



Well-Child Care Guide

www.amerihealthcaritasoh.com


AmeriHealth Caritas[™]
Ohio



How to find a provider

You can find a provider by visiting www.amerithealthcaritasoh.com/member/eng/index.aspx or by calling Member Services at 1-833-764-7700 (TTY 1-833-889-6446), 24 hours a day, seven days a week.

Well-child visits

Well-child visits, sometimes called Healthchek visits, are routine checkups your child has with their doctor or another medical professional. Your child should have a well-child visit every year around the time of their birthday. These appointments help your child's provider diagnose and treat any potential health issues as early as possible. You will not be charged for a well-child visit.

What to expect during a well-child visit

- Physical exam
- Growth and development check
- Hearing and vision screening
- Appropriate shots/vaccines
- Lab testing (including blood lead levels)
- Mental health and risk behavior check
- Health education for parent and child

Well-child visit schedule

It is important that your child visits their provider at the following ages:

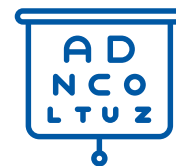
2 – 5 days old	12 months old
1 month old	15 months old
2 months old	18 months old
4 months old	24 months old
6 months old	30 months old
9 months old	Every year until age 21

After your child turns two and a half years old, they should have an appointment with their pediatrician once per year.



Did you know some schools now have a health clinic located within the school?

Many locations see both children and adults. This can be another option for medical appointments for busy families. Check with your local school district to see what is available.



Vision

Your child's provider will perform vision screenings and can refer your child to an optometrist if they need vision care.



Screenings

Screenings are tests that detect the presence of certain health risks or conditions. For example, lead exposure is a very dangerous health risk for children. Lead screenings are recommended for children at 12 months old, 24 months old, and sometime between the ages of 3 and 6 years.



Ask about mental health screening

Children and adolescents of any age may experience challenges with mental or behavioral health. These problems may include aggression, anxiety, depression, social withdrawal, hyperactivity, poor impulse control, oppositional behavior, substance use, or a range of other difficulties. Primary care clinicians can often identify these problems through careful screening and ongoing monitoring. Early identification is critical for providing effective intervention so that more severe problems can be avoided.



Need a ride? We are here to help

Call MTM Transportation Services at **1-833-664-6368** to schedule a ride to and from appointments at no cost.



24/7 Nurse Call Line

If you have any questions about your health, you can call our 24/7 Nurse Call Line at **1-833-625-6446** (TTY **1-833-889-6446**).

Immunizations

As your child reaches certain ages, they will need shots that help protect them from diseases. These shots are called immunizations. Your child's provider will know which immunizations your child is due for, including the seasonal influenza (flu) vaccine and the COVID-19 vaccines.

Age	Immunization or test	
Birth	<ul style="list-style-type: none"> HepB #1 Newborn metabolic/hemoglobin screening 	
2 months	<ul style="list-style-type: none"> HepB #2 DTaP #1 RV #1 	<ul style="list-style-type: none"> Hib #1 PCV #1 IPV #1
4 months	<ul style="list-style-type: none"> DTaP #2 RV #2 Hib #2 	<ul style="list-style-type: none"> PCV #2 IPV #2
6 months	<ul style="list-style-type: none"> HepB #3 Hib #3 DTaP #3 	<ul style="list-style-type: none"> RV #3 PCV #3 IPV #3
12 months	<ul style="list-style-type: none"> Hib #4 MMR #1 Varicella #1 PCV #4 HepA #1 DTaP #4 	<ul style="list-style-type: none"> Lead screening Hemoglobin hematocrit Tuberculosis test if at risk

Age	Immunization or test
18 months	HepA #2
24 months	Lead screening
Every year	Beginning at 6 months, seasonal influenza (flu) vaccine as recommended each year
3 – 6 years	<ul style="list-style-type: none"> Blood lead test Varicella #2
4 – 6 years	<ul style="list-style-type: none"> DTaP #5 MMR #2 IPV #4
11 – 12 years	<ul style="list-style-type: none"> HPV #1 MCV4
13 – 16 years	HPV #2
18 years or younger	MCV4

Key

DTaP	Diphtheria, tetanus toxoid, and acellular pertussis vaccine
Hep	Hepatitis vaccine
Hib	Haemophilus influenzae type B vaccine
HPV	Human papillomavirus vaccine
IPV	Inactivated polio vaccine
MCV4	Meningococcal conjugate vaccine
MMR	Measles, mumps, and rubella vaccine
PCV	Pneumococcal conjugate vaccine
RV	Rotavirus vaccine
Varicella	Chickenpox vaccine

The above vaccination schedule was retrieved from the Centers for Disease Control and Prevention website: www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html



Dental

Teeth cleanings and other dental services help keep your child's teeth healthy and prevent common conditions, like tooth decay. Make sure you follow the recommended dental checkup schedule below.

If your child does not have a dentist, call Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

Birth – 1 year old

Your child receives dental services from their pediatrician.

1 – 3 years old

Your child receives dental services from their pediatrician during checkups **or** your child goes to the dentist once per year.

3 – 20 years old

Your child goes to the dentist every six months (two times per year).



CARE Card Rewards Program

Taking care of your health has its rewards!

If you are between the ages of 12 to 21 and have an annual well-child visit, you will receive \$50 on your CARE Card.*

For details, visit

www.amerihhealthcaritasoh.com/member/eng/benefits/carecard.aspx.



*Certain limitations and restrictions may apply.



Discrimination is Against the Law

AmeriHealth Caritas Ohio complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). AmeriHealth Caritas Ohio does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

AmeriHealth Caritas Ohio provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, etc.). AmeriHealth Caritas Ohio provides free language assistance services to people whose primary language is not English, which may include qualified interpreters and information written in other languages. If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact AmeriHealth Caritas Ohio Member Services at **1-833-764-7700 (TTY 1-833-889-6446)**, 24 hours a day, seven days a week.

If you believe that AmeriHealth Caritas has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Civil Rights Coordinator by mail, phone, or online.

Mail: AmeriHealth Caritas Ohio
Attn: Civil Rights Coordinator
P.O. Box 7133
London, KY 40742

Phone: **1-833-764-7700 (TTY 1-833-889-6446)**

Online: **<https://apps.amerihealthcaritasoh.com/securecontact/index.aspx>**

If you need help filing the grievance, the AmeriHealth Caritas Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

Phone: **1-800-368-1019 (TDD 1-800-537-7697)**

Online: **www.hhs.gov/ocr/office/file/index.html**

This notice is also available at AmeriHealth Caritas Ohio's website **www.amerihealthcaritasoh.com**.

AmeriHealth Caritas Ohio is committed to maintaining the privacy and security of the personal information of its plan members. Read more on our privacy practices at **www.amerihealthcaritasoh.com/privacy-notice.aspx**



If you have a problem reading or understanding this information or any other AmeriHealth Caritas Ohio information, please contact our Member Services toll-free at 1-833-764-7700 (TTY 1-833-889-6446), 24 hours a day, seven days a week for help at no cost (free) to you. Call if you would like:

- Oral interpretation, oral translation
- Auxiliary aids and services
- Written information in your non-English primary language
- Written information in other formats, such as braille or large print

English ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **1-833-764-7700** (TTY **1-833-889-6446**).

Spanish ATENCIÓN: Si habla español, tiene a su disposición servicios de asistencia lingüística sin cargo. Llame al **1-833-764-7700** (TTY **1-833-889-6446**).

Haitian French Creole ATANSYON: Si w pale kreyòl ayisyen, genyen sèvis pou ede w nan lang pa w ki disponib gratis pou ou. Rele nan **1-833-764-7700** (TTY **1-833-889-6446**).

Ukrainian УВАГА: Якщо ви говорите українською мовою, ви маєте право на безкоштовні мовні послуги. Телефонуйте за номером **1-833-764-7700** (TTY **1-833-889-6446**).

Nepali/Nepalese (Nepal) ध्यान दिनुहोस्: यदि तपाईं नेपाली भाषा बोल्नुहुन्छ भने तपाईंका निम्ति भाषासम्बन्धी सहयोग सेवाहरू नि:शुल्क रूपमा उपलब्ध हुन्छन् । **1-833-764-7700** (TTY **1-833-889-6446**) मा फोन गर्नुहोस् ।

Arabic

تنبيه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية لك مجاناً. اتصل بالرقم **1-833-764-7700** (TTY **1-833-889-6446**).

Somali FIIRO GAAR AH: Haddii aadan ku hadlin Af-Soomaali, adeegyada caawimaada luqadda oo bilaash ah, ayaa diyaar kuu ah. Wac **1-833-764-7700** (TTY **1-833-889-6446**).

Russian ВНИМАНИЕ: если вы говорите по-русски, в вашем распоряжении бесплатные услуги переводчика. Позвоните по тел. **1-833-764-7700** (TTY **1-833-889-6446**).

Swahili TAHADHARI: Ikiwa huzungumzi Kiswahili, utapokea huduma za usaidizi wa lugha, bila malipo. Piga simu kupitia **1-833-764-7700** (TTY **1-833-889-6446**).

French ATTENTION : Si vous parlez français, des services d'aide linguistique sont mis à votre disposition gratuitement. Appelez-nous au **1-833-764-7700** (TTY **1-833-889-6446**).

Kinyarwanda (Burundi) MENYA NEZA: Nimba uvuga Ikirundi (Burundi), ama seruvise afasha mu vy'indimi, atangwa ku buntu, arahari ku bwanyu. Hamagara kuri **1-833-764-7700** (TTY **1-833-889-6446**).

Uzbek (Uzbekistan) DIQQAT: Agar ingliz tilida gapirmasangiz, siz uchun bepul til yordam xizmatlari mavjud. **1-833-764-7700** (TTY **1-833-889-6446**) ga qo'ng'iroq qiling.

Pashtu (Afghanistan)

توجه: که تاسې په پښتو ژبه غږېږئ، د ژبې د مرستې وړیا خدمتونه ستاسې لپاره موجود دي. دې **1-833-764-7700** (TTY **1-833-889-6446**) شمېرې ته زنگ ووهئ.

Vietnamese CHÚ Ý: Nếu quý vị nói Tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi **1-833-764-7700** (TTY **1-833-889-6446**).

Tigrinya ኣስተውዕል :- ቋንቋ ትግርኛ ዘይትዘረብ እንተደኣ ኹንኩ ብናጻ ዝወሃብ ኣገልግሎት ሓገዝ ንዓኻ ክፋት እዩ። ናብ **1-833-764-7700** (TTY **1-833-889-6446**) ደውል።

Dari (Afghanistan)

توجه: اگر به لسان افغانی گپ میزنید، خدمات مساعدت لسانی به صورت رایگان به شما ارایه میشود. با نمبر **1-833-764-7700** (TTY **1-833-889-6446**) به تماس شوید.



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