

Ohio Department of Medicaid
**HEALTHCHEK AND PREGANCY RELATED SERVICES INFORMATION SHEET
FOR MANAGED CARE ENTITIES**

HEALTHCHEK - CHECK IT OUT!

Did you know Ohio's Medicaid program include **Healthchk** services for children up to 21 years of age? (*These services are also called EPSDT (Early and Periodic Screening Diagnostic and Treatment Services)*). **Healthchk** services help children stay healthy and reduce the chances of sickness by treating health problems early. All **Healthchk** services are free. You can get help and information by contacting your county Healthchk Coordinator, or your managed care entity, and by going to: <https://medicaid.ohio.gov/>.

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 **Healthchk** include:

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

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. **Healthchk** covers treatment services. Some services may need prior approval. Your doctor will request prior approval from your managed care entity. If you disagree with the decision made by your managed care entity, you can ask for an appeal. Check with your managed care entity for more information about appeals.

Support Services

The names, addresses, and phone numbers of Healthchk Coordinators for all counties can be found at: <https://medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/healthchk/healthchk> 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 managed care entity can help you. The managed care entity can help make doctors' appointments, and may provide transportation to the doctor. You can go to the managed care entity's website for more information.

You can ask your Healthchk 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 Healthchk Coordinator, and your managed care entity, can give you the 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://medicaid.ohio.gov/home/contact-us>.

To help you understand this notice, language assistance, interpretation services, and auxiliary aids and services are available upon request at no cost to you. Services available include, but are not limited to oral translation, written translation, and auxiliary aids. You can request these services and/or auxiliary aids by calling the Ohio Department of Medicaid consumer hotline at 800-324-8680; individuals with a hearing impairment may call TDD 7-1-1.

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 member services at <<MCP Member Services Number>> or your county Healthchek Coordinator. **Please return this Information Sheet** to <<MCP Name>> at <<ADDRESS>>, <<CITY>>, <<STATE>> <<ZIP>>, 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 Number	

Your Child's Information – Only fill out for children enrolled in <<MCE Name>>

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

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 enrolled in <<MCE Name>> would like to receive.**

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

Your Healthchek Coordinator can help you make medical, dental, and other appointments and provide free transportation to those appointments, if needed. <<MCEP Name>> can help with appointments and provide transportation. We can also give you a list of doctors available to you. **Please check everything you or your child enrolled in <<MCE Name>> would like to receive.**

<input type="checkbox"/> A list of doctors	<input type="checkbox"/> Transportation to medical or dental appointments
<input type="checkbox"/> A list of dentists	<input type="checkbox"/> Referrals to Help Me Grow
<input type="checkbox"/> A list of other healthcare professionals	<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 _____ 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*)

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
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Spanish

Para ayudarle a comprender este aviso, se encuentran disponibles a pedido asistencia lingüística, servicios de interpretación, ayudas auxiliares y otros servicios sin costo alguno. Los servicios disponibles incluyen, entre otros: traducción oral, traducción escrita y ayudas auxiliares. Puede solicitar estos servicios o ayudas auxiliares llamando a la Línea directa para el consumidor del Departamento de Medicaid de Ohio al 1-800-324-8680; las personas con discapacidad auditiva pueden llamar al TDD 7-1-1.

Nepali

यो सूचना बुझ्न सहायता गर्न, भाषा सहायता, व्याख्या सेवा, र सहायक उपकरण तथा सेवा तपाईंको अनुरोधमा निःशुल्क रूपमा उपलब्ध छन्। उपलब्ध सेवाहरूमा मौखिक अनुवाद, लिखित अनुवाद, र सहायक उपकरणहरू समावेश छन्, तर यिनीसँग मात्र सीमित छैन। तपाईंले यी सेवाहरू र/वा सहायक सहायताहरू अनुरोध गर्न सक्नुहुन्छ; Medicaid Consumer Hotline 1-800-324-8680; मा कल गरेर; श्रवणशक्ति कमजोर भएका व्यक्तिहरूले TDD 7-1-1 मा कल गर्न सक्छन्।

Arabic

لمساعدتك في فهم هذا الإخطار، تتوفر خدمات المساعدة اللغوية وخدمات الترجمة الفورية والمساعدات الإضافية عند الطلب دون أي تكلفة. تشمل الخدمات المتاحة، على سبيل المثال لا الحصر: الترجمة الشفوية والترجمة التحريرية والمساعدات الإضافية. يمكنك طلب هذه الخدمات أو المساعدات الإضافية أو كليهما عن طريق الاتصال بالخط الساخن للمستهلكين التابع لـ Medicaid على الرقم التالي 1-800-324-8680؛ وبوسع الأفراد الذين يعانون من ضعف السمع الاتصال بخدمة الهاتف النصي على الرقم التالي 7-1-1.

Haitian French Creole

Pou ede w konprann avi sa a, gen asistans lengwistik, sèvis entèpretasyon, èd oksilyè ak sèvis ki disponib gratis, lè ou fè demann pou sa. Sèvis ki disponib yo gen ladan yo, men se pa sa sèlman: tradiksyon oral, tradiksyon alekri ak èd oksilyè. Ou kapab mande sèvis sa yo ak/oswa èd oksilyè lè w rele Liy Asistans pou Konsomatè Medicaid la nan 1-800-324-8680; moun ki gen pwoblèm tande yo ka rele TDD 7-1-1.

Somali

Si lagaaga caawiyo inaad fahanto ogaysiiskan, kaalmada luqadda, adeegyada tarjumaada, iyo kaalmooyinka iyo adeegyada ayaa la heli karaa marka la codsado lacag la'aan adiga. Adeegyada la heli karo waxaa ka mid ah, laakiin aan ku xaddidnayn: tarjumaada afka, turjumaadda qoran, iyo qalabyada caawinta. Waxaad codsan kartaa adeegyadan iyo/ama caawimada caawimada adiga oo wacaya markaas Khadka Tooska ah ee Macmiilka Medicaid 1-800-324-8680; Shakhsiyaadka maqalka liidata waxay wici karaan TDD 7-1-1.

Ukrainian

Щоб допомогти вам зрозуміти зміст цього повідомлення, за запитом ви можете отримати безоплатну мовну допомогу, послуги усного перекладу, а також допоміжне обладнання та додаткові послуги. Доступні послуги включають, зокрема, усний переклад, письмовий переклад і допоміжне обладнання. Ви можете замовити ці послуги та/або допоміжне обладнання, зателефонувавши на гарячу лінію клієнтів Medicaid за номером 1-800-324-8680; для людей із вадами слуху працює номер TDD 7-1-1.

Russian

Чтобы помочь вам понять смысл этого уведомления, по запросу вы можете получить бесплатную языковую помощь, услуги устного перевода, а также вспомогательное оборудование и дополнительные услуги. Доступные услуги включают, в частности, устный перевод, письменный перевод и вспомогательное оборудование. Вы можете запросить эти услуги и/или вспомогательное оборудование, позвонив на горячую линию клиентов Medicaid по номеру 1-800-324-8680; для людей с нарушениями слуха предусмотрен номер TDD 7-1-1.

Swahili

Ili kukusaidia kuelewa notisi hii, usaidizi wa lugha, huduma za ukalimani, na visaidizi na huduma za ziada zinapatikana unapoomba bila gharama kwako. Huduma zinazopatikana ni pamoja na, lakini sio tu: tafsiri ya mdomo, tafsiri ya maandishi, na visaidizi vya ziada. Unaweza kuomba huduma hizi na/au visaidizi kwa kupiga simu ya Medicaid Consumer Hotline 1-800-324-8680; watu walio na ulemavu wa kusikia wanaweza kupiga simu TDD 7-1-1.

Kinyarwanda

Kugira ngo tugufashe gusobanukirwa iri tangazo, ubufasha bujyanye n'indimi, serivisi z'ubusemuzi, n'ibikoresho na serivisi bifasha abafite ubumuga mu kumva biraboneka nta kiguzi utanze iyo ubisabye. Serivisi ziboneka zikubiyemo, ariko si gusa: ubusemuzi mu mvugo, ubusemuzi mu nyandiko, n'ibikoresho bifasha abafite ubumuga mu kumva. Ushobora gusaba izi serivisi na/cyangwa ibikoresho bifasha abafite ubumuga mu kumva binyuze mu guhamagara Umurongo utishyurwa ufasha Abakiriya ba Medicaid 1-800-324-8680; abantu bafite ibibazo mu kumva bashobora guhamagara TDD 7-1-1.

French

Pour vous aider à comprendre cet avis, une assistance linguistique, des services d'interprétation et des aides et services auxiliaires sont disponibles sur demande et sans frais. Les services disponibles comprennent, sans toutefois s'y limiter, la traduction orale, la traduction écrite et les aides auxiliaires. Vous pouvez demander ces services et/ou des aides auxiliaires en appelant la Medicaid Consumer Hotline 1-800-324-8680 ; les personnes malentendantes peuvent appeler TDD 7-1-1.

Pashtu

ستاسو په دې خبرتيا د ښه درک کولو (پوهیدو) لپاره، د ژبې مرستې، د شفاهي ژباړې خدمتونه، او اضافي مرستندويه وسایل او خدمتونه ستاسو د غوښتنې پر بنسټ بې لګښته شتون لري. په شته خدماتو کې شفاهي ژباړه، په لیکلې ښه ژباړه، او مرستندويه وسایل شامل دي، خو یوازې په دې پورې محدود نه دي. تاسو کولی شئ د دې خدماتو او/یا مرستندويه وسایلو غوښتنه د میډیکایډ (Medicaid) د پېرودونکو ځانګړې د تلیفون شمېرې 1-800-324-8680 ته زنگ ووهلو له لارې وکړئ؛ هغه کسان چې د اورېدلو کمزورتیا لري کولی شي TDD 7-1-1 ته زنگ ووهي.

Dari

برای کمک به شما در درک این اطلاعیه، کمک های زبانی، خدمات ترجمه شفاهی و کمک ها و خدمات اضافی بر اساس درخواست شما بطور رایگان برای شما ارائه می گردد. خدمات موجود شامل موارد ذیل میباشد، اما محدود به آنها نیست: ترجمه شفاهی، ترجمه کتبی و وسایل کمکی. شما می توانید این خدمات و/یا وسایل کمکی را با تماس با خط ویژه مصرف کنندگان Medicaid از طریق شماره 1-800-324-8680 درخواست دهید؛ افراد دارای اختلال شنوایی می توانند با شماره TDD 7-1-1 تماس بگیرند.

Uzbek

Bu bildirishnomani tushunishingizga yordam berish uchun so'rovingiz asosida bepul til yordamchi xizmatlari, og'zaki tarjima xizmatlari va qo'shimcha yordamchi vositalar taqdim etiladi. Mavjud xizmatlar qatoriga og'zaki tarjima, yozma tarjima hamda yordamchi vositalar kiradi. Siz ushbu xizmatlar va/yoki qo'shimcha yordamlar haqida Medicaid mijozlari uchun mo'ljallangan 1-800-324-8680 telefon raqamiga qo'ng'iroq qilib so'rashingiz mumkin; Eshitish qobiliyati cheklangan shaxslar TDD 7-1-1 raqami orqali bog'lanishlari mumkin.

Vietnamese

Để giúp bạn hiểu thông báo này, hỗ trợ ngôn ngữ, dịch vụ phiên dịch, phương tiện trợ giúp và dịch vụ phụ trợ được cung cấp miễn phí theo yêu cầu. Các dịch vụ có sẵn bao gồm, nhưng không giới hạn ở: dịch bằng lời nói, dịch bằng văn bản và phương tiện phụ trợ. Bạn có thể yêu cầu các dịch vụ này và/hoặc phương tiện phụ trợ bằng cách gọi tới Đường dây nóng cho Người tiêu dùng Medicaid theo số 1-800-324-8680; người khiếm thính có thể gọi TDD 7-1-1.

Tigrinya

ነዚ ምልክታ ከትርጉም ንክክግዘኩም፡ ሓገዝ ቋንቋ፡ ኣገልግሎታት ትርጉም፡ ከምኡ'ውን ተወሰኹቲ ሓገዛትን ኣገልግሎታትን ኣብ ዝሓተትኩምዎ ብዘይ ክፍሊት ይርከቡ። ዘለው ኣገልግሎታት፡ ናይ ዘረባ ትርጉም፡ ናይ ጽሑፍ ትርጉምን ተወሰኹቲ ሓገዛትን ዘጠቓልሉ ከይኖሩም፡ በዚ ጥራሕ ዝድረቱ ኣይኮኑን። ናብ ምስመር ቴሌፎን ተጠቀምቲ ሜዲኬይድ (Medicaid Consumer Hotline) 1-800-324-8680 ብምድዋል፡ ነዞም ኣገልግሎታትን/ወይ ተወሰኹቲ ሓገዛት ክትሓቱ ትኽእሉ ኢኹም፤ ናይ ምስማዕ ጸገም ዘለዎም ውልቀ-ሰባት ናብ TDD 7-1-1 ክድውሉ ይኽእሉ እዮም።