

 **Emergency Medical** Checklist

A person is potentially eligible for an Emergency Medical Card during the KEES downtime if he or she cannot access critical medical care without a payment source.

1. Has the consumer filed an application with the agency or is eligible for reinstatement of medical coverage? [ ] Yes [ ] No
2. Has the consumer attempted to obtain necessary medical care but has been rejected due to lack of payment? [ ] Yes [ ] No

If yes to both of the above, then continue below to determine the type of service the individual cannot access:

**Prescriptions/DME**

Is there a prescription or item that you cannot obtain without a payment source? [ ] Yes [ ] No

* 1. Is this RX the result of an inpatient stay, outpatient stay, Emergency Room

visit or necessary follow up from one of those visits? [ ] Yes [ ] No

* 1. Is this an anti-seizure drug or something similar? [ ] Yes [ ] No
	2. Is this for oxygen, diabetic supplies or in-home dialysis treatment? [ ] Yes [ ] No
	3. Is this for another life-sustaining drug or item that is not available

through your medical provider via samples? [ ] Yes [ ] No

* 1. If yes, what is the drug/item and the purpose?

*If Yes to one above – Emergency Medical Card is approved.*

**Specialist**

Is there a medical appointment that you will not be able to keep because the provider will not see you without payment? [ ] Yes [ ] No

Is the medical appointment with a specialist (e.g. rheumatologist,

ophthalmologist, nephrologist, oncologist, etc.)? [ ] Yes [ ] No

*If Yes to one above – Emergency Medical Card is approved.*

**Scheduled Surgery or Pre-Operative Appointment**

Do you have scheduled surgery or pre-operative step that you cannot access without a payment source? [ ] Yes [ ] No

What is the type of surgery or pre-operative appointment and when?

*If within the dates of the conversion period, Emergency Medical Card is approved.*

**Pre-Natal Care, Dialysis, Chemotherapy or Other life-sustaining treatment**

Do you require critical treatment that you cannot access without a payment source? [ ] Yes [ ] No

What is the type of treatment?

*If reasonable, Emergency Medical Card is approved.*

**Other Issues**

Please describe

*If reasonable, staff at the Clearinghouse may approve or refer to KDHE Central Office for consultation with the clinical team.*