

Checklist for Breast & Cervical Cancer Medicaid (BCCM) Application

- Complete section I on DHB-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 BCCCP provider completing DHB-5079 will need to sign and enter their telephone number.
- If the answer is “yes” to Section I question #5. A, B, C, D, E, or F complete section III. Applicant may be eligible for another Medicaid program.
- Have the DHB-5081, "Verification of Screening, Diagnosis, and Treatment" completed and signed by the diagnosing or treating physician.
- Fax the completed DHB-5081 (Verification of Screening, Diagnosis, and Treatment), the completed DHB-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 county Department of Social Services (DSS) within 3 workdays after all the items are completed. 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." Mail original forms to the county DSS.
- If section III of the DHB-5079 is completed, also mail or fax (if available) verification of income (paystubs, award letters).
- Assign the BCCM Coordinator as a contact to receive all notices on the case.
- Inform the applicant that the county DSS will notify her of the decision within 45 days. The county DSS 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" (last page of DHB-5079).