



**Written Testimony
of
Stephanie McCloud
Administrator, Ohio Bureau of Workers' Compensation**

**BEFORE THE HOUSE COMMITTEE ON EDUCATION AND WORKFORCE
WORKFORCE PROTECTIONS SUBCOMMITTEE**

March 18, 2026

Good morning, Chairman Mackenzie, Vice Chairman Messmer, Ranking Member Omar, and members of the Workforce Protections Subcommittee.

My name is Stephanie McCloud, Administrator and CEO of the Ohio Bureau of Workers' Compensation (BWC), and I am proud to be here today to provide testimony on BWC's operations and our history with outsourcing to Managed Care Organizations (MCO).

At BWC, our mission is to keep Ohioans safe on the job while providing excellent service for each customer. We are an agile organization dedicated to supporting Ohio's employers and the economic growth of our state.

We work closely with employers to improve safety and prevent workplace accidents, because the best workers' compensation claim is the one that never happens. Of course, despite everyone's best efforts, accidents and injuries occur in the workplace.

In the 1990s Ohio's workers' compensation system was referred to as "the silent killer of jobs." As recently as 2008, Ohio BWC had the third-highest premiums in the nation. Today, we are the envy of other states, as our premiums are at their lowest level in over 65 years and rank among the five lowest states for premium rates in the country.

This is due to multiple factors: Ohioans adopting a culture of workplace safety, employers utilizing BWC's services and offerings, statewide industry changes, and BWC's work with Managed Care Organizations (MCOs).

When a workplace injury occurs, we have three main goals to address the needs of employers and their injured workers.

- First, we seek to keep employees at work or return them to work as safely and as quickly as possible.
- Second, we know that timely, appropriate, and high-quality medical care is essential to successfully resolving a workplace injury. Quality medical care will facilitate an injured worker's return to work or, if the injured worker cannot return to work, improve the injured worker's quality of life.

- Finally, where an injured worker is experiencing a lost-time claim, it is imperative that actions are taken to ensure appropriate and timely payments of indemnity benefits or wages to support the injured worker and their family.

Managed Care Organizations (MCOs) play a significant role in all three goals.

History

In 1993, problems of escalating costs, extreme delays, and waste were evident in the system. The average time for filing a workers' compensation claim was 65 days. Today it's taking roughly 17 days. The percentage of claims processed for determination within the first two weeks was around 1% and now nearly 46% of the time we make claim determinations within 2 weeks.

Ohio legislators and stakeholders, motivated by the challenges, began evaluating ways to reform the Ohio workers' compensation system.

The collaboration of employers, injured workers' representatives, providers, and state representatives, resulted in the design of the Health Partnership Program (HPP) agreement in 1995, which was initiated on March 1, 1997. The original agreement is attached to the testimony as Exhibit A.

Fundamental to that design process was the application of managed care organizations to administer certain workers' compensation activities to support the claims services goals.

BWC-contracted MCOs are required to have a Medical Director and certain clinical support staff, such as Registered Nurses; however, the MCOs do not directly provide traditional MCO medical services. They will, however, use a variety of clinical tools and support techniques to keep medical costs down. This flexibility, reflected in Ohio's approach to MCOs, is important to assisting BWC in the overall administration of the workers' compensation system and achieving our goals.

Under the Health Partnership Program, BWC remained a monopolistic state fund with authority to set policy benchmarks and desired outcomes. The HPP applied two new foundational principles to Ohio's workers' compensation system. BWC would now:

- Contract with medical management specialists (managed care organizations) to manage injured workers' medical claims.
- Partner with MCOs to apply best-in-class private sector concepts to BWC operations, such as injury reporting, medical management, and return to work services.

BWC maintains claims management responsibilities, including claims determination, allowance, and compensation payment. MCOs execute injury management responsibilities, including filing and managing the medical portion of a workers' compensation claim, case management, ensuring injured workers receive quality care, and working with employers to ensure injured workers' safe and sustained return to work.

Metrics

Currently, there are two groups of performance metrics. BWC sets the expected performance target for each performance metric. These targets are designed to stretch the MCO beyond a historical base level of performance. Failure to achieve the benchmark can reduce an MCO's incentive payment.

Administrative metrics assess how well the MCOs are meeting base HPP service expectations. If the MCOs are not performing as expected per the benchmarks set forth, BWC can execute a financial setoff of monies to be paid or place an MCO at capacity, meaning they cannot get any new employers assigned to them, until performance returns to an acceptable range.

The second set of metrics evaluates the MCOs' effectiveness in achieving the HPP and BWC service goals, such as a safe, effective, and sustained return to work. If an MCO meets or exceeds established benchmarks, they can receive an incentive payment.

While employer satisfaction measures are not currently used as part of MCOs' metrics to determine penalties or incentives, they are included in the MCO Report Card. Employers can use the metrics in the report to gauge the success of MCOs or select a new MCO during open enrollment. This report is attached to the testimony as Exhibit B.

Compensation

In 2021, we implemented a per-claim payment rate. A key concept we have maintained is the all-inclusive service active claim transaction rate.

The starting annual rate is \$975, out of which MCOs are paid a portion in a monthly administrative fee, with the remaining portion being banked monthly out of which the MCOs are paid the incentive fee every six months. The optimal split between administrative and incentive amounts is 70% administrative / 30% incentive.

The exceptional performance incentive is an additional opportunity that provides BWC with additional flexibility to incentivize MCOs to focus on specific programs or lost time claims that are the most difficult to resolve, such as Legacy Claims – those off work for more than three years. This is spread across four programs:

- Transitional Work Grant
- Use of Transitional Work
- Legacy Return to Work
- Legacy Other Successes

Finally, MCOs are paid a \$250 fee for each onsite visit to a catastrophic claim, and/or to other non-catastrophic claims that necessitate an onsite visit.

Continuous Improvement

Ohio BWC is using technology to continue to meet our mission of keeping Ohioans safely on the job while providing excellent service for each customer. We are harnessing the power of artificial

intelligence (AI) to become a more agile, data-driven organization centered on the success of our customers.

We are leveraging AI to support and enhance our staff's work, giving them more time to focus on what people do best, making informed decisions and delivering the highest level of service in the state. Like many public agencies, we are facing a staffing shortage, and it has become increasingly difficult to recruit younger workers into government and the insurance industry. At the same time, we are experiencing a wave of retirements, which means a great deal of institutional knowledge is leaving the organization. We are implementing strategic AI solutions that optimize claim processing, improve risk assessment, and drive operational efficiency.

Our AI strategy centers on practical use cases, responsible governance, and measurable impact that prioritizes security, privacy, and transparency.

Conclusion

In conclusion, Ohio BWC offers world-class service to Ohioans who need our assistance. HPP Agreements and MCOs serve the needs of employers and injured workers equally and effectively to achieve the successful outcome of return to work or improved quality of life.

Mr. Chairman, thank you again for the opportunity to testify, and I look forward to answering questions from the Subcommittee.

Exhibit A

M a r c h . 2 8 . 1 9 9 5

+ B W C H P P
— Design Component
A g r e e m e n t s

BWC HPP Design Component Agreements

The following is a narrative summary of the major design components of the Health Partnership Program as agreed to by the participants in the HPP Design Process representing stakeholders from Business, Labor, Providers and the BWC staff. The four major components of this design process are:

- + Provider Access
- + Enrollment
- + Managed Care Organizations—Number
- + Provider and MCO Financing

All parties involved in these intensive HPP design organizational/conflict resolution oriented professional management processes agreed that unless there was "substantial compliance/agreement" reached on each of these fundamental HPP Design features, then none of the individual components could be finalized. Based upon the agreements reached during the comprehensive deliberations by all key stakeholders involved, this narrative will present the comprehensive agreements reached by all parties within each of the fundamental HPP Design Components.

While there will be many detailed issues left to be addressed in the future as implementation of the HPP begins, the consensus among the stakeholder groups was that there is agreement on these major components from which to finalize this macro stage of the HPP Design Process.

Other HPP specific issue resolution processes are sure to be necessary to address various anticipated and unanticipated dimensions of this new managed care workers' compensation market reform.

March 28, 1995

Executive Summary of Key Agreements

Provider Access

All providers willing to register with the BWC and agree to participate in providing patient care, profiling data, peer review, quality assurance and utilization reviews and meeting other basic credentialing criteria established by the BWC will be eligible to treat workers' compensation patients under the newly designed Health Partnership Program.

Enrollment

Employers will choose one Managed Care Organization (MCO) for all their employees, for a predetermined period of not less than one year. This MCO's certification must include the county in which the employer is located. All patient care, profiling information, peer review, utilization review and quality assurance data for that employer will be collected and aggregated by the MCO selected by the Employer, regardless of where the employee receives treatment or services (in or out of network).

All Managed Care Organizations certified within the new HPP managed care market for workers' compensation will not be allowed to levy copayments, deductibles or any other financial penalty on any employee who wishes to go out of the MCO Network Provider Panel, if the provider of choice is registered with the BWC.

The employee has "freedom of choice" of provider as long as the provider is willing to agree to the requirements to participate as set forth by the BWC and will comply with the MCO's basic requirements such as patient care, profiling data, peer review, quality assurance and utilization review.

The initial visit to any provider: whether in the MCO Panel, Not in the MCO Panel but registered with the BWC, or non MCO Panel, Non-Registered with the BWC, will be paid for recognized work related conditions. But should the employee wish to continue treatment by a provider not registered by the BWC, any further payments will be subject to rules adopted by BWC.

March 28, 1995

Managed Care Organizations — Number

Multiple Managed Care Organizations per geographic unit (county) will be initially and periodically certified by the BWC based upon preset certification criteria which will be established by the BWC. A representative structure within the BWC, composed of Business, Labor, Providers and other groups as needed, should be established for review and recommendation on MCO certification criteria and dispute resolution process. MCOs will be allowed to limit the number of providers on their provider panels, but must do so based upon objective data i.e. reasonable patient access, community needs or potential number of employees MCO is applying to service, and other performance criteria, without discrimination by provider type.

Provision should be made by the MCO for "rare circumstances" when an employee may need certain sub specialists services which are not available either within the MCO provider panel or not available by providers registered with the BWC. The MCO should allow for "special credentialing" to obtain these unique services if they are not available by providers registered with the BWC.

Managed Care Organization and Provider Payment

MCO Payment — MCOs will be paid by the BWC based upon a percentage of premium for management and administrative costs from the Employers who select them to provide service to their employees.

MCO Performance Incentives — MCOs will compete for financial incentives which will be awarded based upon measured performance outcomes by reducing costs while achieving quality medical outcomes, i.e. getting the worker back to work safely.

Provider Financing — All Managed Care Organizations will negotiate directly with providers over MCO fee schedules. BWC will pay to the MCO for payment to the provider the lesser of the BWC fee schedule, MCO fee schedules or billed charges by the provider. The MCO will not directly financially benefit from reducing fees to providers. MCO may indirectly benefit through the performance compensation, which will be based on reducing total costs while achieving quality outcomes, e.g. getting the worker back to work safely. BWC will develop and maintain a statewide provider fee schedule with stakeholder input, which will pay all providers registered with BWC, but not in the MCO panel. MCO will pay non panel providers the lesser of the BWC fee schedule or billed charges by the provider.

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Narrative Description of the New HPP Plan

Once the new BWC Health Care Partnership Program is announced, the following process has been agreed to by the key stakeholders in the HPP Design Process:

All providers will be offered the opportunity to sign an agreement that agrees to meet the terms of the BWC to be registered with the Health Care Partnership Program. The BWC will certify all providers who are in compliance with the BWC requirements. (Agree to oversight, rules and BWC fee schedule, etc.)

Once the BWC has "certified BWC providers" for the new HPP, Managed Care Organizations will be provided with a listing of all BWC Certified Providers from which the MCO must develop its provider network panel.

The BWC HPP will utilize counties as the geographical unit upon which to base the new BWC "Managed Care Market". Multiple MCOs may be credentialed to compete for BWC employers' business within each county in Ohio.

The MCO must then credential its provider network panel, based upon the geographic areas the MCO wishes to compete within. Once the MCO has organized its panel and met the criteria necessary to become a BWC "Certified MCO", the MCO will apply to the BWC for official "Certification". If the MCO is Certified, it will then market its services to the employers within the counties in which it is certified to provide medical care. The MCO must agree to capture all pertinent data on both in network and out of network providers, and maintain provider profiles, claim records and other data. If the MCO fails to be certified, the BWC will provide a list of deficiencies and the MCO will be allowed to reapply once it is in compliance.

Once the Employer chooses the MCO for not less than one year, the Employer and the MCO will educate and communicate to all employees on the MCO services and providers in the MCO network, but the employee may select any provider registered with the BWC without any copayment or deductible for going out of the MCO network.

The Employee can continue to see the out of network provider as long as the provider will agree to comply with all MCO and BWC rules and regulations. The out of network provider will be reimbursed based upon lesser of billed charges or the BWC statewide fee schedule, not the MCO fee schedule.

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If the employee chooses a provider not registered with the BWC, then only the initial visit for allowed conditions will be paid, and any further payments will be subject to rules adopted by the BWC.

All premiums will be paid by state fund employers to the BWC. After initial treatment the MCO must insure that the claim was for a compensable injury/illness. The BWC must be the ultimate payer responsible for claims eligibility determinations. Once the claim fee bill has been approved, the BWC will pay the MCO. The employer's MCO will pay all in and out of network provider claims, once BWC has paid the MCO.

BWC will not pay for a non-allowed condition.

BWC is responsible for all overall claims audits of the bills paid by the MCOs. The BWC will not routinely audit individual claim fee bills, but reserves the right to do so at its discretion.

The MCOs will be required to share aggregate and other data with both employers and the BWC. BWC will have complete access to all MCO claims data, paid bill information and provider profiling information.

MCO credentialing agreements with BWC must contain set expected service levels for timely payment of medical bills.

Due process and conflict resolution processes must be established by the BWC to decertify MCOs and remove providers from HPP.

Managed Care Organizations credentialed to compete within the HPP market by the BWC will be funded by a percentage of employer BWC premium for administrative costs of running the MCO. The employer premium was determined to offer the best funding to compensate the MCO for its employer contracts based upon size, volume and risk.

MCOs would compete for substantial performance compensation from BWC based upon predetermined medical outcomes goals. The Performance Compensation system would be based upon success of the MCO in getting the worker healed and back to work safely in the shortest amount of time.

The MCOs would negotiate their own fee schedules with their network providers, but will not financially benefit from reduced provider fees other than through the performance incentive which are based on reducing total cost while achieving quality outcomes, i.e. getting the worker back to work

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safely. BWC will pay the lesser of the BWC fee schedule, MCO fee schedule or billed charges by the provider. All providers not in the MCOs network, but registered with the BWC will be paid the lesser of BWC statewide fee schedule or billed amount submitted by the provider.

Providers' concerns on an inability to negotiate with MCOs on fees as a group, due to antitrust laws, would allow MCOs to dominate the market were offset by: 1) BWC certification of MCOs that will require MCOs to document based upon objective data size of provider networks, 2) patients will be guaranteed freedom of choice of provider, if the provider is registered with BWC, even if not in MCO network, 3) out of network providers will be paid based upon BWC fee schedule and subject to MCO utilization review and other requirements and 4) HPP will base MCO performance compensation upon outcomes and will be collecting data on both under and over utilization.

The new BWC HPP Managed Care Market Design will begin to be reviewed two years after fully operational. All elements of the HPP System Design will be retrospectively reviewed and adjusted based upon actual experience data with this new managed care market for workers' compensation injuries and illnesses.

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We, the undersigned, having participated in the design process for the Health Partnership Program, do hereby agree to the architectural design outlined in the attached document.

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Ohio Manufacturers Association

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March 28, 1995

BWC HPP Design Component Agreements

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NFIB

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Council of Retail Merchants

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Chamber of Commerce

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Ohio State Chiropractic Association

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OLSEA

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Medical Management/Cost Containment, BWC

BWC HPP Design Component Agreements

Robert E. Finnessy
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NFIB

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Council of Retail Merchants

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Chamber of Commerce

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Ohio State Chiropractic Association

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Medical Management/Cost Containment, BWC

9 BWC HPP Design Component Agreements

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Ohio Pharmacists Association

Charles Culbreth

Ohio Hospital Association

Ray L. Seligman

Ohio Podiatric Association

Daniel R. Miller

The Wyatt Company

Thomas J. Buckley

Ohio Trial Lawyers Association

March 28, 1995



**Bureau of Workers'
Compensation**

Exhibit B

2025 MCO Report Card

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.

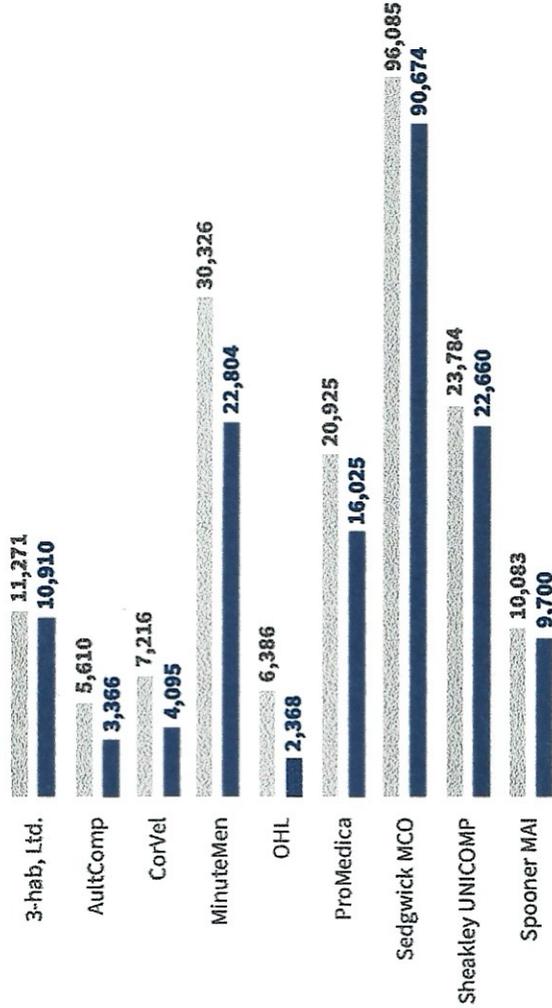


Number of employers

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.



Light blue patterned bar: MCO number of employers

Solid dark blue bar: 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:

- 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 columns: Industry number, Industry type, 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, Spooner MAI.



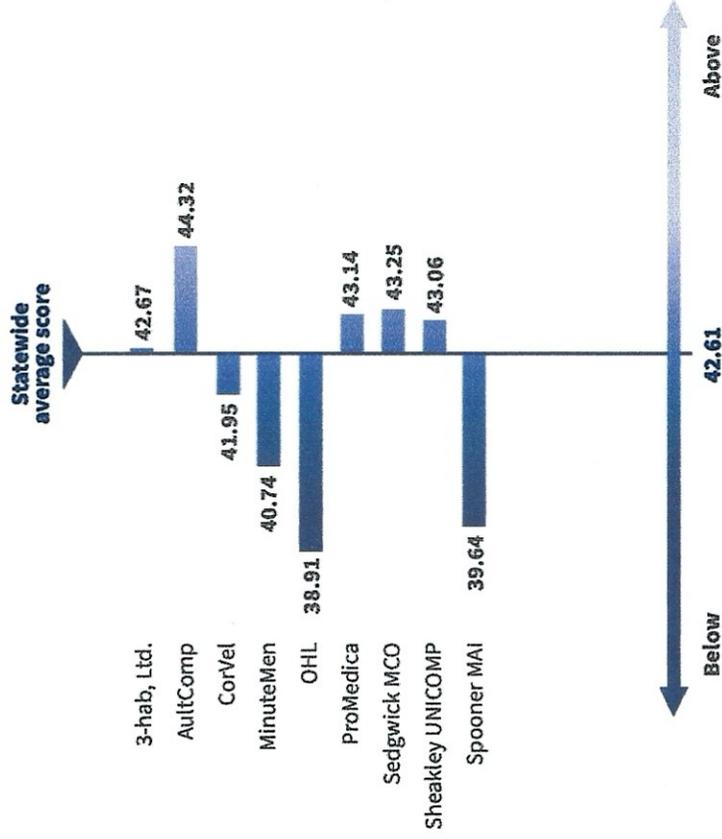
Bureau of Workers' Compensation

2025 MCO Report Card

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.

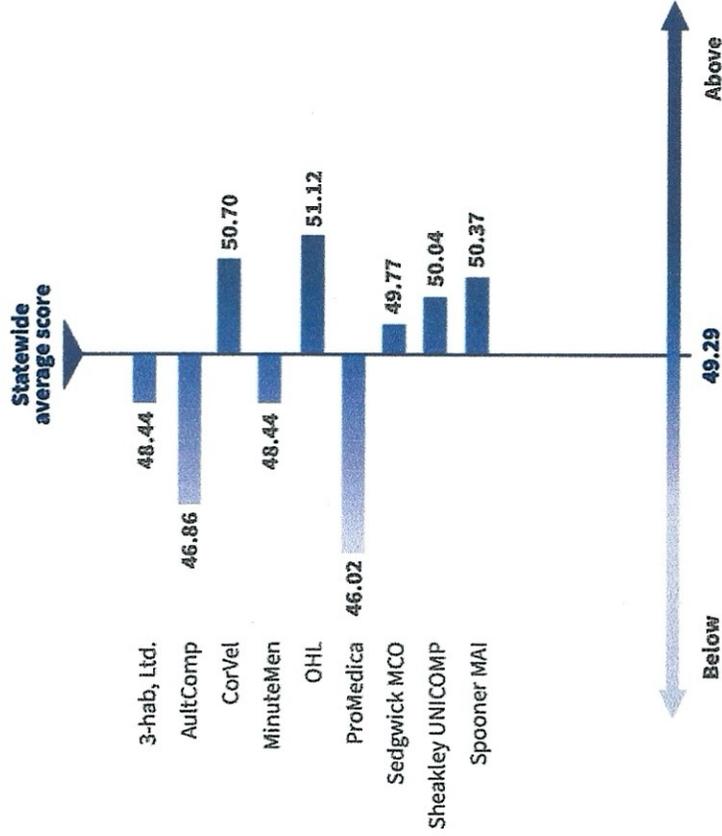




Medical Costs score

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.

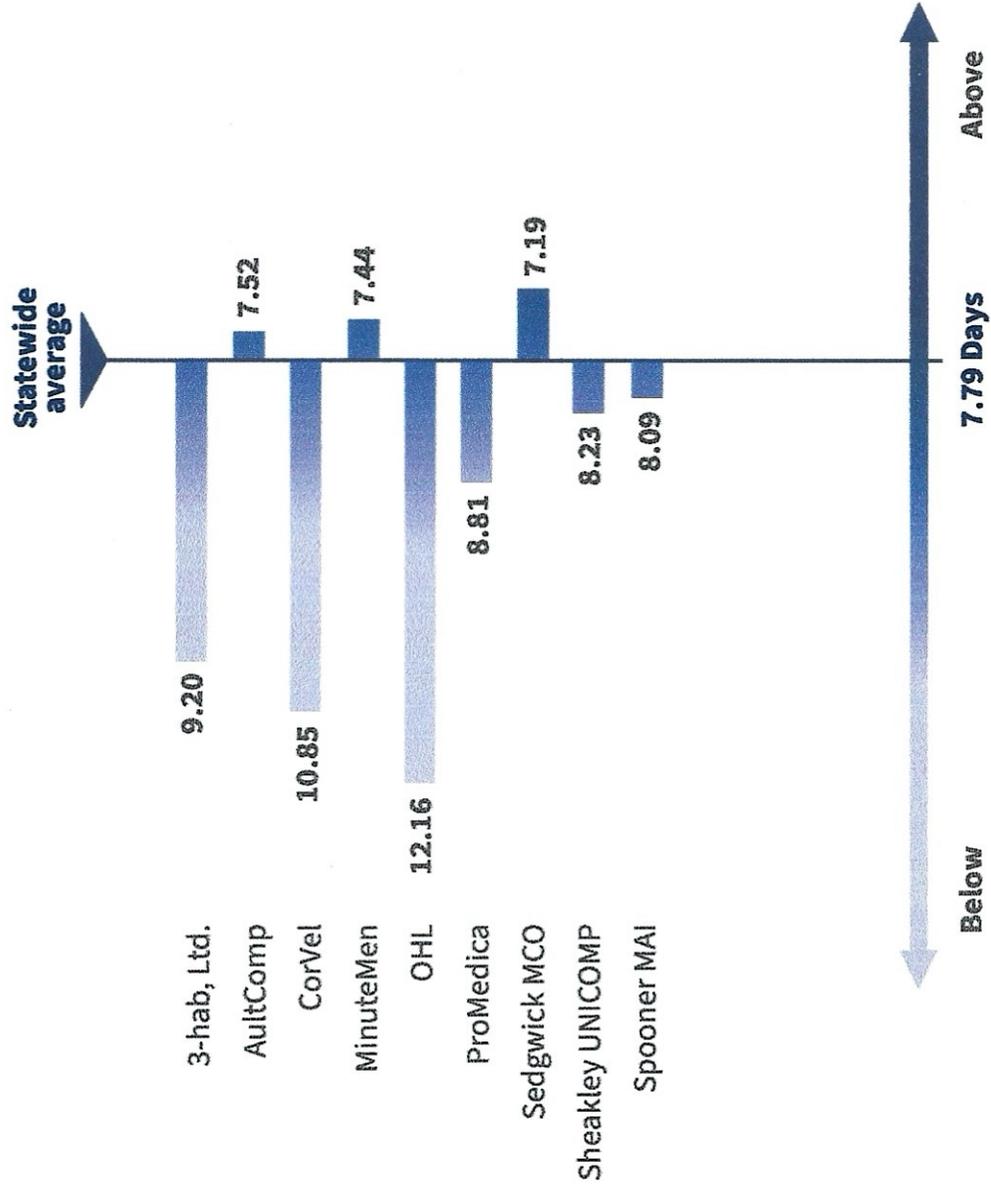




FROI timing

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.

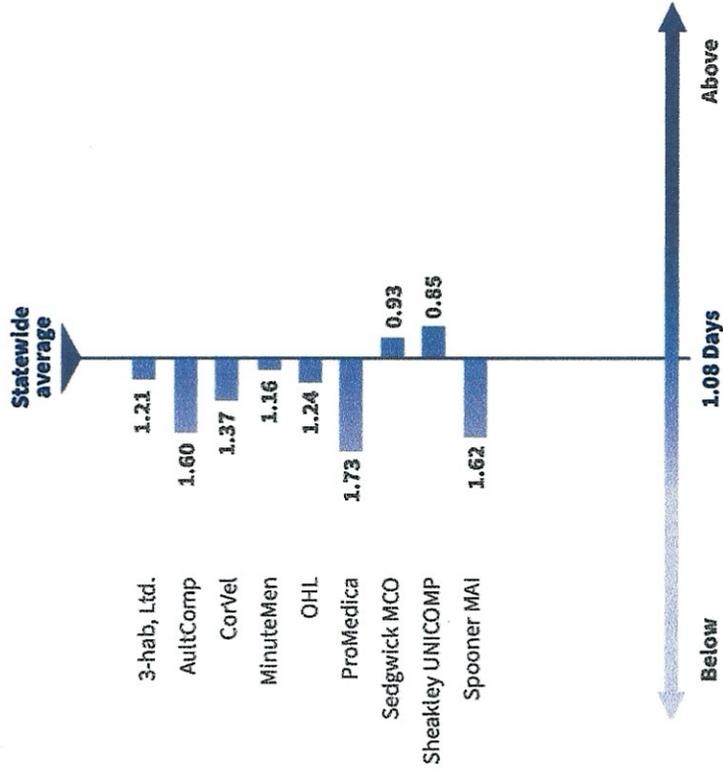




FROI turnaround

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.

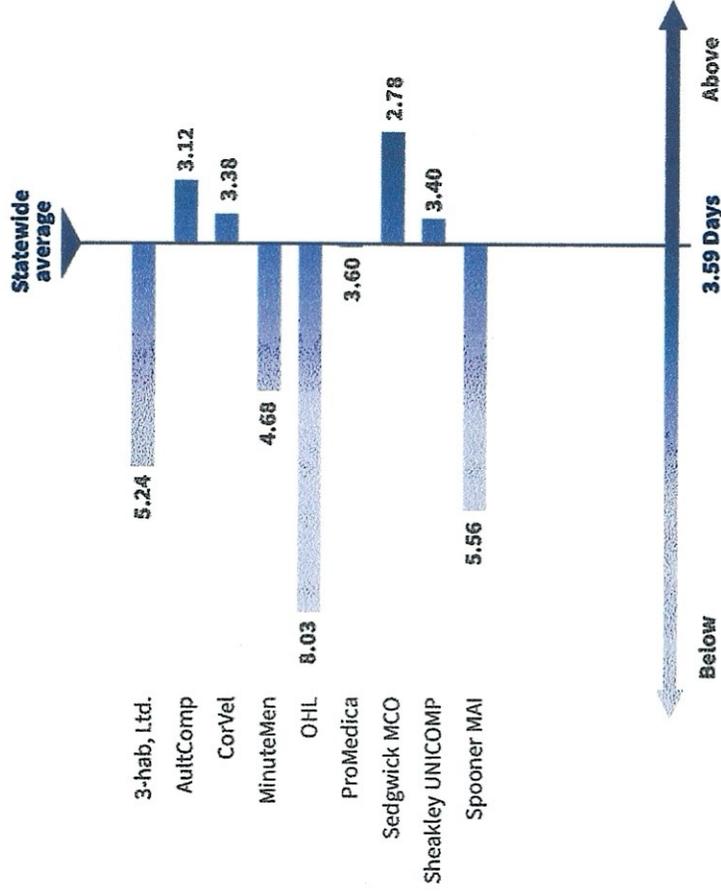




Provider bill timing

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.



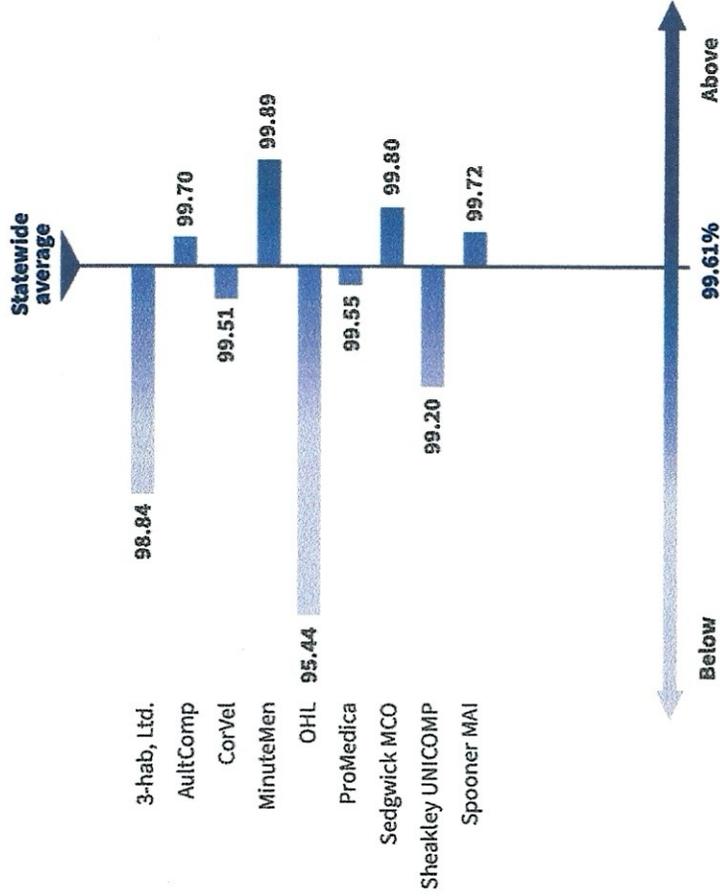


Provider bill accuracy

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



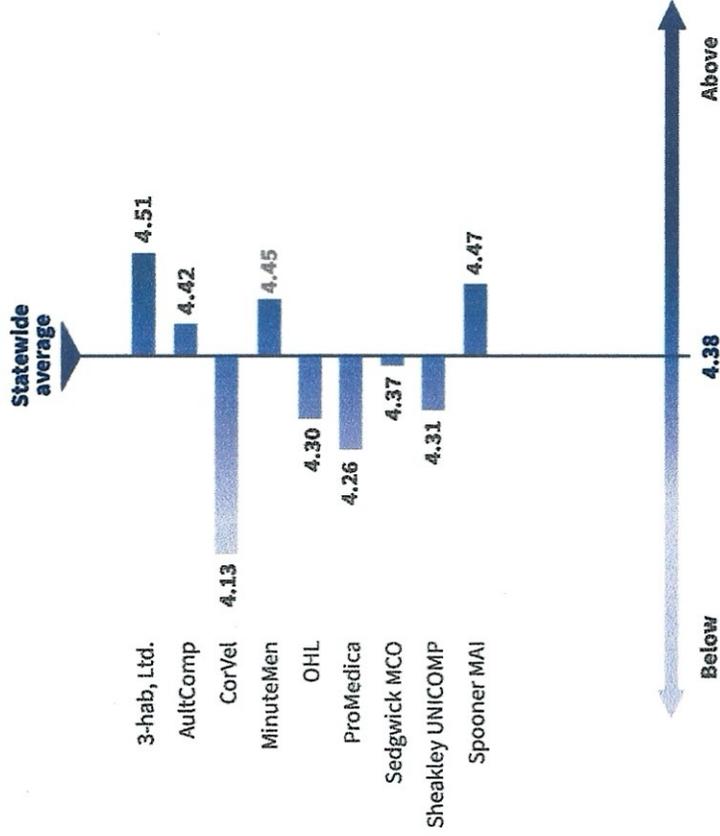
Bureau of Workers' Compensation

2025 MCO Report Card

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.