

**Health Department Check List
for
Breast & Cervical Cancer Medicaid**

- Complete Section I on DMA-5079 by answering yes or no to the questions. Each question will guide you to continue with the next question or to stop because the woman is ineligible for this Medicaid coverage group.**
 - If the questions have guided you to continue, complete Section II. On page 2 have applicant sign and date the form. The screening provider completing DMA-5079 will need to sign and enter telephone number.**
 - If the answer is YES to Section I question #5, A, B, C, D, or E, complete Section III. Applicant may be eligible for another Medicaid program.**
 - Have the DMA-5081, Verification of Screening and Diagnosis for Breast and Cervical Cancer Medicaid, completed and signed by the physician.**
 - Forward the completed DMA-5081, Verification of Screening and Diagnosis for Breast and Cervical Cancer Medicaid, the completed DMA-5079, Breast and Cervical Cancer Medicaid application, copies of INS documentation for non-U.S. citizens and copies of Social Security Cards (if available) to the State Division of Medical Assistance (DMA) within 3 workdays after all the items are completed. Fax to the Medicaid Eligibility Unit, (919) 715-8548. Mail original forms to DMA, Medicaid Eligibility Unit, 2512 Mail Service Center, Raleigh, N.C. 27699-2512. The fax cover sheet must have the following statement about confidentiality if this language is not currently on the fax cover sheet. "This facsimile and any files transmitted with it are confidential and intended solely for the use of the individual or entity to which they are addressed. If you have received the fax in error please notify the sender, delete and destroy this message and its attachments."**
- If Section III of the DMA-5079 is completed, also mail or fax (if available) verification of income (paystubs, award letters).**
- Inform the applicant that the State Medicaid office (DMA) will notify her of the decision within 45 days. DMA will also determine if she is eligible for another Medicaid program. If the applicant is eligible for another Medicaid program, she is ineligible for Breast and Cervical Cancer Medicaid.**
 - Give applicant "Rights and Responsibilities" attached to the back of the DMA-5079.**