

Frequently Asked Questions (FAQ) about Healthchek Services

1. **Is my child required to have a complete unclothed exam?**
 - a. No. You may ask your doctor to complete portions of the exam clothed.
2. **What happens if a health problem is found?**
 - a. Your doctor can make a referral to a specialist for further evaluation.
3. **How many Healthchek exams are covered in Ohio Medicaid?**
 - a. HEALTHCHEK covers ten check-ups in the first two years of life and annual check-ups thereafter. Additional exams are covered if medically necessary.
4. **Do I have to fill out an application for my child to receive Healthchek services?**
 - a. No. Once your child is enrolled in the Ohio Medicaid program, your child is eligible to receive Healthchek services.
5. **When my child receives a Healthchek screening exam, what happens?**
 - a. HEALTHCHEK offers a comprehensive physical examination that includes:
 - Medical history;
 - Complete unclothed exam (with parent approval);
 - Developmental screening (to assess if child's physical and mental abilities are age appropriate);
 - Vision screening;
 - Dental screening;
 - Hearing screening;
 - Immunizations (making sure child receives them on time);
 - Lead screening;
 - Other services or screenings as needed; and
 - If a potential health problem is found, further diagnosis and treatment is covered.
6. **What do I have to do if my doctor says my child needs a special medically necessary service and it is not usually covered by Medicaid in Ohio?**
 - a. If you are enrolled in a Medicaid managed care plan, your provider should contact the plan's prior authorization department and make the request. Each plan has their own process for approving special services not usually covered by Ohio Medicaid.
 - b. If you are not enrolled in a Medicaid managed care plan, your Fee for Service (FFS) Providers can submit a request using JFS form 03142. Your doctor should submit all necessary supporting documentation (e.g., treatment plans, progress notes, assessments) requesting that a special service not usually covered by Ohio Medicaid receive prior authorization for coverage.
 - c. All medically necessary services not covered by Medicaid must be prior authorized.
7. **What if the request for additional services is denied?**
 - a. You may request a hearing within 90 days of the denial notice mailing date. A hearing officer will hear both your side and the side of ODJFS and decide whether or not the additional services are medically necessary.
8. **I need help finding a doctor who will accept Medicaid. What do I do?**

- a. If you are enrolled in a MCP, you may contact the plan or review their website. If not, you may contact the County Department of Job and Family Services (CDJFS) who will assist you by giving you a list of names, addresses, and phone numbers of available Medicaid providers and specialists within the county and surrounding counties.
 - b. You may also call the ODJFS Consumer Hotline at 1-800-324-8680 for further assistance.
- 9. I need some help scheduling medical appointments and getting to those medical appointments. What should I do?**
- a. If you are enrolled in a MCP you may contact them for assistance or you may contact the CDJFS and ask the Healthchek Coordinator for assistance with scheduling appointments and necessary assistance with obtaining transportation to services.
- 10. I need to move to another county in Ohio, what should I do?**
- a. Once you have relocated, let your county caseworker in your previous county know you have moved. You are required to report changes within 10 days. Your case will be transferred to your new county of residence. Your county Healthchek Coordinator can tell you who the Healthchek Coordinator is in your new county, and will be able to help in contacting your new Coordinator.