



Your Extended Family.

Attention: Important Information for Members Under 21 or Pregnant

The information below explains how to get:

- Healthchek services for you or your child
- A list of doctors, dentists or other health care providers
- Rides to your health care appointments
- Support services in your area
- Extra services for women who are having problems with a pregnancy or have had problems with a pregnancy in the past

Returning the enclosed form to Molina Healthcare is optional. You can also call Member Services or visit our website for help.

Member Services

(800) 642-4168 (TTY 711)

7 a.m. to 7 p.m., Monday through Friday

www.MolinaHealthcare.com

Need to schedule a Healthchek exam?

See the next page for a full list of Healthchek exams. If you or your child needs a Healthchek exam, **call your doctor** to schedule a visit. Be sure to say: “**I am calling to schedule a Healthchek exam.**”

Don't know if your child needs an exam?

If you **don't know** whether your child has had these exams, **call your doctor**. You can also call Member Services if you need help finding a doctor or scheduling an appointment.

Need help finding a doctor?

Search our online provider directory at www.MolinaHealthcare.com/ProviderSearch, or **call Member Services** for help.

Need a ride to the doctor?

Call (866) 642-9279 (TTY 711) to schedule a ride at no cost to you. Be sure to call 2 business days before your appointment. Molina Healthcare members get 30 rides at no cost every year to covered health care appointments.

Need help finding local support services?

Call your local County Department of Job and Family Services (CDJFS) and ask your Healthchek Coordinator for help. Your Healthchek Coordinator can give you information on programs like:

- Women, Infants and Children (WIC)
- Help Me Grow
- Head Start
- Help with food, housing, clothing, utilities and more

For a list of Healthchek Coordinators by county, visit <http://medicaid.ohio.gov/Portals/0/For%20Ohioans/Programs/CountyCoordinators.pdf>.

Need extra services from our Care Management program?

If you have had problems with a pregnancy before or are having problems with your pregnancy now, please call **Member Services** to ask about Care Management. You can speak to a nurse who can help with the health of you and your baby.

**OHIO DEPARTMENT OF MEDICAID
HEALTHCHEK AND PREGNANCY RELATED SERVICES INFORMATION SHEET
OHIO MEDICAID MANAGED CARE PLANS**

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: <http://medicaid.ohio.gov/FOROHIOANS/Programs/Healthchek.aspx>.

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:

- physical exams
- vision exams
- dental exams
- hearing exams
- nutrition screenings
- mental health screenings
- developmental screenings
- immunizations, if needed

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. Your doctor will request prior approval from your managed care plan. If you disagree with the decision made by your managed care plan, you can ask for an appeal. Check with your managed care plan for more information about appeals.

Support Services

The names, addresses, and phone numbers of Healthchek Coordinators for all counties can be found at: <http://medicaid.ohio.gov/Portals/0/For%20Ohioans/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 managed care plan can help you. The managed care plan can help make doctors' appointments, and may provide transportation to the doctor. You can go to the managed care 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, and your managed care plan, 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: <http://medicaid.ohio.gov/CONTACT.aspx> .

**OHIO DEPARTMENT OF MEDICAID
HEALTHCHEK AND PREGNANCY RELATED SERVICES INFORMATION SHEET
OHIO MEDICAID MANAGED CARE PLANS**

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 (800) 642-4168 (TTY 711) or your county Healthchek Coordinator. **Please return this Information Sheet** to Molina Healthcare at P.O. Box 349020, Columbus, OH 43234, 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	Street Address, Apt. No.			
City	State	Zip Code	County	Date of Birth
Email	Telephone Number			

Your Child's Information – Only fill out for children enrolled in Molina Healthcare

Child's Name	SSN or Medicaid Billing No.
Child's Name	SSN or Medicaid Billing No.
Child's Name	SSN or Medicaid Billing No.
Child's Name	SSN or Medicaid Billing No.

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 Molina Healthcare 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 (tooth) 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. Molina Healthcare 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 Molina Healthcare 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 |

Please fill out the following information for you and your child enrolled in Molina Healthcare.

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.)? If so, 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: _____

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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