

**Ohio Department of Medicaid**  
**HEALTHCHEK AND PREGNANCY RELATED SERVICES INFORMATION SHEET**

**HEALTHCHEK- CHECK IT OUT!**

Did you know Ohio's Medicaid program includes **Healthchek** services for children up to 21 years of age? (*These services are also called EPSDT sometimes.*) **Healthchek** services help children stay healthy and reduce the chances of sickness by treating health problems early. All **Healthchek** services are free. You can get help and information by contacting your county Healthchek Coordinator, or your managed care plan, and by going to:

<https://medicaid.ohio.gov/wps/portal/gov/medicaid/families-and-individuals/citizen-programs-and-initiatives/healthchek1/healthchek>

### **Screening Services**

Doctors want children to have well-child check-ups (*exams or screenings*) while they are growing up so that health problems can be found early. Check-ups covered by **Healthchek** include:

- ❖ Dental exams
- ❖ Immunizations, if needed
- ❖ Vision exams
- ❖ Developmental screenings
- ❖ Mental health screenings
- ❖ Nutrition screenings
- ❖ Hearing exams
- ❖ Physical exams

Mothers should have prenatal exams and children should have exams at: birth, 3 to 5 days of age, and at 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months of age. After that, children should have at least one exam per year. All children should have tests for lead poisoning.

### **Treatment Services**

If the doctor finds a problem during a check-up, the doctor may provide the treatment, or may refer you to another doctor. **Healthchek** covers treatment services. Some services may need prior approval. If your child is not in a managed care plan and needs prior approval for a service, your doctor will need to request it from Ohio Medicaid. If your child is in a managed care plan, your doctor will request prior approval from the plan. If you disagree with the decision made by Ohio Medicaid or your child's managed care plan, you can ask for a hearing. Check with your Healthchek Coordinator for more information.

### **Support Services**

The names, addresses and phone numbers of Healthchek Coordinators for all counties can be found at <https://medicaid.ohio.gov/static/Families%2C+Individuals/Programs/countycoordinators.pdf> or by calling your County Department of Job and Family Services. If you need to find a doctor, dentist or other health care provider, your county Healthchek Coordinator can give you a list. Your Healthchek Coordinator can also help you make doctor's appointments and help you get transportation to the doctor. If your child is in a managed care plan, the plan can also help make doctor's appointments and may provide transportation to the doctor. The plan can also give you a list of doctors in their plan. You can go to the plan's website for more information.

You can ask your Healthchek Coordinator to make referrals for you to Head Start, the Women, Infants, and Children (WIC) program, Help Me Grow, and the Bureau for Children with Medical Handicaps. Your Healthchek Coordinator can give you names of other agencies that can help you get clothing, housing, food, and other services. You may also submit questions using an online form found at <https://www.odjfs.state.oh.us/healthchek/index.asp>

**Please fill out the following information** in order to help us provide **Healthchek** services to you and/or your child. If you do not understand some or all of this form, please contact your county Healthchek Coordinator. **Please return this Information Sheet** to the Healthchek Coordinator at your County Department of Job and Family Services, or **mail it back in the envelope included with this packet.**

**Please keep the cover letter for your records so you can refer to it again.**

**Your Information**

First Name		Last Name	
Case Number		Date of Birth	
Street Address			Apt. Number
City	State	Zip Code	County
Email		Telephone	

**Your Child's Information**

Child's Name	SSN or Medicaid Billing Number
Child's Name	SSN or Medicaid Billing Number
Child's Name	SSN or Medicaid Billing Number
Child's Name	SSN or Medicaid Billing Number

Is your child enrolled in a Medicaid managed care plan?

<input type="checkbox"/> Yes, Plan Name
<input type="checkbox"/> No. Before enrolling in a plan, make sure your (or your child's) doctors or clinics are on the plan's list of providers.

**Healthchek Screening Services**

**Healthchek** covers medical exams, immunizations (*shots*), health education, and laboratory tests for everyone on Medicaid and under 21 years of age. It also covers complete medical, vision, dental, hearing, nutritional, psychological, and mental health exams. These exams are important to make sure that your child is healthy and is developing physically and mentally. Mothers should have prenatal exams and children should have exams at birth, 3 to 5 days of age and at 1, 2, 4, 6, 9, 12, 15, 18, 24, and 30 months of age. After that, children should have at least one **Healthchek** exam per year until 21 years of age.

**Please check all services you or your child would like to receive.**

<input type="checkbox"/> A comprehensive medical exam	<input type="checkbox"/> A hearing exam
<input type="checkbox"/> A vision (eye) exam	<input type="checkbox"/> A mental health exam
<input type="checkbox"/> A dental ( <i>tooth</i> ) exam	<input type="checkbox"/> A specialist exam

**Healthchek Treatment Services and Transportation to Health Care Appointments**

**Healthchek** covers tests and treatment services to treat problems or conditions found by an exam. Some tests and treatment services require prior approval. If you need prior approval, your provider must ask your managed care plan.

Your Healthchek Coordinator can help you make medical, dental and other appointments and provide free transportation to those appointments, if needed. If you or your child is enrolled in a managed care plan, the plan can also help with appointments and provide transportation. It can also give you a list of doctors in your plan. In order to make sure that you and your child get what you both need, **please check everything you or your child would like to receive.**

<input type="checkbox"/> A list of doctors	<input type="checkbox"/> A list of other healthcare professionals
<input type="checkbox"/> A list of dentists	<input type="checkbox"/> Transportation to medical and dental appointments
<input type="checkbox"/> Referrals to Help Me Grow	<input type="checkbox"/> Referrals to the Bureau for Children with Medical Handicaps
<input type="checkbox"/> Other help getting treatment	<input type="checkbox"/> Other information about where to get treatment

Do you or your child have any problems that need attention or treatment (*for example: a medical problem, a mental health problem, a child who is not developing normally, etc.*)?  Yes  No  
 If **yes**, please tell us more about this.

**Other information about your child’s history**

My child has been tested for lead poisoning	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know
My child’s immunizations (shots) are up-to-date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know
My child has had developmental exams	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don’t know

**Support Services**

Your Healthchek Coordinator can also give you information about available services like the Women, Infants, and Children (WIC) program and other support services offered through your local health department and other local agencies. Would you like more information about other support services? Please check all that apply.

<input type="checkbox"/> Women, Infants and Children (WIC)	<input type="checkbox"/> Food Assistance	<input type="checkbox"/> Heating Assistance
<input type="checkbox"/> Head Start	<input type="checkbox"/> Other	

Is anyone (*including yourself*) pregnant?  Yes  No  
 If **YES**, give the name(s) of the pregnant woman  
 If known, give the date(s) the baby is due: Month \_\_\_\_\_ Year \_\_\_\_\_  
 Is the pregnant woman now going to a doctor or clinic for the pregnancy?  Yes  No  
 If **YES**, give the name of the doctor or clinic  
 Do you need other social services?  Yes  No  
 If **YES**, what services \_\_\_\_\_  
 Are you currently enrolled in a managed care plan?  Yes  No  
 If **YES**, specify name of plan: \_\_\_\_\_

**Acknowledgement**

I have been given information about Healthchek. I understand that I can ask for Healthchek services or assistance at any time. I understand that I will be asked to sign a separate release form if my medical information needs to be shared with others.

Signature		Date
Caseworker Signature	Date	Phone
Caseworker Email		

**Caseworker: Please forward this information to the appropriate Medicaid managed care plan.**