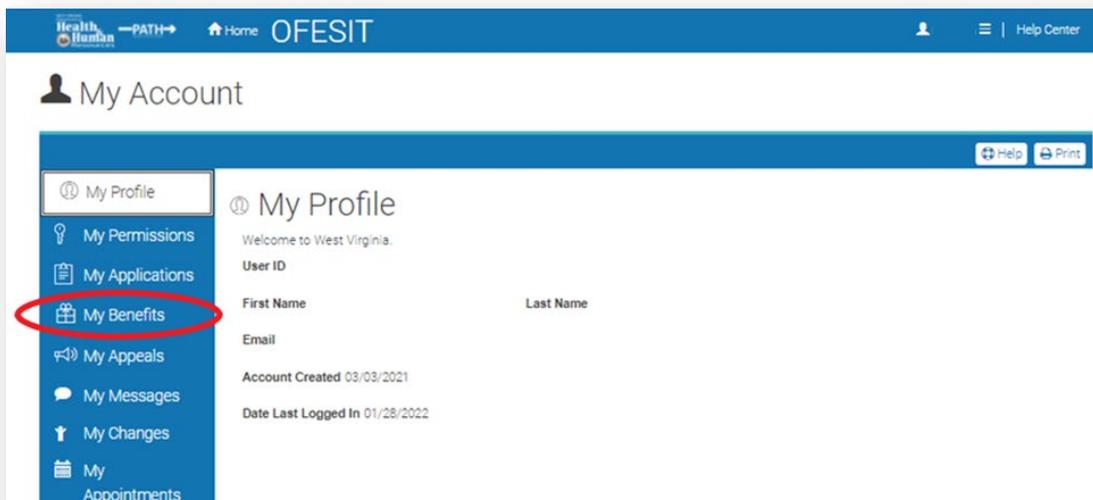**You can submit your renewal in your People's Access to Help (PATH) Portal.**

Follow these steps to submit your renewal.

Log into your PATH account and click My Account.

Click My Benefits on the left side.

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

Click Start Renewal.

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

Select who is completing this application and begin filling out your renewal.

🛒 Benefits Application Renewal

| ✖ Exit | 💾 Save | ⊕ Help | 🖶 Print |

① Renewal Information ✏	**Renewal Information**
⑪ Personal	**Who is completing this application?**
⚚ Additional Information	○ I am completing this application myself
	○ I am completing this application on someone's behalf
🖭 Income	
⅋ Expenses	**What's your role?***
✍ Review & Sign	An Authorized Representative ⬍

Authorized Representative

You can choose to appoint someone you know and trust to be your authorized representative. Your authorized representative can be a family member or a friend, and can help you apply for or re-certify benefits.
An authorized representative can provide information and sign applications/re-determinations on your behalf. For Medicaid, be aware that your authorized representative may have access to your health information. If an authorized representative is currently completing this application, a signed statement will need to be provided by the customer granting the authorized representative permission to sign on his/her behalf.

First Name*	Middle Name	Last Name*
Author		rep

Phone	Phone Type
	Primary Phone ⬍

Email Address

Address Line 1* | **Address Line 2**
111 Main street |

City*	State*
Charleston	West Virginia ⬍

Zip Code*
25301

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

✕ Exit   🖫 Save   ⊕ Help   🖨 Print

ⓘ Renewal Information ✎

⑪ Personal

☆ Additional Information

▭ Income

Ɛ Expenses

🗹 Review & Sign

Renewal Information

List of Household Members

First Name*	Last Name*	Gender*	Date of Birth*	SSN
			MM/DD/YYYY	

Alternative Name Information

Has this person been known by another name?

○ Yes ○ No

First Name*	Last Name*	Gender*	Date of Birth*	SSN
		⬍		
			MM/DD/YYYY	

Failure to provide a Social Security Number could result in denial of benefits. Social Security Numbers can be provided now or at a later date before your benefits are approved.

Note : Social Security Numbers are not required for non-applicants.

If this person doesn't have a Social Security Number (SSN), but has applied for one, when did she or he apply?

MM/DD/YYYY

Alternative Name Information

Has this person been known by another name?

○ Yes ○ No

🗑 Remove from Household

Update your existing income and expenses in the following sections.

Income

▾ Colleges

▾ Earned Income

What date did your earned income start?

_____

MM/DD/YYYY

Income End Date

_____

MM/DD/YYYY

How often are you paid?*

[Monthly ⬍]

Please tell us how many hours you work per pay period? *

_____

Please tell us the total gross amount that you get paid per pay period. By gross amount, we mean the amount you earn before taxes or anything else is taken out of the paycheck.*

[$][_____]

Employer Information

Employer Name*

_____

Employer Phone

_____

Are you currently on strike?
○ Yes ● No

Does this employer offer health coverage?
○ Yes ○ No

Employer Address

Address Line 1

_____

Address Line 2

_____

City

_____

State

[_____ ⬍]

Zip Code

_____

View changes and updates on the Review and Sign screen

Personal

Personal Data
First Name*

Middle Name
No Information Entered

Last Name*

Suffix
No Information Entered

Gender*

Date of Birth*

Social Security Number (SSN)

Relationships
Select the Member*

Relation with him/her*

Are you caring for him/her?
No Information Entered

Language
Preferred Spoken Language*
English

Ethnicity and Race
Is this person Hispanic or Latino?
No Response

What is this person's Race?(check all that apply)
White

Citizenship/Immigration
Is this person a US citizen or national?*
Yes

Earned Income
What date did your earned income start?

Income End Date
No Information Entered

How often are you paid?*
Monthly

Please tell us how many hours you work per pay period?*

Please tell us the total gross amount that you get paid per taxes or anything else is taken out of the paycheck.*

Employer Information
Employer Name*

Employer Phone
No Information Entered

Are you currently on strike?
No

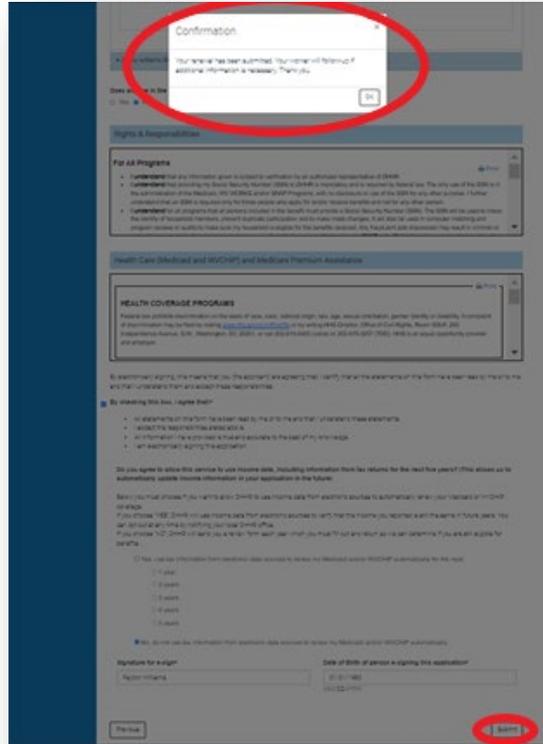Does this employer offer health coverage?
No Information Entered

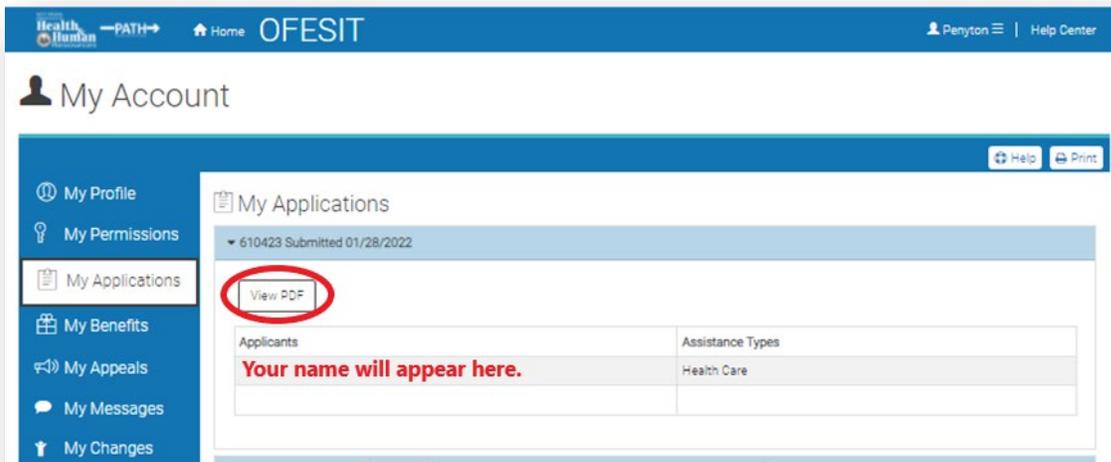## Employer Address
Address Line 1
No Information Entered

Address Line 2
No Information Entered

City

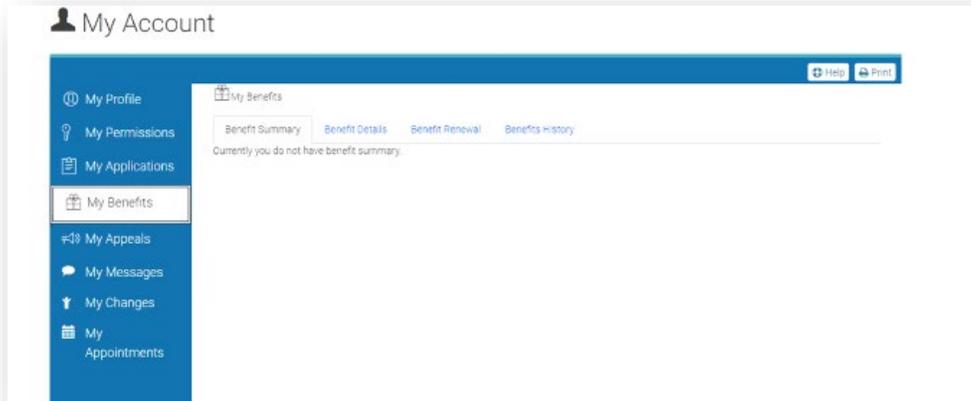**After submitting your renewal, you will see a confirmation window.**

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

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


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.
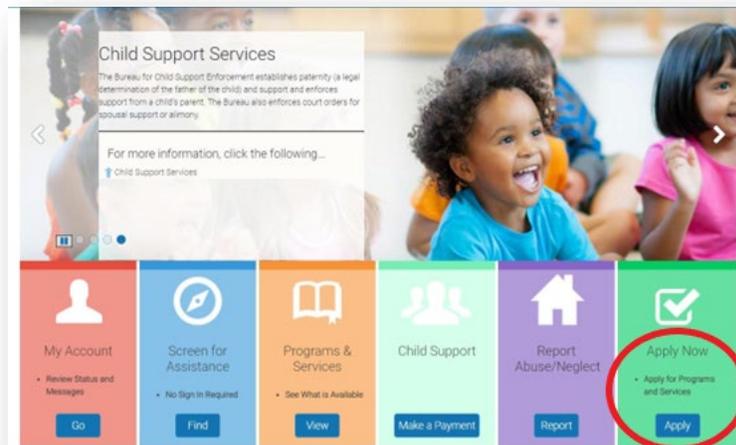
Begin the Pre-Questionnaire and follow the prompts to complete the application.
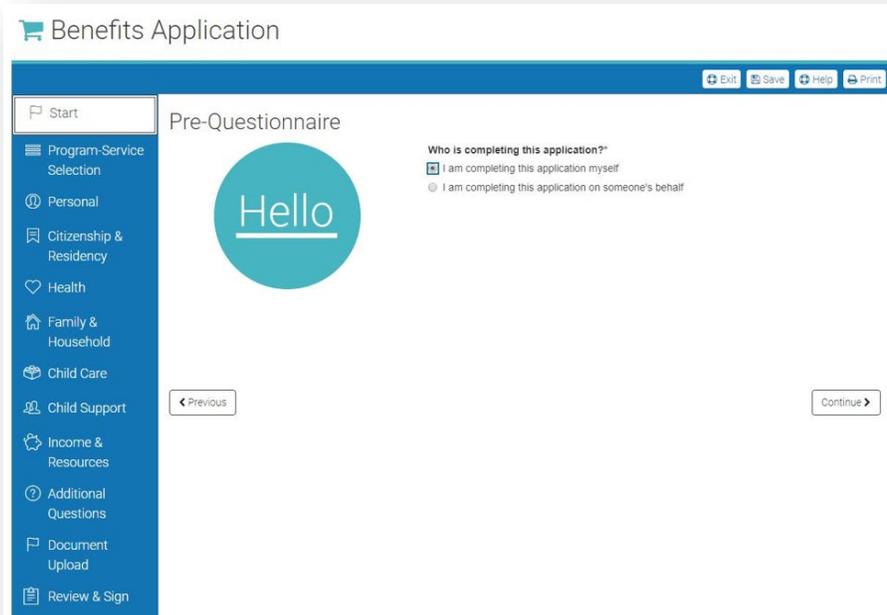
Continue through the application, review your responses, sign electronically, and submit.

West Virginia Bureau for Medical Services
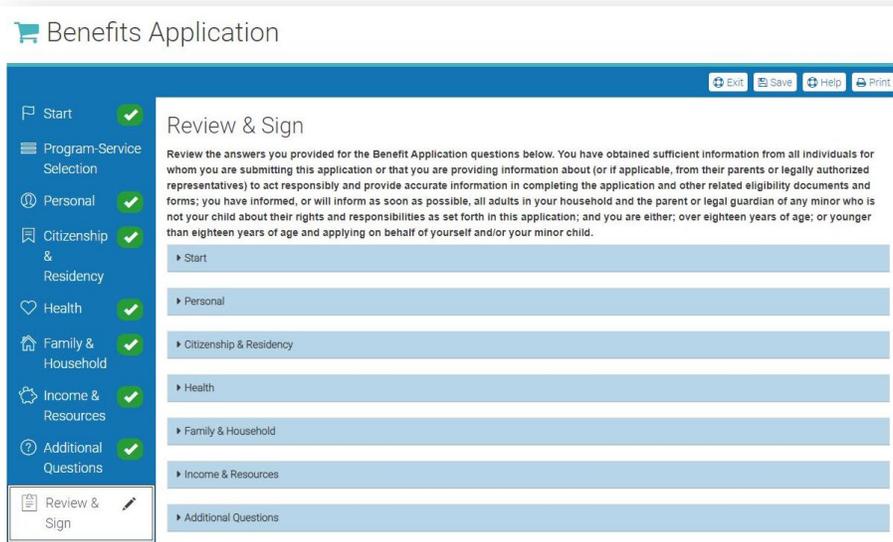
Your application is being processed.   ×

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

👤 My Account

⊕ Help   🖨 Print

⑪ My Profile
🔑 My Permissions
📋 My Applications

📋 My Applications

▼ 610309 Submitted 01/24/2022

View PDF

Applicants	Assistance Types
Your name will appear here.	Health Care

Displaying 1 - 1

«   ‹   **1**   ›   »

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