

## Frequently Asked Questions: Healthchek Services

OHIO DEPARTMENT OF MEDICAID

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### Question 1. What is Healthchek?

**Answer 1.** Healthchek is Ohio Medicaid’s child health benefit for children under age 21. The Federal name for this benefit is Early and Periodic Screening, Diagnostic and Treatment services, or EPSDT. The purpose of Healthchek is to find and treat health problems early, so your child can have the best health and development possible. Healthchek is free and covers Healthchek exam (well child check-ups), hearing, vision, and dental screenings to diagnose any health problems your child might have. It also covers medical and dental treatments and equipment that may be considered medically necessary.

### Question 2. Is Healthchek different from Medicaid?

**Answer 2.** No. Healthchek is the children’s health component of Medicaid for children under age 21. Under Healthchek, your child can receive medically necessary services or equipment that would be covered by federal Medicaid whether or not the service is covered by Ohio's Medicaid plan for adults. Also, your child can get more of a certain service than would be provided to adults. For example, a child could get more physical therapy than an adult would get if the added therapy is medically necessary for the child. Children also can get more dental care than adults.

### Question 3. Do I have to fill out an extra application for my child to receive Healthchek services?

**Answer 3.** No. Once your child is enrolled in Ohio Medicaid, he or she can receive Healthchek services. Ask the Healthchek Coordinator at your County Department of Job and Family Services’ (CDJFS) for more information about Healthchek services. A list of county Healthchek Coordinators can be found at: [countycoordinators.pdf \(ohio.gov\)](#)

### Question 4. How many Healthchek exams are covered?

**Answer 4.** Healthchek covers 13 check-ups throughout the first three years of life, then one check-up each year until the age of 21. It is important to take your child to all covered check-ups to ensure your child’s health and normal development. If a health problem is found, more exams and services are covered when necessary to diagnose and treat the problem.

### Question 5. What happens during a Healthchek exam?

**Answer 5.** Healthchek screenings (exams) are complete physical examinations that include:

- Medical history
- Complete unclothed exam (with parent approval)
- Developmental screening (to see if your child’s physical and mental abilities are as expected for his or her age)
- Vision screening
- Hearing assessment
- Dental screening

- Immunizations (to make sure your child receives shots ontime)
- Lead screening
- Other screenings and services as needed

Healthchek exams are based on the American Academy of Pediatrics (AAP) children’s health recommendations. If a health problem is found, your doctor can treat the problem, do more examinations, or refer you to a specialist for treatment.

**Question 6. What kind of services can my child get through Healthchek?**

**Answer 6.** In addition to the screening services, your child can get medically necessary services or equipment that your child's Medicaid provider recommends. Some services must be approved by Ohio Medicaid or the managed care organization (MCO) your child is enrolled in. Examples of available services or equipment include:

- Physician and clinic services
- Inpatient and outpatient hospital services
- Laboratory and x-ray services
- Home health services and private duty nursing services
- Personal care services
- Care coordination or Case management services
- Physical therapy and related services
- Any medical care or other type of remedial care (example: occupational therapy) recognized under state law
- Other diagnostic, screening and rehabilitative services recommended by a licensed Medicaid provider
- Durable medical equipment
- Dental services
- Certified pediatric nurse practitioner services
- Nursing facilities, Intermediate Care Facilities for Individuals with Intellectual Disabilities, and inpatient psychiatric hospitals
- Respiratory care services

**Question 7. What happens if a health problem is found?**

**Answer 7.** Your child’s doctor can treat the problem or can make a referral to a specialist for further evaluation and treatment. Any Medicaid provider can find a problem, make a referral, or provide treatment. This includes doctors, nurses, dentists, physical therapists, occupational therapists, speech therapists, psychologists, psychiatrists, and other health care professionals.

**Question 8. What does medically necessary (medical necessity) mean?**

**Answer 8.** Medical necessity for individuals covered by early and periodic screening, diagnosis, and treatment (EPSDT) is defined as procedures, items, or services that prevent, diagnose, evaluate, correct, ameliorate, or treat an adverse health condition such as an illness, injury, disease, or its symptoms, emotional or behavioral dysfunction, intellectual deficit, cognitive impairment, or developmental disability.

**Question 9. What should I do if the doctor says my child needs a medically necessary service that must be approved by Medicaid or my child's managed care organization (MCO)?**

**Answer 9.** If you are enrolled in a Medicaid managed care organization (MCO), your provider should contact the plan’s prior authorization department and make the request. Each plan has its own process for approving requests for services. If you are not enrolled in a MCO, your Medicaid providers can make a request for the service. Your health care professional will submit all the necessary supporting paperwork (example: treatment plans, progress notes, assessments), asking that the requested service receive prior authorization for coverage.

**Question 10. What if a request for approval by Medicaid or my child's managed care organization (MCO) is denied?**

**Answer 10.** You will receive notification by mail if the service your doctor recommends is denied by Medicaid. If you disagree with the denial, you may ask for a hearing. You must ask for a hearing within 90 days from the date of the notice. This document should tell you exactly how to ask for the hearing. A hearing will be scheduled, and a hearing officer will listen to you and Ohio Medicaid, then will decide whether the denial was correct.

If your child is enrolled in an MCO, you can find information about your plans process on their website by searching for “appeal” or by calling their member services department for assistance.

Managed Care Organization	Website	Member Services
Aetna Better Health® of Ohio	<a href="https://aetnabetterhealth.com/OhioRISE">https://aetnabetterhealth.com/OhioRISE</a>	1-855-364-0974 (TTY: 711)
Amerihealth Caritas of Ohio	<a href="https://www.amerihealthcaritas.com">https://www.amerihealthcaritas.com</a>	1-833-764-7700 TTY: 1-833-889-6446
Anthem BCBS	<a href="https://www.anthem.com">https://www.anthem.com</a>	1-844-912-0938 (TTY: 711)
Buckeye Health Plan	<a href="https://www.buckeyehealthplan.com">https://www.buckeyehealthplan.com</a>	1-866-246-4358 (TTY: 711)
CareSource	<a href="https://www.caresource.com">https://www.caresource.com</a>	1-800-488-0134 (TTY: 711)
Humana Healthy Horizons in Ohio	<a href="https://www.humana.com/medicaid/ohio">https://www.humana.com/medicaid/ohio</a>	1-877-856-5702 (TTY: 711)
Molina Healthcare	<a href="https://www.molinahealthcare.com">https://www.molinahealthcare.com</a>	1-800-642-4168 (TTY: 711)
United Healthcare Community Plan of Ohio	<a href="https://www.uhccommunityplan.com">https://www.uhccommunityplan.com</a>	1-800-895-2017 (TTY: 711)

**Question 11. I need help finding a doctor who will accept Medicaid. What should I do?**

**Answer 11.** If you are enrolled in a managed care organization, contact the plan, or visit its web site for further information. If you are not covered by a managed care organization, then contact your county agency and speak with the Healthchek Coordinator [countycoordinators.pdf \(ohio.gov\)](#). They will assist you by giving you a list of available Medicaid providers' names, addresses and phone numbers within your county and in surrounding counties. You may also call the Ohio Medicaid **Consumer Hotline at 1-800-324- 8680 (TTY: 711)** for help.

**Question 12. I need help scheduling medical appointments and getting to the appointments. What should I do?**

**Answer 12.** Healthchek provides help with scheduling and transporting your child to medical appointments. If you are enrolled in a MCO you may contact them for help or contact your county and ask for the Healthchek Coordinator. A list of county Healthchek Coordinators can be found at [countycoordinators.pdf \(ohio.gov\)](#).

**Question 13. I am moving to another county in Ohio. What should I do to make sure my child's Healthchek services will continue?**

**Answer 13.** Once you have relocated, you are required to report changes within 10 days to your county case worker to let them know that you have moved. They will transfer your case to your new county of residence. Your county Healthchek Coordinator can tell you who the Healthchek Coordinator is in your new county and can help you in contacting them. A list of county Healthchek Coordinators can be found at: [countycoordinators.pdf \(ohio.gov\)](#)

**Question 14. How can I find out more information about Healthchek?**

**Answer 14.** You can find more information about Healthchek by doing one of the following:

1. Call your county and ask for the Healthchek Coordinator. This person can provide you with information on Healthchek services. A list of county Healthchek Coordinators can be found at [countycoordinators.pdf \(ohio.gov\)](#).
2. Call Ohio Medicaid's Consumer Hotline at **1-800-324-8680 (TTY:711)** and speak with a customer service representative for further assistance.
3. Call your Medicaid Managed Care Organization's member services number for more information. The phone number should be located on your child's managed care organization insurance card.
4. Visit Ohio Medicaid's Healthchek Web page at: [Healthchek | Medicaid \(ohio.gov\)](#) for further details.