

You can submit your renewal in your People's Access to Help (PATH) Portal.

Follow these steps to submit your renewal.

Log into your PATH account and click My Account.

Health	alth Care care programs for families and indi-			O.A	- China -
Proprie	resources including Medicaid, WV G n (WVCHIP), and Medicare Premiur			() -	
	more information, click t ath Care A Family Assistan			1 CAR	D
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My Account	Screen for Assistance	Programs & Services	Child Support	Report Abuse/Neglect	Apply Now
Review Status and Messages	No Sign in Required	See What is Available			Apply for Programs and Services
		View	Make a Payment	Report	Apply

Click My Benefits on the left side.

Health, ⊕Huntan —PATH→	Home OFESIT		1	≡ Help Center
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Image: Wy Profile Image: Wy Permissions Image: Wy Applications Image: Wy Appeals Image: Wy Appeals Image: Wy Changes Image: Wy Appointments	My Profile Welcome to West Virginia. User ID First Name Email Account Created 03/03/2021 Date Last Logged In 01/28/2022	Last Name		⊕ Help ⊕ Print



Click on the third tab, Benefit Renewal. Your renewal date will appear in the data below.

Click Start Renewal.

D My Profile	HMy Bene	efits				
My Permissions	Benefit Si	ummary Benefit (Details Benefit Renewa	Benefits History		
My Applications			fits below. If you nave more urn to this page to start the		e different renewal types that	must be done separately. After
	Select	Case ID	Program		Renewal by Date	Review Status
H My Benefits						
	0	4090892848	Health Care Benefits - I	MAGI ADULT	01/31/2022	Not Started
4) My Appeals) Select	4090892848 Case ID	Health Care Benefits - Program	MAGI ADULT Renewal by Date		Not Started
My Benefits My Appeals My Messages My Changes						

If your information does not appear under the Benefit Renewal tab, skip ahead to page 8.

Information Renewal Information Additional Information Notice of Privacy Practices Additional Information West Virginia Department of Health and Human Resources Bureau For Metical Services Bureau For Metical Services 380 Gaptiol Street, Room 231 Charleson, Viest Virginia E3301:3009 (304) 558-1700 Print: Expenses Effective date of this notice: 04 / 14 / 2003 If you have questions about this notice, please contact Client Services at 1-800-642-8589 or the Privacy Officer at the above address or phone. This NOTICE DE SCRIBES How MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION, PLEASE REVIEW IT CAREFULLY. Vour health information is personal and private. The Medicaid Program must keep your health information private. Your doctors, dentists, clinics, lias, and heaptaba send information to us when they ask us to approve and pay for your health information private. Your doctors, dentists, clinics, lias, and heaptaba send information to us when they ask us to approve and pay for your health information is you this Notice of the law of how we keep your health information private. Your doctors, dentists, clinics, lias, and heaptaba send information to us when they ask us to approve and pay for your health information is you this Notice of the law of how we keep your health information. CHANGES TO NOTICE OF PRIVACY PRACTICES All Medicaid must obey the		x Exit 🖞 Save 🛱 Help 🖨
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(304) 555-1700 (304) 555-1700 Effective date of this notice: 04 / 14 / 2003 If you have questions about this notice, please contact Client Services at 1-800-642-8589 or the Privacy Officer at the above address or phone. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. PRIVACY AND YOU Your health information is personal and private. The Medicaid Program must keep your health information private. Your doctors, identities, clinica, labo, and hospitalis send information to us when they ask us to approve and pay for your health information private. Your doctors, identities, clinica, labo, and hospitalis send information to us when they ask us to approve and pay for your health information give you this Notee of the law of how we keep your breat. Information rease. CHANGES TO NOTICE OF PRIVACY PRACTICES All Medicaid employees, staff, students, volunteers and other personnel whose work is under direct control of Medicaid must obey the	X Additional Information	West Virginia Department of Health and Human Resources Bureau For Medical Services 350 Capitol Street, Room 251
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		CHANGES TO NOTICE OF PRIVACY PRACTICES
all people covered by Medicaid. We are required to provide this notice of our privacy practices and legal duties regarding health		rules in this notice. We have the right to change our privacy practices. If we do make changes, we will send a new Notice right away to



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 Renewal Information Personal Additional Information Income Expenses 	Renewal Information Who is completing this application O I am completing this application of I am completing this application of What's your role?* An Authorized Representative Authorized Representative	n? nyself		Save C Help A P
1 Review & Sign	family member or a friend, and can An authorized representative can p your authorized representative ma	n help you apply for or re-certify benef provide information and sign applicati y have access to your health informat	norized representative. Your authorized representati fits. nos/re-determinations on your behalf. For Medicaio tion. If an authorized representative is currently com r granting the authorized representative permission Last Name* rep Phone Type Primary Phone	, be aware that pleting this
	Address Line 1* Address Line 1* 111 Main street City* Charleston Zip Code* 25301		Address Line 2 State*	•

West Virginia Bureau for Medical Services

Health, Wesources

Continue entering data in the Renewal Information, Personal, and Additional Information sections.

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(i) Renewal 🖌 Information	Renewal Informa					
① Personal	First Name*	Last Name*	Gender*	Date of Birth*	SSN	
X Additional			Gender		0014	
Information	-			MM/DD/YYYY		-
Income		11 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
<i>₿</i> - Expenses	Alternative Name Inform Has this person been	ation known by another name?				
Review & Sign	⊖ Yes ⊖ No					
Review & Sign						I
			-9.5-2.5-2.0		2.000000	
	First Name*	Last Name*	Gender*	Date of Birth*	SSN	
				e MM/DD/YYYY		۰
				mm/00/1111		
		Security Number could resul	t in denial of benefits.	Social Security Numbers ca	an be provided now o	r at a later
	date before your benefits a	ire approved.				
	Note : Social Security Num	bers are not required for nor	n-applicants.			
	If this person doesn't have applied for one, when did s	a Social Security Number (S ihe or he apply?	SN), but has			
	MM/DD/YYYY					
	Alternative Name Inform	ation				
	Has this person been	known by another name?				
	⊖ Yes ⊖ No					
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	Remove from Ho	usehold				I
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West Virginia Bureau for Medical Services

Update your existing income and expenses in the following sections.

Healthe Healthe Resources

med income	
What date did your earned income start?	Income End Date
MWDDYYYYY	MWDD/YYYY
How often are you paid?*	Please tell us how many hours you work per pay period?
Monthly	•
you earn before faxes or anything else is taken o payoheok.*	mount sut of the
payoheok.*	
s	
s Employer Information	sut of the
S Employer Information Employer Name*	Employer Phone Does this employer offer health ooverage?
S Employer Information Employer Name* Are you ourrently on strike? Yes @ No Employer Address	Employer Phone Does this employer offer health ooverage? Yes O No
S Employer Information Employer Name* Are you ourrently on strike? Yes No Employer Address Address Line 1	Lemployer Phone Does this employer offer health coverage? Yes No Address Line 2

West Virginia Bureau for Medical Services

View changes and updates on the Review and Sign screen

Health, Human Resources

Personal	Earned Income
•	What date did your earned income start?
*1	
Personal Data	Income End Date
First Name*	No Information Entered
	How often are you paid?*
Middle Name	Monthly
No Information Entered	and contract to the second second second second
Last Name*	Please fall us how many hours you work per pay period?
8uffix	Please tell us the total gross amount that you get paid pe
No Information Entered	taxes or anything else is taken out of the payoheok.*
Gender*	
Date of Birth*	Employer Information
	Employer Name*
Social Security Number (SSN)	Lingue y ar marine
Relationships	Employer Phone
Select the Member*	No Information Entered
	Are you ourrently on strike?
Relation with him/her*	No
	Does this employer offer health coverage?
Are you caring for him/her? No information Entered	No Information Entered
Language	Employer Address
Preferred Spoken Language*	Address Line 1
Englah	No Information Entered
Ethnicity and Race	Address Line 2
is this person Hispanio or Latino?	No Information Entered
No Response	
What is this person's Race?(check all that apply)	City
Citizenship/Immigration	
Is this person a U8 oldizen or national?*	
Ves	





Your submission will be listed in the My Application section of your account. You can view, save, and print a PDF of your renewal.

Health —PATH->	Home OFESIT	L Penyton ≡ Help Center
L My Accou	nt	
		C Help 🔒 Print
① My Profile	🖹 My Applications	
Wy Permissions		
My Applications	View PDF	
🛱 My Benefits	Applicants	Assistance Types
⊄∜) My Appeals	Your name will appear here.	Health Care
My Messages		
My Changes		



If your information does not appear in the Benefit Summary or Benefit Renewal tab as shown below, return to the PATH Home Page.

(I) My Profile	Help
9 My Permissions	Benefit Summary Benefit Details Senefit Renewal Benefits History
My Applications	Currently you do not have benefit summary.
🏦 My Benefits	
≠18 My Appeals	
🗩 My Messages	
👔 My Changes	
My Appointments	

If it has been more than 15 months since your last Medicaid application or renewal, your current renewal is not available for completion in this system. If you wish to continue with the online renewal process, you will need to submit a new application which will be handled like a renewal. To do this, click Apply.

You can also complete your paper renewal form and mail it to your local DHHR office - or - visit your local office to renew your benefits in person. To find a local office near you, please visit https://dhhr.wv.gov/bms/Pages/Field-Offices.aspx or call the Customer Services hotline at 1-877-716-1212.





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⊐ Start	Pre-Questionnaire		
Program-Service Selection		Who is completing this application?" I am completing this application myself	
D Personal	Hello	I am completing this application on someone's behalf	
Citizenship & Residency			
🏷 Health			
合 Family & Household			
🏵 Child Care	· · · · · · · · · ·		
요 Child Support	<pre>Previous</pre>		Continue >
C> Income & Resources			
? Additional Questions			
P Document Upload			
🖹 Review & Sign			

Continue through the application, review your responses, sign electronically, and submit.

	🕀 Exit. 🕲 Save. 🔂 Help. 🖨 Prin
Program-Serv Selection Personal	 Review & Sign Review the answers you provided for the Benefit Application questions below. You have obtained sufficient information from all individuals for whom you are submitting this application or that you are providing information about (or if applicable, from their parents or legally authorized representatives) to act responsibly and provide accurate information in completing the application and other related eligibility documents and forms; you have informed, or will inform as soon as possible, all adults in your household and the parent or legal guardian of any minor who is not your child about their rights and responsibilities as set forth in this application; and you are either; over eighteen years of age; or younger than eighteen years of age and applying on behalf of yoursefit and/or your minor child.
& Residency Health	Start Personal
	Citizenship & Residency
Income & Resources	Health
Additional Questions	Family & Household Income & Resources
Review & Sign	Additional Questions

Health, Health, Resources	West Virginia Bureau for Medical Services			
	Your application is being processed.	×		
	You have successfully completed an application for benefits or services. You will be notified through My Account\MyMessages of the status for each of the applicants listed in your application.			
	WV DHHR Office Find/Visit a WV DHHR office near you			
	Contact Your Local DHHR Office			
	My Application			
	Review and print your application			
	Manage My Application			

			C Help 🖨 Print
My Profile	My Applications		
My Permissions			
	View PDF		
	Applicants	Assistance Types	
	Your name will appear here.	Health Care	
	Displaying 1 - 1		
	Displaying 1 - 1		

If you continue to experience issues, please contact support at 1-844-451-3515 or <u>wvtcc@optum.com</u>.