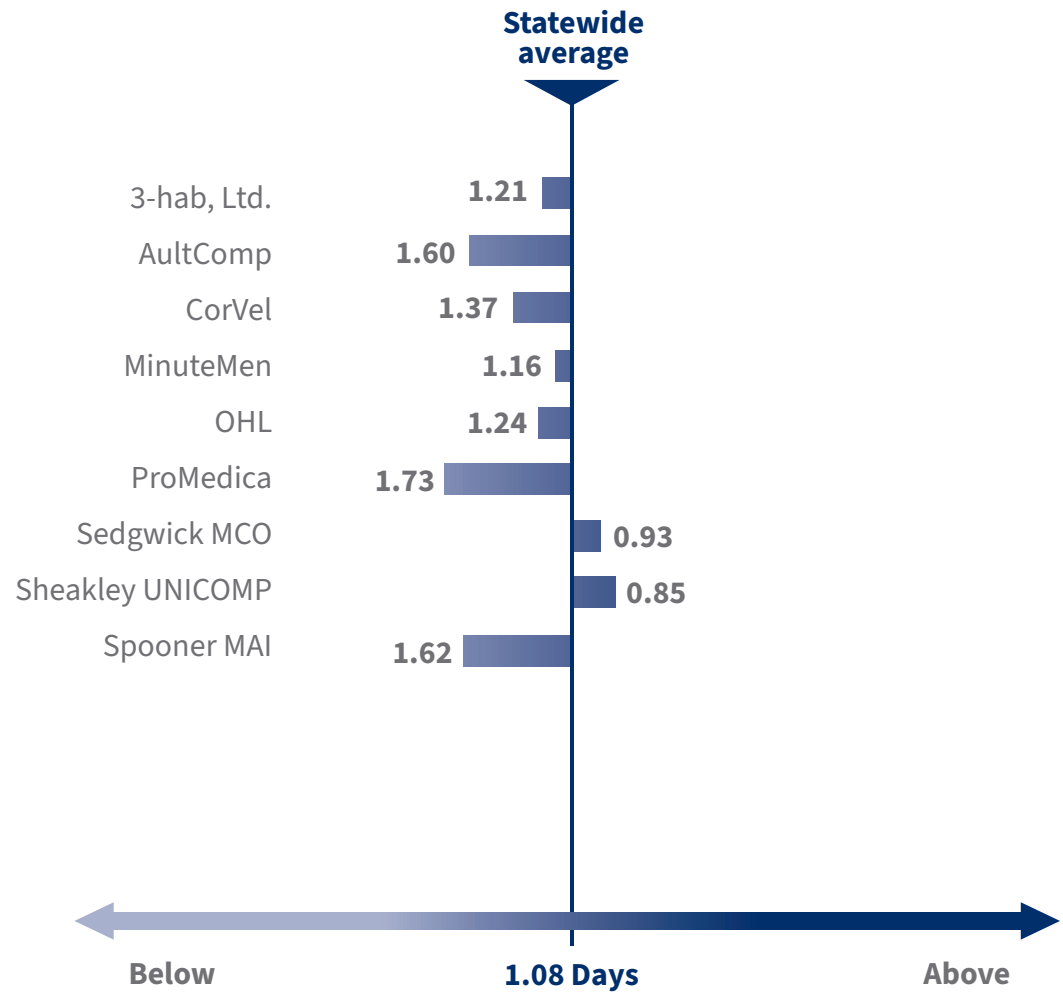




FROI turnaround

First Report of Injury (FROI) turnaround measures an MCO's efficiency in submitting claims to BWC. MCOs must gather and validate the required information before submitting the claim to BWC. FROI turnaround is the average of the number of days between the date the MCO receives the FROI notice and the date they file the claim with BWC.

The goal for the state is 2.5 days. Currently, the statewide average is 1.08 days. The lower the number of days, the better the MCO is performing against the statewide average.

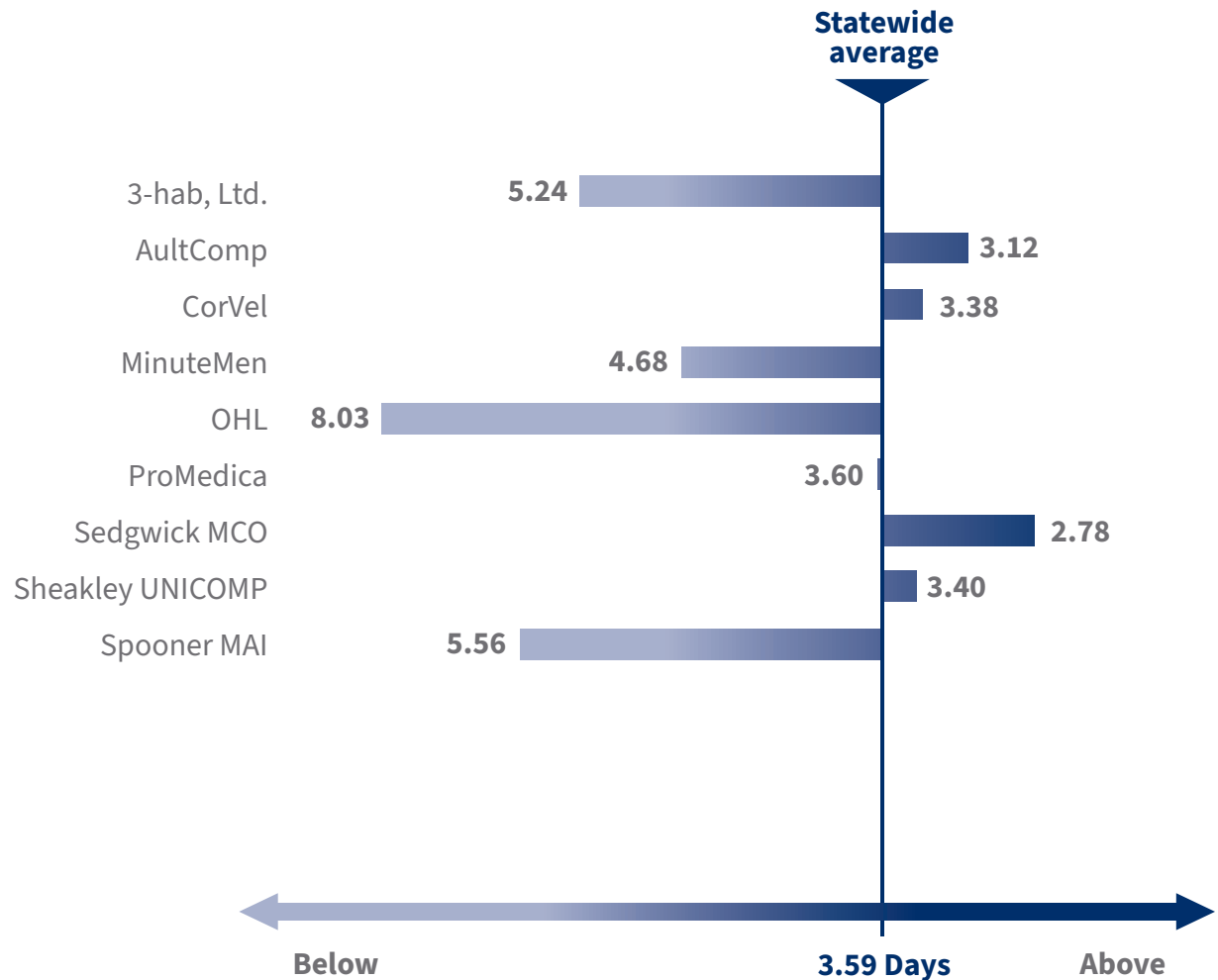




Provider bill timing

When provider medical bills are paid efficiently and on time, injured workers have more positive outcomes and quality providers are encouraged to participate in the workers' compensation system. Bill timing measures the average number of days from when the MCO receives the bill, or the bill becomes payable, to the date the MCO submits the bill to BWC for processing.

The goal for the state is 8 days. Currently, the statewide average is 3.59 days. The lower the number of days, the better the MCO is performing against the statewide average.

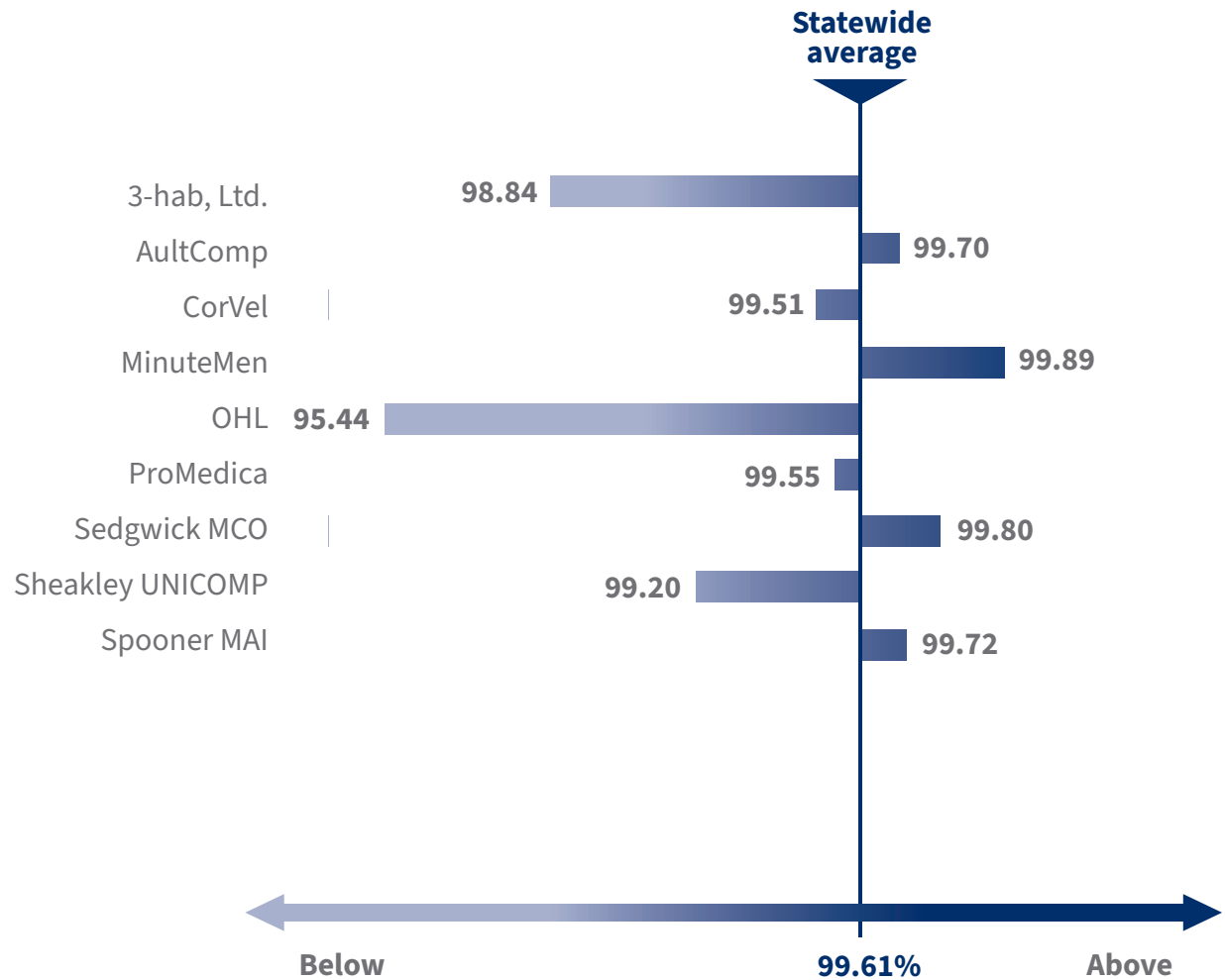




Provider bill accuracy

Accurate medical billing reduces negative effects on injured workers, encourages quality providers to engage in the workers' compensation system, and ensures payment is made only for those services that have been authorized. Provider bill accuracy measures the total number of bills that the MCO submitted that did not contain any of the specified errors divided by the total number of bills submitted during the measurement period.

The goal for the state is 98% error-free. Currently, the statewide average is 99.61%. The higher the percentage, the better the MCO is performing against the statewide average.





MCO penalties

In some circumstances, BWC may impose a penalty against an MCO based on the MCO's failure to meet performance expectations or for violations of contractual terms. BWC can impose three primary penalties:

Capacity – BWC prohibits the MCO from soliciting or accepting new employers until such time as the MCO's performance meets contractual requirements.

Setoff – A financial penalty BWC imposes based on the MCO's failure to meet performance expectations over a period or for violations of the MCO's contractual terms.

Withhold – A deduction from an MCO's payment to force the MCO to comply with a contractual term. The deduction may be returned once the MCO complies.

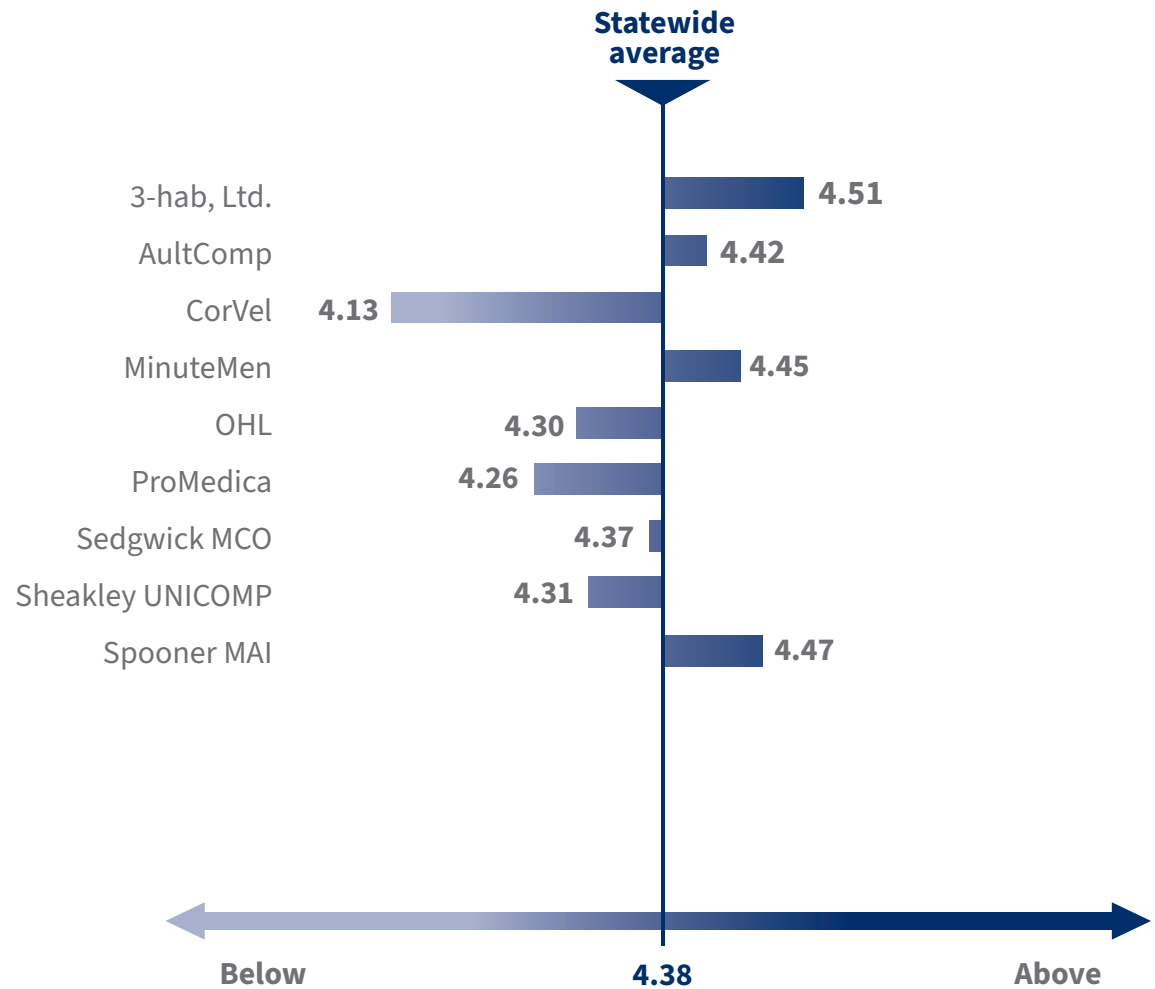
	Capacity (In weeks)	Number of setoffs	Number of withholds
3-hab, Ltd.	0	0	0
AultComp	1	0	0
CorVel	12	3	0
MinuteMen	0	0	0
OHL	37	18	0
ProMedica	0	0	0
Sedgwick MCO	0	0	0
Sheakley UNICOMP	0	0	0
Spooner MAI	0	1	0



Employer satisfaction survey

BWC surveyed employers that had at least one lost-time claim and asked them to rate their assigned MCO on a scale of 0 to 5 (with 5 being the best). This was in areas such as timeliness in responding to inquiries, helpfulness in reporting claims and submitting medical bills to BWC, offering return-to-work services, and professionalism in handling claims.

The statewide average was 4.38 out of 5. The higher the score, the higher the employers' satisfaction with the MCO.





Employer satisfaction survey results by question

	1	2	3	4	5	6	7	8	9	10
3-hab, Ltd.	4.58	4.51	4.50	4.60	4.60	4.51	4.38	4.39	4.32	4.63
AultComp	4.48	4.35	4.32	4.52	4.58	4.48	4.38	4.21	4.10	4.65
CorVel	4.17	4.03	4.07	4.24	4.26	4.16	3.88	4.07	3.93	4.30
MinuteMen	4.49	4.41	4.43	4.48	4.54	4.48	4.37	4.36	4.33	4.59
OHL	4.37	4.31	4.27	4.35	4.39	4.33	4.06	4.18	4.19	4.50
ProMedica	4.30	4.22	4.21	4.32	4.38	4.26	4.15	4.11	4.10	4.46
Sedgwick MCO	4.40	4.33	4.29	4.40	4.47	4.39	4.29	4.26	4.23	4.54
Sheakley UNICOMP	4.31	4.30	4.29	4.34	4.40	4.32	4.25	4.21	4.20	4.46
Spooner MAI	4.54	4.38	4.41	4.51	4.58	4.52	4.39	4.37	4.36	4.61
Statewide average	4.41	4.34	4.32	4.41	4.48	4.40	4.29	4.27	4.24	4.54

Very Satisfied = 5 Satisfied = 4 Neutral = 3 Dissatisfied = 2 Very Dissatisfied = 1

- 1. How easy it is to talk to the right person.
- 2. How long you waited on hold when calling on the telephone.
- 3. How long you waited for a response after you left a voice message.
- 4. How long you waited for a response after you sent an email.
- 5. Help with reporting an injured worker's claim to BWC.

- 6. Medical case management provided to your injured workers.
- 7. Help with reviewing bills and payment inquiries.
- 8. Help with early return-to-work and rehabilitation strategies.
- 9. Help with return-to-work programs.
- 10. Professionalism in handling your claims.