

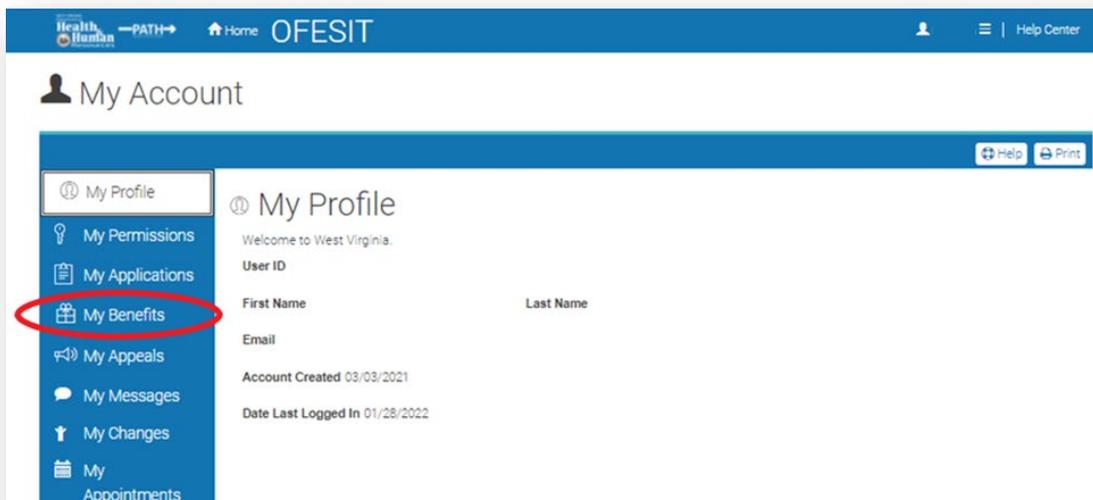
You can submit your renewal in your People's Access to Help (PATH) Portal.

Follow these steps to submit your renewal.

Log into your PATH account and click My Account.



Click My Benefits on the left side.





# West Virginia Bureau for Medical Services

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

Click **Start Renewal**.

The screenshot shows the 'My Account' page. On the left is a navigation menu with items: My Profile, My Permissions, My Applications, My Benefits (selected), My Appeals, My Messages, My Changes, and My Appointments. The main content area is titled 'My Benefits' and has four tabs: Benefit Summary, Benefit Details, Benefit Renewal (circled in red), and Benefits History. Below the tabs is a text instruction: 'Choose a benefit or group of benefits below. If you have more than one option here, these are different renewal types that must be done separately. After completing a renewal, you may return to this page to start the next renewal type.' Below this is a table with the following data:

Select	Case ID	Program	Renewal by Date	Review Status
<input type="radio"/>	4090892848	Health Care Benefits - MAGI ADULT	01/31/2022	Not Started

Below the table is another table header with columns: Select, Case ID, Program, Renewal by Date, Review Status. Below that, it says 'No data available'. At the bottom left of the main content area, there is a 'Start Renewal' button circled in red, with a red arrow pointing to it from the right.

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

The screenshot shows the 'Benefits Application Renewal' page. The left navigation menu includes: Renewal Information (selected), Personal, Additional Information, Income, Expenses, and Review & Sign. The main content area is titled 'Renewal Information' and contains a 'Notice of Privacy Practices' document. The document text includes: 'West Virginia Department of Health and Human Resources, Bureau For Medical Services, 350 Capitol Street, Room 251, Charleston, West Virginia 25301-3709, (304) 558-1700'. It also states the effective date is 04/14/2003 and provides contact information for Client Services. A box contains the text: '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.' Below this are sections for 'PRIVACY AND YOU' and 'CHANGES TO NOTICE OF PRIVACY PRACTICES'. At the bottom right of the document area, there is a 'Continue' button circled in red.

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

### Benefits Application Renewal

Exit Save Help Print

- Renewal Information
- Personal
- Additional Information
- Income
- Expenses
- Review & Sign

#### Renewal Information

Who is completing this application?

I am completing this application myself

I am completing this application on someone's behalf

What's your role?\*

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

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

👤 Personal  
🔍 Additional Information  
💰 Income  
📄 Expenses  
📝 Review & Sign

## Renewal Information

### List of Household Members

First Name*	Last Name*	Gender*	Date of Birth*	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>MM/DD/YYYY</small>	<input type="text"/>

**Alternative Name Information**  
Has this person been known by another name?  
 Yes  No

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First Name*	Last Name*	Gender*	Date of Birth*	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <small>MM/DD/YYYY</small>	<input type="text"/>

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



# West Virginia Bureau for Medical Services

Update your existing income and expenses in the following sections.

## Income

[Collapse](#)

### Earned Income

What date did your earned income start?  
  
MM/DD/YYYY

Income End Date  
  
MM/DD/YYYY

How often are you paid?\*

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*

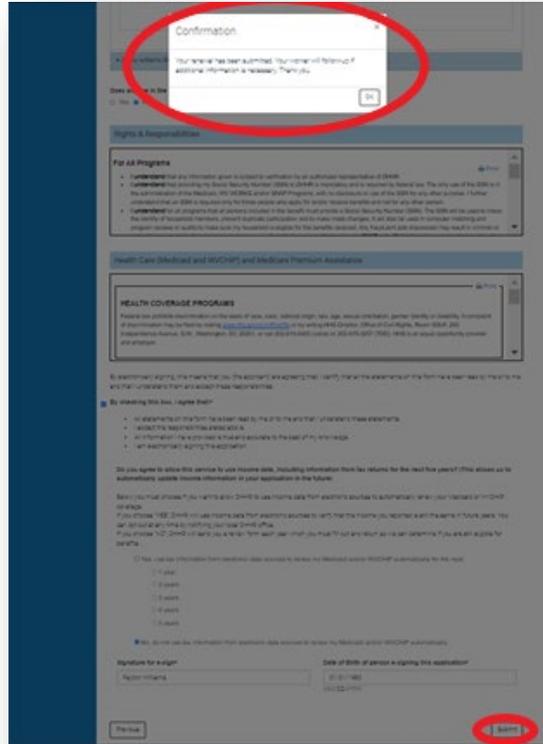
Employer Address

Address Line 1  
*No Information Entered*

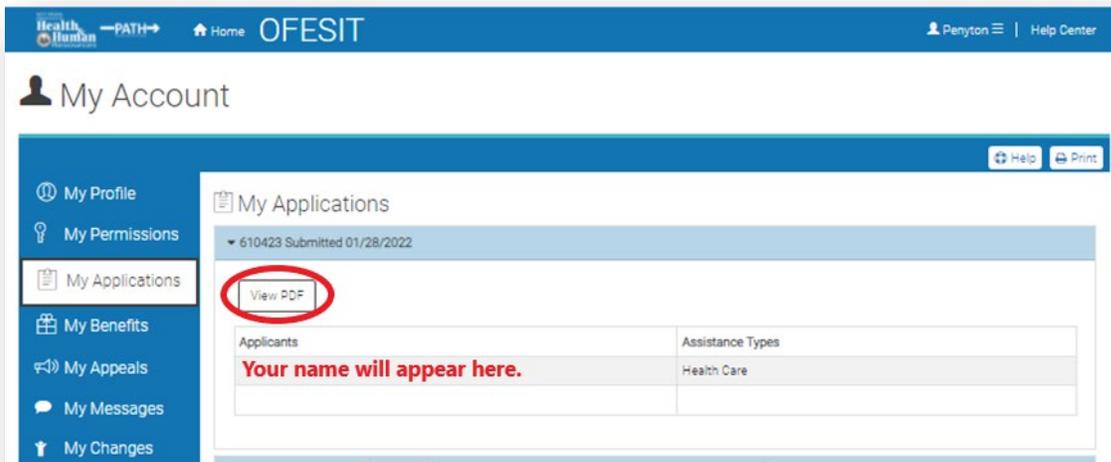
Address Line 2  
*No Information Entered*

City

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



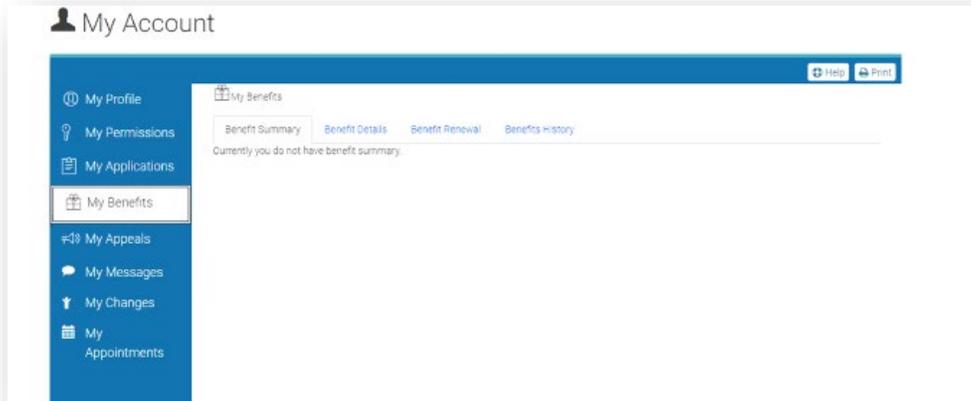
Your submission will be listed in the My Application section of your account. You can view, save, and print a PDF of your renewal.





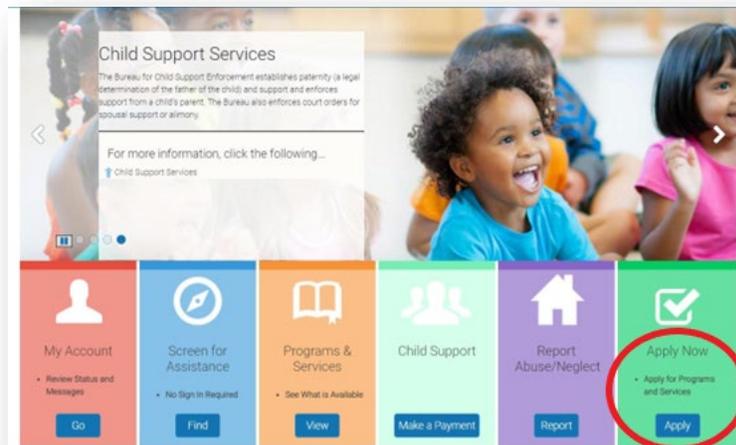
# West Virginia Bureau for Medical Services

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

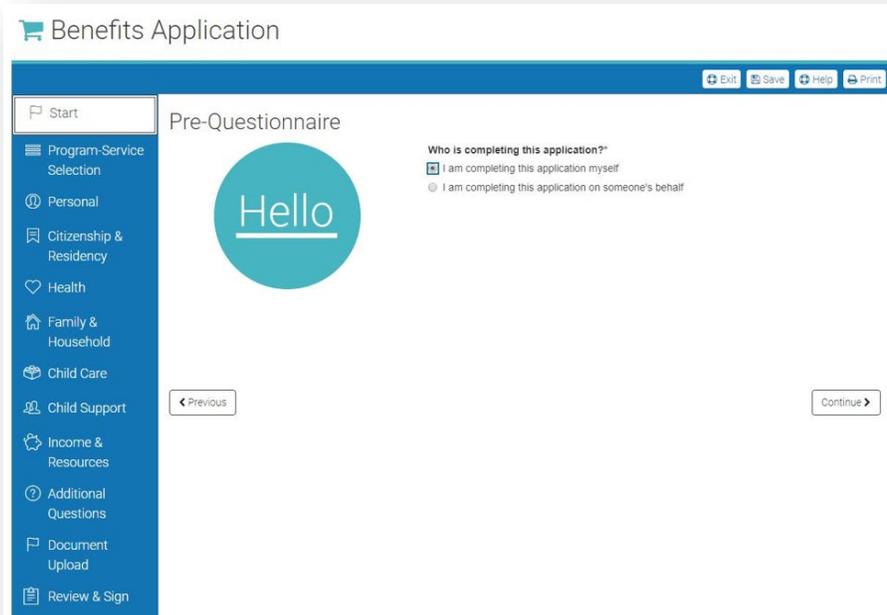


If it has been more than 15 months since your last Medicaid application or renewal, your current renewal is not available for completion in this system. If you wish to continue with the online renewal process, you will need to submit a new application which will be handled like a renewal. To do this,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

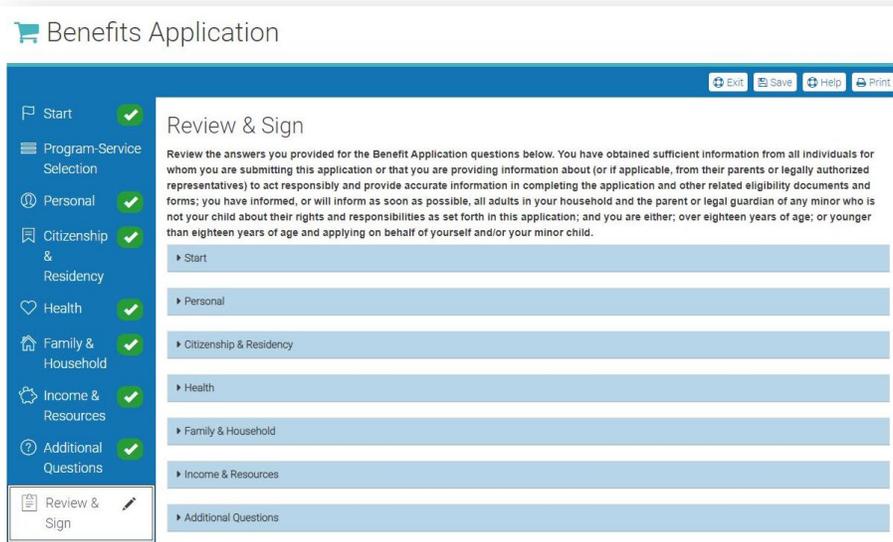
You can also complete your paper renewal form and mail it to your local DHHR office - or - visit your local office to renew your benefits in person. To find a local office near you, please visit <https://dhhr.wv.gov/bms/Pages/Field-Offices.aspx> or call the Customer Services hotline at 1-877-716-1212.



Begin the Pre-Questionnaire and follow the prompts to complete the application.



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



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

- My Profile
- My Permissions
- My Applications**

### My Applications

▼ 610309 Submitted 01/24/2022

[View PDF](#)

Applicants	Assistance Types
<b>Your name will appear here.</b>	Health Care

Displaying 1 - 1

1

If you continue to experience issues, please contact support at 1-844-451-3515 or [wvtcc@optum.com](mailto:wvtcc@optum.com).