

The Ohio Health Partnership Program

A REVIEW OF THE FIRST NINE YEARS

(1997 - 2006)

MCO LEAGUE
OF OHIO

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Ohio faced a growing crisis in the late 1980's and early 1990's as the cost of workers' compensation insurance escalated with double digit annual rates. Businesses began relocating to lower cost states with a measurable negative impact on the overall State economy. The Ohio General Assembly, in partnership with various business, labor and medical associations, understood that this problem had to be addressed for our state to remain economically competitive. The primary cost driver was indemnity payments to injured workers for time off the job and the difficulty in managing their return to work.

Enabling legislation was passed in 1993 which empowered the Workers' Compensation system to develop alternatives to its service delivery model which would maintain a competitive business atmosphere while continuing to provide quality medical care. The goal was to bring together various employer, labor, legal, medical and government associations impacted by the escalating costs. Their goal was to develop a plan that specifically targeted the management of workplace injuries to reduce indemnity costs, bring about better medical outcomes and in a timely manner provide effective intervention.

A Stakeholders Group was formed from the above referenced associations in conjunction with representatives from the Ohio Bureau of Workers' Compensation. As a result of their combined efforts, the Ohio Health Partnership Program (HPP) was developed and implemented beginning March 1, 1997. The primary focus for this new service delivery model was to utilize private sector injury management companies' best practices through Managed Care Organizations (MCOs), to provide management of the medical treatment and return to work processes to facilitate appropriate treatment and provide accountability for a timely return to work.

The results of the new model have been significant as over the past eight years the MCOs have helped the Ohio Workers' Compensation System achieve an estimated **NET SAVINGS in excess of \$1.78 BILLION** (Exhibit 1). The MCOs have facilitated a more timely return to employment for injured workers with fewer days off when compared to pre-HPP years. Injuries that might have become costly lost time claims have been aggressively managed, limiting the number of work days missed.

It is estimated that \$3.2 billion of indemnity payments have been saved through the reduction in the percentage of lost-time claims. Similar savings can also be validated through an analysis of the improvement in return to work rates as publicly reported by BWC throughout HPP.

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The following is a partial list of accomplishments by MCOs:

1. Through early intervention and effective return to work strategies, MCOs achieved more than a 20 percent reduction in the percentage of lost-time claims compared to pre-HPP. Lost time claims were reduced from 15.69 percent of claims in FY 1996 to just 12.3 percent of claims in FY 2006 (*Exhibit 2*).
2. Ninety two percent of injured workers have safely gone back to work within sixty days of filing a claim (*BWC's Operational Performance Report, March 2007*).
3. MCOs have reduced the lag time in reporting an industrial injury from 62.1 days to 19.3 days from the date of injury. This is a 69 percent reduction, which has allowed more immediate and higher quality care (*Page 3, 2004 HPP Progress Report*).
4. The average cost of a claim filed within seven days of injury has decreased from \$8,188 in 1995 to \$2,183 in 2003, a reduction of 73 percent (*Page 3, 2004 HPP Progress Report*).
5. Medical bills are paid much faster under HPP. Since 1995, the lag time between the date of service and the date of payment has been reduced by 51 percent. Today, 98 percent of bills are paid by the MCO within 30 days of receipt (*Page 5, 2004 HPP Progress Report*).
6. Actual lost time claims have decreased by nearly 48 percent since the inception of HPP (*Exhibit 2*).
7. Injured workers have returned to employment on average in 8.9 days as opposed to 19 days prior to 1998 (*Page 5, 2004 HPP Progress Report*).
8. The workforce at BWC has been reduced from its peak of 4,500 employees in 1995 to 2,578 in 2006. Much of the headcount reduction and related savings can be attributed to the transfer of service functions to MCOs.
9. MCOs have effectively controlled physician-related expenditures through discounted fee arrangements and appropriate medical management. There was no increase in total physician fees when comparing 1996 (pre-HPP) to 2005. According to a 2006 report from Mercer Oliver Wyman, Medical Cost Containment has a major impact on reserves. Meanwhile, fees for medical services in which MCOs have little or no jurisdiction (hospital and pharmacy) have increased more than 50 percent during the same period.

MCOs have clearly met the challenge set forth by the Ohio General Assembly and the Stakeholders. The MCOs look forward to enhancing these services and working with BWC and its constituents to improve medical care delivery for injured workers while effectively managing overall costs to employers.

Exhibit 1

According to information published by BWC in 2004, the average claims cost for a lost time claim (injured worker misses more than seven days) is \$51,000 (*Page 5, 2004 HPP Progress Report*). If an injury can be contained to a medical only claim (injured worker misses fewer than seven days), the average claims cost is only \$820. Therefore, on average, Ohio's Workers' Compensation system saves \$50,180 (\$51,000 - \$820) each time a potential lost time claim is contained as a medical only claim.

BWC data shows that MCOs have done an exceptional job in reducing the percentage of lost time claims compared to pre-HPP. MCOs have helped achieve more than a 20 percent reduction in the percentage of lost time claims compared to pre-HPP. BWC states in their 2002 HPP Progress Report that "HPP helps prevent minor claims from turning into more severe and complex lost-time injuries by delivering to the injured worker earlier and more effective medical intervention". By preventing tens of thousands of claims from becoming lost time claims, over **\$1.78 billion in net savings** has been realized through HPP (*Exhibit 2*).

MCOs certified by BWC and accredited by the American Accreditation HealthCare Commission (URAC), aggressively manage claims to ensure injured employees return to work as quickly and safely as possible. BWC's Degree of Disability Management (DoDM) model for measuring return to work effectiveness shows that Ohio's MCOs are safely returning injured employees to work much faster than national benchmarks established by Milliman and Robertson. The return to work success of MCOs is also evident in lower overall indemnity payments, premium reductions, improvement in overall return to work rate as published by BWC, and high satisfaction ratings from Ohio employers.

Exhibit 2

| | Fiscal Year 1996 | Fiscal Year 1997 | Fiscal Year 1998 | Fiscal Year 1999 | Fiscal Year 2000 | Fiscal Year 2001 | Fiscal Year 2002 | Fiscal Year 2003 | Fiscal Year 2004 | Fiscal Year 2005 | Fiscal Year 2006 |
|--------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|
| State Fund Claims Filed | | | | | | | | | | | |
| Lost Time | 40,805 | 37,059 | 31,170 | 33,678 | 33,726 | 30,510 | 26,525 | 26,404 | 24,042 | 21,248 | 20,363 |
| Medical Only | 219,274 | 220,887 | 238,475 | 227,817 | 222,927 | 206,107 | 184,013 | 178,751 | 162,105 | 154,419 | 144,828 |
| Occupational Disease | 2,411 | 2,937 | 2,793 | 2,377 | 2,796 | 3,306 | 2,502 | 2,889 | 2,602 | 2,125 | 1,666 |
| Death | 62 | 207 | 323 | 188 | 250 | 185 | 187 | 257 | 297 | 223 | 196 |
| Disallowed or Dismissed | 25,113 | 25,496 | 21,217 | 21,330 | 20,502 | 20,630 | 20,141 | 19,827 | 18,801 | 19,068 | 18,179 |
| Total | 287,665 | 286,586 | 293,978 | 285,390 | 280,201 | 260,738 | 233,368 | 228,128 | 207,847 | 197,083 | 185,232 |
| Net Allowed Injuries | 262,552 | 261,090 | 272,761 | 264,060 | 259,699 | 240,108 | 213,227 | 208,301 | 189,046 | 178,015 | 167,053 |
| Total LT/MO | 260,079 | 257,946 | 269,645 | 261,495 | 256,653 | 236,617 | 210,538 | 205,155 | 186,147 | 175,667 | 165,191 |
| Percentage Medical Only | 84.31% | 85.63% | 88.44% | 87.12% | 86.86% | 87.11% | 87.40% | 87.13% | 87.08% | 87.90% | 87.67% |
| Percentage Lost Time | 15.69% | 14.37% | 11.56% | 12.88% | 13.14% | 12.89% | 12.60% | 12.87% | 12.92% | 12.10% | 12.33% |

■ Fiscal Year 1996 was the final full year without HPP. Since the implementation of HPP in Fiscal Year 1997, the percentage of Lost Time claims has declined.

■ According to BWC, reduction in the percentage of Lost Time claims is due to "earlier and more effective medical intervention" through HPP.

■ Average Medical Only claim costs are \$820, while average Lost Time claim costs are \$51,000. Average difference between Medical Only costs and Lost Time costs is \$50,180 per claim.

■ Assume that the Lost Time/Medical Only ratio would have remained constant without HPP. The figures below represent the savings realized through the actual reduction in percentage of Lost Time claims under HPP vs. pre-HPP (\$50,180 times the number of additional Lost Time claims if percentage remained at 15.69 percent).

| | Fiscal Year 1997 | Fiscal Year 1998 | Fiscal Year 1999 | Fiscal Year 2000 | Fiscal Year 2001 | Fiscal Year 2002 | Fiscal Year 2003 | Fiscal Year 2004 | Fiscal Year 2005 | Fiscal Year 2006 | Totals |
|---------------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|----------------|
| Actual LT Claims | 37,059 | 31,170 | 33,678 | 33,726 | 30,510 | 26,525 | 26,404 | 24,042 | 21,248 | 20,363 | 284,725 |
| LT Claims (if 15.69% of claims) | 40,472 | 42,307 | 41,029 | 40,269 | 37,125 | 33,033 | 32,189 | 29,206 | 27,562 | 25,918 | 349,111 |
| Additional LT Claims | 3,413 | 11,137 | 7,351 | 6,543 | 6,615 | 6,508 | 5,785 | 5,164 | 6,314 | 5,555 | 64,386 |
| Gross Savings (Millions) | 171 | 559 | 369 | 328 | 332 | 327 | 290 | 259 | 317 | 279 | 3,231 |
| Less MCO Fees (Millions) | 21 | 151 | 128 | 143 | 149 | 166 | 168 | 174 | 172 | 173 | 1,444 |
| Net Savings (Millions) | 150 | 408 | 241 | 185 | 183 | 161 | 122 | 85 | 145 | 106 | 1,787 |

■ The analysis above shows that MCOs have helped Ohio's Workers' Compensation system save \$1.78 billion since the inception of HPP.

Ohio Bureau of Workers' Compensation

Health Partnership Program

The Ohio Bureau of Workers' Compensation (BWC) and our stakeholders share a vision of a workers' compensation system that provides Ohio's injured workers with the care and attention they need to recover from a workplace injury and return to work, their families and communities. The side benefit of this care and attention is a reduction of any hardship to injured workers, their families and their employers.

Together, BWC and our stakeholder organizations implemented the foundation of this vision, the Health Partnership Program (HPP) in 1997. HPP is our managed care workers' compensation model, which partners BWC with managed care organizations, providers, employers and workers.

To date, HPP has helped increase the quality and efficiency with which treatment is provided while keeping costs low for employers. HPP's success is due in part to the coordinated efforts of our two lines of business: employer management services and injury management services. Employer management services, also known as workers' compensation loss prevention, emphasizes workplace safety and injury prevention strategies. Injury management services concentrates on providing injured workers with the right care at the right time, as well as strategies to return injured workers to work as soon as medically possible.

The combination of these two lines of business, and the efforts of BWC and its stakeholders, have built the foundation of HPP's success and have made it a model of study for several states and foreign countries.

Two lines of business

Employer management services: Loss prevention programs

The best claim is the claim that never happens. Loss prevention strategies help employers lower the incidence of workplace accidents, decrease claim frequency and ultimately reduce workers' compensation costs. Our loss prevention programs and services have proven track records. For example, in 2003, slightly more than 230,000 claims were filed, which is 10 percent fewer claims than were filed in 2001. The combination of BWC's programs and services, which promote workplace safety, and Ohio businesses proactively reducing hazards that lead to accidents have led to safer, healthier Ohio workplaces.

Injury management programs positively impact the quality of the injured worker's care.

Injury management services: Loss control programs

Through the efforts of BWC, the MCO, an injured worker's employer and their medical provider, nearly 98 percent of all injured workers return to work. In addition, 90 percent return within two weeks of injury. This figure supports the fact injured workers want to return to work as soon as medically possible, and HPP provides the quality health care they need to achieve that goal. Return to work also benefits an employer's bottom line and can improve workplace morale. Delayed return to work means increased workers' compensation costs, additional costs for hiring and training temporary employees, employee overtime and reduced efficiency.

To achieve our shared return-to-work goals, we work with employers, MCOs, providers and injured workers to provide the right treatment at the right time. Injury management programs are the actions BWC, employers and MCOs take to control the severity – or cost – of a claim after a workplace accident occurs.

Components of effective injury management are:

- **Injury reporting:** The faster the injury is reported, the sooner we can start caring for the injured worker and managing the claim. Faster intervention has led to fewer lost days from work, resulting in lower costs. These efforts have led to lost-time claims declining by 65 percent between 1995 and 2003.
- **Quality managed care:** To ensure our health-care quality standards are met, we certify only URAC-accredited MCOs. URAC, also known as the American Accreditation HealthCare Commission, establishes standards for the health-care industry, and promotes continuous improvement in the quality and efficiency of health-care delivery.

Injury management programs positively impact the quality of the injured worker's care. To help Ohio's injured workers return to work as soon as medically possible, we partner with employers and MCOs to implement return-to-work programs, some of which are described below.

Expanded vocational rehabilitation services: MCOs manage each claim with the goal of an optimal return-to-work date. If an injured worker has not returned to the job 30 days after that optimum date, we will work with the employer's MCO to provide the injured worker with specialized in-depth services to prepare and integrate him or her back to the work force.

Presumptive authorization: Presumptive authorization allows a physician to provide basic treatment for the most common work-related injuries up to 60 days from the date of injury without first obtaining MCO approval for services. The injured worker can get immediate care, as opposed to the physician waiting several days for written authorization and then arranging treatment around the injured worker's schedule.

Remain at work: This program, managed by the employer's MCO, provides injured workers with rehabilitation services that help reduce or eliminate the number of days the injured worker is off work, and keeps medical-only claims from becoming lost-time claims. These services were previously reserved for lost-time claims, but have been extended to medical-only claims as well.

Transitional WorkGRANTS: Transitional work programs use real job duties to accommodate injured workers' medical restrictions for a

specified time period to gradually return them to their original job. If the employer is eligible, our Transitional WorkGRANT\$ will provide the employer with up to 80 percent of the program development costs, up to a set limit. The remaining 20-percent investment could save the employer thousands of dollars in disability costs.

Measuring success

HPP strives to increase the efficiency with which claims are filed and processed to ensure injured workers get the care they need to return to work as soon as medically possible. We regularly review the components of our claims filing and processing procedures to ensure the system continues to function at its optimum level.

Timely filing: Scrutinizing lag time, or the time that elapses between the injury date and the filing date, is important because the sooner the claim is filed, the sooner the injured worker will receive the necessary treatment to allow him or her to return to work. **Since 1995, lag time has been reduced more than 69 percent.** This progress demonstrates HPP has helped to get injured workers the care and treatment needed more quickly than ever before.

Average filing lag

| Calendar year | Claims allowed | Average filing lag |
|---------------|----------------|--------------------|
| 1995 | 273,790 | 62.1 |
| 1996 | 252,284 | 58.9 |
| 1997 | 273,769 | 38.8 |
| 1998 | 263,556 | 26.9 |
| 1999 | 250,602 | 21.9 |
| 2000 | 249,828 | 21.3 |
| 2001 | 219,483 | 21.9 |
| 2002 | 205,990 | 19.5 |
| 2003 | 190,511 | 19.3 |

HPP has helped to get injured workers the care and treatment needed more quickly than ever before.

In addition, 81 percent of all claims are filed within 14 days of the injury.

By filing the claim more quickly, injured workers receive proper medical intervention sooner. This reduction in lag time has not only expedited quality treatment, but it has also played a significant role in reducing the average cost of a claim as well.

Average cost of claims based on filing lag

| Calendar year | Claims filed within 7 days of DOI | Claims filed in 8 to 14 days | Claims filed in 30 days or more |
|---------------|-----------------------------------|------------------------------|---------------------------------|
| 1995 | \$8,188 | \$4,632 | \$2,726 |
| 1996 | \$8,623 | \$4,747 | \$2,552 |
| 1997 | \$3,110 | \$2,923 | \$2,656 |
| 1998 | \$2,884 | \$3,125 | \$3,800 |
| 1999 | \$2,850 | \$3,164 | \$4,770 |
| 2000 | \$3,017 | \$3,465 | \$4,785 |
| 2001 | \$3,047 | \$3,483 | \$4,722 |
| 2002 | \$2,864 | \$3,109 | \$4,170 |
| 2003 | \$2,183 | \$2,352 | \$2,868 |

Claims determination: After the claim is filed, we must decide whether to allow or deny the claim. This decision, or determination, is based on information from the *First Report of Injury, Occupational Disease or Death (FROI)* and medical documentation. Our goal is to make a claim determination within 14 days of the injury date. The sooner a determination is made, the faster the injured worker can move forward with getting necessary treatment, and the worker's employer, provider and MCO, along with BWC can begin putting together a return-to-work plan that accommodates the injuries the worker has sustained.

Through HPP, BWC has become increasingly successful in hitting its goal. In 1995, less than 1 percent of claims were determined within two weeks of the filing date. That number increased to more than 71 percent of allowed claims in 2003.

Average determination time from claim filing date

| Calendar year | Claims | Average determination |
|---------------|---------|-----------------------|
| 1995 | 273,790 | 15.5 |
| 1996 | 252,284 | 15.8 |
| 1997 | 273,769 | 21.6 |
| 1998 | 263,556 | 15.9 |
| 1999 | 250,601 | 15.2 |
| 2000 | 249,828 | 13.0 |
| 2001 | 219,487 | 12.5 |
| 2002 | 205,997 | 11.4 |
| 2003 | 190,505 | 11.0 |

The sooner a determination is made, the faster the injured worker can move forward with getting necessary treatment.

As with claim filing, the ability of BWC's claim service specialists to gather information more quickly and make a determination helps to keep costs low for employers as well.

Average cost of claims based on determination time from claim filing date

| Calendar year | Claims determined within 7 days | Claims determined in 8 to 14 days | Claims determined in 30+ days |
|---------------|---------------------------------|-----------------------------------|-------------------------------|
| 1995 | \$1,733 | \$2,524 | \$6,253 |
| 1996 | \$1,575 | \$2,619 | \$4,814 |
| 1997 | \$2,623 | \$2,907 | \$2,299 |
| 1998 | \$2,813 | \$3,449 | \$4,231 |
| 1999 | \$2,998 | \$3,564 | \$7,371 |
| 2000 | \$3,363 | \$3,468 | \$5,982 |
| 2001 | \$3,833 | \$3,404 | \$5,501 |
| 2002 | \$3,072 | \$3,324 | \$4,732 |
| 2003 | \$2,223 | \$2,589 | \$2,753 |

Provider network: We value our partnership with physicians and other health-care providers because of the critical role they play in the care and treatment of injured workers. HPP supports this partnership with programs and services designed to make it easy for providers to work with us. Programs, such as our e-business, competitive fee schedule and non-invasive medical policies, help retain and attract quality physicians and other health-care providers.

Our prompt payment policy also helps us retain and recruit high-quality providers. Since 1995, BWC has reduced the lag time between the date of service and the date of payment by 51 percent. Additionally, 98 percent of bills are paid to the MCO within 30 days of receipt.

Average time to pay bill from receipt

| Calendar year | Average lag (days) |
|---------------|--------------------|
| 1995 | 15.9 |
| 1996 | 12.5 |
| 1997 | 14.8 |
| 1998 | 12.2 |
| 1999 | 8.2 |
| 2000 | 14.2 |
| 2001 | 8.6 |
| 2002 | 6.5 |
| 2003 | 8.1 |

Return to work: Once a claim is allowed, the next step is to create a return-to-work plan that accommodates the injured worker’s medical condition.

Through HPP, BWC and its partners work to aggressively return an injured worker to work while minimizing the chances of re-injury. The longer a worker is off work, the more costly the claim becomes and the less likely it is the worker will return to work. Claims where injured workers miss fewer than seven days cost an average of \$820. If an injured worker misses more than seven days, the average claims cost is in excess of \$51,000.

Our goal is to return all injured workers to work within seven days from the injury date. Through early and aggressive intervention by Ohio employers and their MCOs, nearly 87 percent of workers miss fewer than seven days of work because of a workplace injury. Furthermore, the average time it takes to return an injured worker back to work has been reduced by 48 percent since 1995.

Average number of days before successful return to work

| Year | Lost time (8 or more days) | Medical only (fewer than 7 days) | Overall |
|------|----------------------------|----------------------------------|---------|
| 1995 | 56.8 | 1.1 | 17.0 |
| 1996 | 51.5 | 1.1 | 16.1 |
| 1997 | 53.7 | 1.6 | 19.3 |
| 1998 | 54.4 | 1.8 | 17.3 |
| 1999 | 46.0 | 1.8 | 9.9 |
| 2000 | 42.4 | 1.2 | 8.6 |
| 2001 | 48.9 | 1.4 | 9.8 |
| 2002 | 48.5 | 1.1 | 8.9 |

Our goal is to return all injured workers to work within seven days from the injury date.

The state insurance fund protects an estimated 280,000 employers and a work force of more than 4 million.

Overall performance of HPP

HPP's loss prevention and loss control strategies have a tremendous effect on helping to minimize workers' compensation premiums for Ohio employers. Since 1995, premiums have been reduced an average of 32 percent; therefore, an average employer that paid \$10,000 in premiums 10 years ago now pays only \$7,310. In addition, BWC remains fully-funded, and not one injured worker benefit was affected by these premium reductions.

Administrative improvements

HPP has effectively reduced the cost of workers' compensation while increasing the quality of service to injured workers. BWC also has undertaken further efforts to control its administrative and operating costs. **The workforce at BWC has been reduced from its peak of 4,500 employees in 1995 to 2,650 employees.** In addition, a recent effort to consolidate service offices across Ohio will save approximately \$6 million annually. These steps, along with other improvements in efficiency, have resulted in BWC operating on a budget that is \$10 million less today than it was in 1995 – without adjusting for inflation. And again, injured worker benefits have not been adversely impacted by these cost savings.

Continuous improvements

The state insurance fund protects an estimated 280,000 employers and a work force of more than 4 million. In the face of increasing health-care costs and a challenging economy, we must continue to find ways to improve our programs and services in an effort to contain workers' compensation costs.

To further improve our operations, we are evolving our business model to provide more integrated, customer-focused services. Features of our new business model include:

Customer care team: Employer management services and injury management services staff form teams dedicated to providing assistance to assigned employers and injured workers. Employer management services team members' responsibilities include developing workplace safety programs, injury prevention strategies and risk strategies. Injury management services team members' provide a coordinated set of strategies to advance injury and illness claims efficiently from notification to successful resolution. Injury management is comprised of claims, and medical and vocational rehabilitation services that promote proactive interventions rather than traditional claims handling and processing.

Consulting for impact: Our field staff will work with employers to identify their workers' compensation needs and provide them with information on the products and services we offer that will help them achieve their workers' compensation goals. To accomplish this, our consultants will help customers track their workers' compensation reports to identify injury and accident trends, as well as potential safety hazards, and create safety solutions that will minimize the risk of injury.

Employer action plan: This document outlines the action steps, goals and strategies the customer care team and its employer customer have developed to help the employer reduce his or her company's workers' compensation costs.

Customer care plan: This plan, developed by our injury management services customer care team members in partnership with the injured worker's provider, MCO and employer, outlines the action steps, goals and strategies the customer care team will employ to bring a claim to an appropriate resolution.

Auto adjudication: A systematic process for determining low-severity, low-cost workers' compensation claims.

In the most recent customer service index, BWC received a 93 percent, its highest rating ever.

HPP in the eyes of our customers

Responsiveness and efficiencies are the keys to workers' compensation success. We maintain continuous dialogue with our customers and evaluate their feedback regarding our programs and services.

Based on BWC's customer service index, we must be responding to our customers' needs. In the most recent index, which combines injured worker and employer surveys and complaint statistics, BWC received a 93 percent, its highest rating ever.

Results from our 2003 MCO customer service survey also reflect HPP's success. The overall injured workers' satisfaction rating was 3.93 and employers' satisfaction rating was 4.14. The highest score an MCO can achieve is 5.0.

As HPP continues to evolve to meet our customers' needs, we look forward to the continued support of our workers' compensation partners and stakeholders. We share a goal of providing high-quality medical treatment in a timely manner for Ohio's work force so we can keep Ohio safe and working.

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