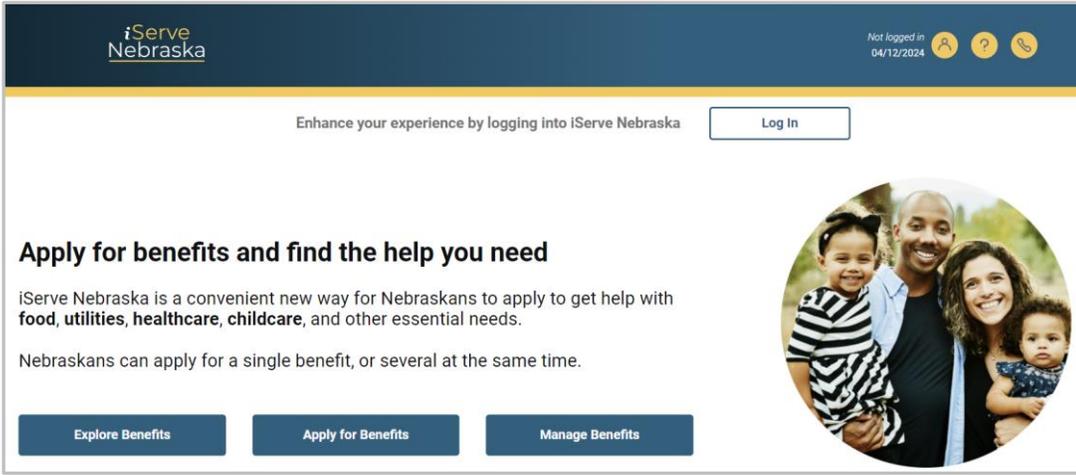
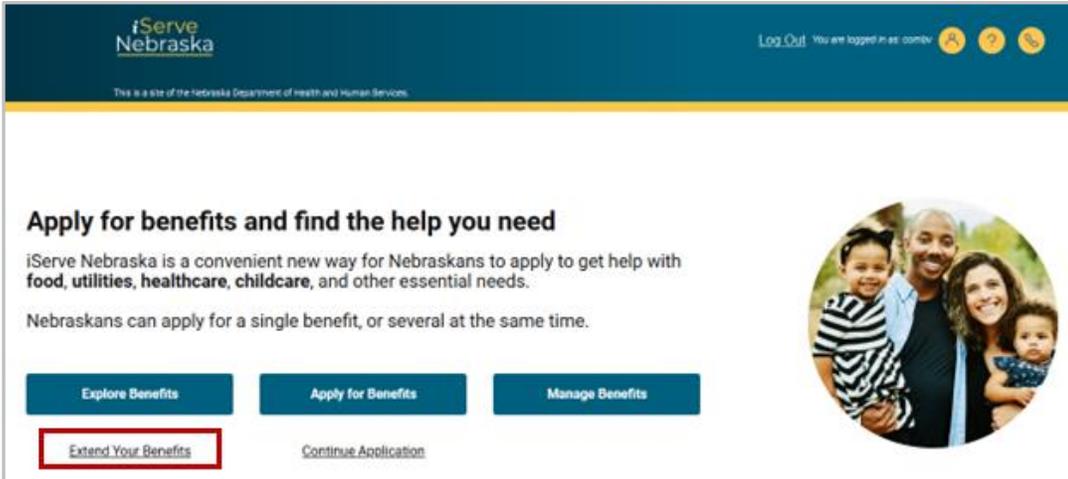
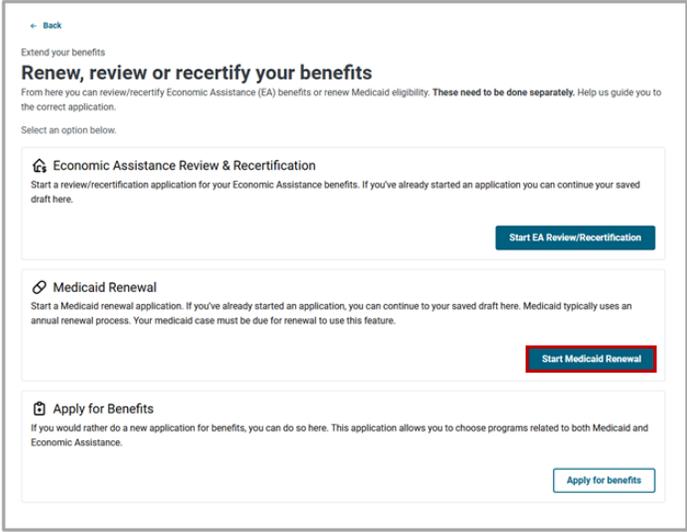
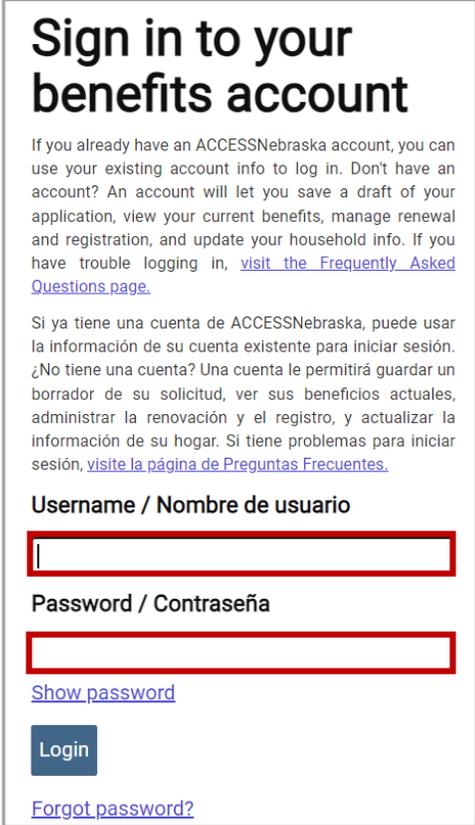


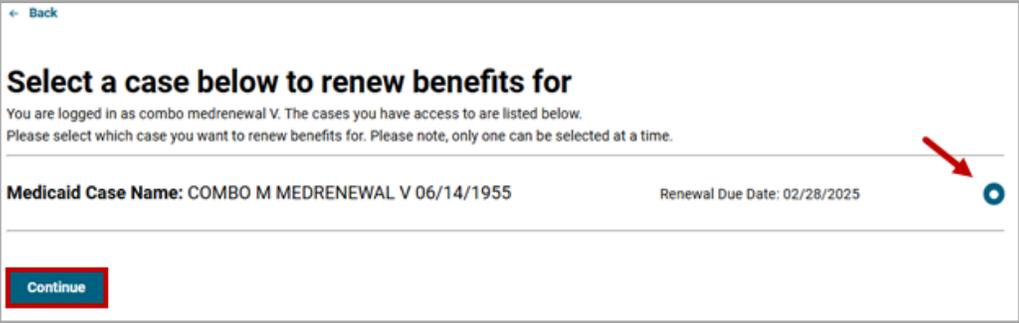
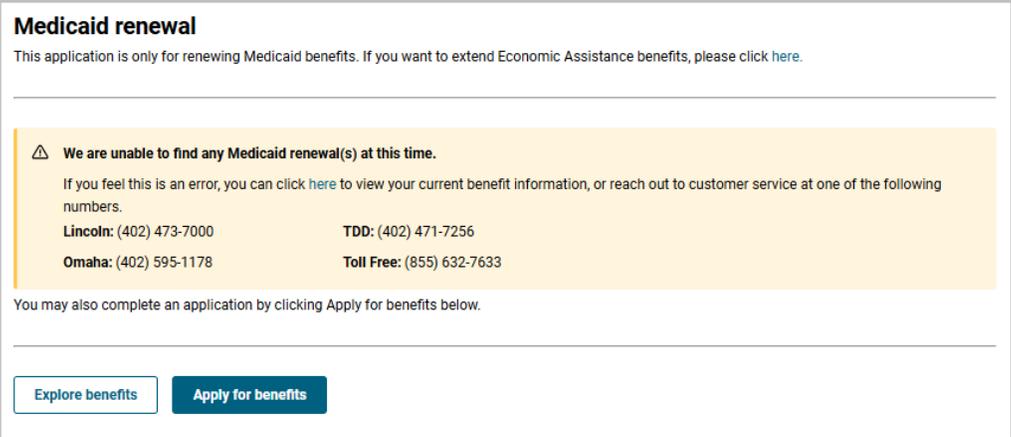
## COMPLETING THE MEDICAID RENEWAL APPLICATION ON ISERVE NEBRASKA

**Description:** This guide provides steps to complete the **Medicaid Renewal** application on the iServe Nebraska Portal.

Step #	Procedure
1.	<p>Access the <b>iServe Nebraska Portal</b> directly at <a href="https://iserve.nebraska.gov">iserve.nebraska.gov</a>.</p> 
2.	<p>Click <b>Extend your Benefits</b>.</p> 

Step #	Procedure
3.	<p>The <b>Renew, review, or recertify your benefits</b> page displays. Click the <b>Start Medicaid Renewal</b> button.</p> <div data-bbox="289 394 976 926"></div>
4.	<p>You will be routed to the <b>Sign in to your benefits account page</b> to log in.</p> <div data-bbox="289 993 764 1818"></div>

Step #	Procedure
5.	<p>The <b>Validate your PIN</b> page will display. Fill out the required information and click <b>Continue</b> to complete the validation process.</p> <p>If you do not have your PIN and need to have it sent to you, click <b>What is my PIN</b> at the bottom.</p> <div data-bbox="293 478 881 869" style="border: 1px solid #ccc; padding: 10px;"> <p><b>Validate your PIN</b></p> <p>Please enter the PIN assigned by DHHS, along with your date of birth and the last four digits of your Social Security Number. Once the PIN is validated, you will be able to view benefits and apply online to extend existing benefit programs.</p> <p>Press the 'Continue' button to complete the validation process. After this step, the PIN is no longer needed.</p> <p><i>For new applicants, please allow 1-2 business days for the PIN to be assigned.</i></p> <p><b>PIN *required</b></p> <input style="border: 1px solid red; width: 100%; height: 20px;" type="text"/>  <p><b>Date of Birth *required</b></p> <input style="border: 1px solid red; width: 100%; height: 20px;" type="text"/>  <p><b>Last 4 digits of Social Security Number *required</b></p> <input style="border: 1px solid red; width: 100%; height: 20px;" type="text"/>  <p><a href="#">Back to Home</a> <a href="#">Continue</a></p> <p><small>If you are a new applicant or have forgotten your PIN and need to have it sent to you, click the link below.</small></p> <p><a href="#">What is my PIN?</a> ←</p> </div>
<b>Note:</b>	<p>If your account does not have an active PIN, you will be routed through the PIN Validation process. Review the <a href="#">How to Validate or Recover your PIN</a> reference guide.</p>
6.	<p>The <b>Start your application to renew benefits</b> page displays, along with helpful information about the renewal process. Review the information, then click the <b>Get Started</b> button.</p> <div data-bbox="289 1068 967 1875" style="border: 1px solid #ccc; padding: 10px;"> <p>← Back</p> <p>Renew your benefits</p> <div style="display: flex; align-items: center;"> <h2 style="margin: 0;">Start your application to renew benefits</h2> </div> <p style="font-size: small; margin-top: 5px;">This application is only to renew Medicaid benefits, if you want to extend Economic Assistance Benefits, please click <a href="#">here</a>.</p> <div style="border: 1px solid #ccc; padding: 5px; display: inline-block; margin-top: 10px;">Get started</div> <hr/> <p><b>Helpful information as you apply to renew your current benefits</b></p> <ul style="list-style-type: none"> <li style="margin-bottom: 10px;"> <div style="display: flex; align-items: center;"> <p><b>Review pre-filled information</b></p> </div> <p style="font-size: x-small; margin-top: 5px;">We have pre-filled some of your application. Please edit, remove and add information so we can re-determine eligibility as quickly as possible.</p> </li> <li style="margin-bottom: 10px;"> <div style="display: flex; align-items: center;"> <p><b>Verification</b></p> </div> <p style="font-size: x-small; margin-top: 5px;">Information provided on the Medicaid Renewal may be verified using our electronic databases and databases from the Internal Revenue Services (IRS), Federal Data Service Hub, Social Security, the Department of Homeland Security, and/or a consumer reporting agency. If this information does not match, we may ask you to send us proof.</p> </li> <li style="margin-bottom: 10px;"> <div style="display: flex; align-items: center;"> <p><b>Save your progress as you go</b></p> </div> <p style="font-size: x-small; margin-top: 5px;">Your application will be saved after each screen. If you need to leave and come back you will not have to start over.</p> </li> <li style="margin-bottom: 10px;"> <div style="display: flex; align-items: center;"> <p><b>After you sign and submit your application</b></p> </div> <p style="font-size: x-small; margin-top: 5px;">You may be contacted for follow-up or to provide documents, depending on your situation.</p> </li> </ul> </div>

Step #	Procedure
7.	<p>The <b>Select a case below to renew benefits for</b> page will display all cases eligible for renewal, along with any previously saved Medicaid Renewal Applications.</p> <p>To select the case you want to renew benefits for, click the <b>circle</b> next to the correct <b>Medicaid Case Name</b>, then click <b>Continue</b>.</p> <p><b>Note:</b> If you have a saved Medicaid Renewal Application for a case on your account, that draft will appear here. You will need to continue that draft or delete it to start over.</p> 
<b>Note:</b>	<p>If there are no Medicaid cases eligible for renewal, you will see a message reading, “We are unable to find any Medicaid renewal(s) at this time,” instead of the case selection page.</p> 

Step #	Procedure
8.	<p>The <b>Personal Information</b> page will display with some information prefilled based on your DHHS records. Review the prefilled details, answer all required questions, and click <b>Continue</b> at the bottom of each page to move to the next section. If you enter an email address, a confirmation email for the submitted application will be sent to you.</p> <p><b>Note:</b> The left side of the screen provides a list of the sections you will need to complete. The green highlighted area shows the section you are working on. A green checkmark means that you have completed that section.</p> <div data-bbox="289 621 1122 1150" style="border: 1px solid gray; padding: 10px;"> </div>

Step #	Procedure
9.	<p>After completing all sections, the <b>Summary</b> page will appear, displaying a summary of the details you provided. Review your responses, and if changes are needed, click <b>Edit</b> in the relevant section.</p> <div data-bbox="289 432 1060 1171" style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p>← Back</p> <h3>Summary</h3> <p>ⓘ Let's review your application. To make any changes, click 'Edit' in the section. To submit the application, please click 'Continue'.</p> <p><b>Case selection</b> ✓</p> <p>COMBO M MEDRENEWAL V - 06/14/1955      Renewal due date: 02/28/2025</p> <hr/> <p><b>Personal information</b> ✓</p> <p>COMBO M MEDRENEWAL V - Primary contact</p> <p>Residential address      222 Sunny Side St. Omaha, NE 33333 County: Not answered</p> <p>Mailing address      Not answered</p> <p><b>Contact information</b></p> <p>Telecommunications Device for the Deaf (TDD)-Home      (402) 888-5555</p> <p>Do you want to receive text messages?      Not answered</p> <p>Email address      Not answered</p> <p>Do you want to receive e-correspondence?      Not answered</p> <p><b>Authorized Representative</b></p> <p>Do you want to add an authorized representative?      No</p> <p><a href="#">Edit</a> ←</p> </div> <p>Once you have reviewed all the information, scroll to the bottom of the page. Check the box to confirm that you have reviewed your application summary, then click <b>Continue</b> to proceed.</p> <div data-bbox="289 1354 1404 1587" style="border: 1px solid #ccc; padding: 10px; margin-bottom: 10px;"> <p><input type="checkbox"/> I have reviewed the application summary *required</p> <p style="text-align: right;"> <input type="button" value="Save and exit"/> <input type="button" value="Continue"/> </p> </div>

Step #	Procedure
10.	<p>The final section is <b>Finishing Up</b>. Answer the required questions and review the <b>Rights and Responsibilities</b> information and click the <b>I have reviewed the Rights and Responsibilities</b> and additional required checkboxes. Enter your full legal name and click the <b>Continue</b> button to submit the application.</p> <div data-bbox="293 472 950 1073" style="border: 1px solid gray; padding: 10px;"> <p>← Back</p> <h3>Finishing up</h3> <ul style="list-style-type: none"> <li> <p><b>Case selection</b> <span style="float: right;">✔ <b>Finishing up</b></span></p> <p><small>Edit</small> It's time to answer a few final questions.</p> </li> <li> <p><b>Personal information</b> <span style="float: right;">✔</span></p> <p><small>Edit</small> If you are not registered to vote where you live now, would you like to apply to register to vote here today?</p> <p style="text-align: center;"><input type="radio"/> Yes <input type="radio"/> No</p> </li> <li> <p><b>Household members</b> <span style="float: right;">✔</span></p> <p><small>Edit</small> I confirm that no one applying for health coverage on this renewal form is incarcerated (detained or jailed). <span style="color: red;">*required</span></p> <p style="text-align: center;"><input type="radio"/> Agree <input type="radio"/> Disagree</p> </li> <li> <p><b>Household details</b> <span style="float: right;">✔</span></p> <p><small>Edit</small> To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Department of Health and Human Services or the Federal Health Insurance Marketplace to use income data, including information from tax returns, for the next 5 years (the maximum number of years allowed). The Department of Health and Human Services or the Federal Health Insurance Marketplace will send me a notice, let me make any changes, and I can opt out at any time. <span style="color: red;">*required</span></p> <p style="text-align: center;"><input type="radio"/> Agree <input type="radio"/> Disagree</p> </li> <li> <p><b>Tax households</b> <span style="float: right;">✔</span></p> <p><small>Edit</small></p> </li> <li> <p><b>Income</b> <span style="float: right;">✔</span></p> <p><small>Edit</small></p> </li> <li> <p><b>Resources</b> <span style="float: right;">✔</span></p> <p><small>Edit</small> <b>Before you finish, please read and agree to the legal terms.</b> Please review your Rights and Responsibilities related to Medicaid Renewal</p> </li> <li> <p><b>Expenses</b> <span style="float: right;">✔</span></p> <p><small>Edit</small></p> </li> <li style="background-color: #f0f0f0;"> <p><b>Finishing up</b> <span style="float: right;">✔</span></p> <p style="text-align: center;"><b>RIGHTS AND RESPONSIBILITIES</b></p> <p style="text-align: center;"><small>Child Support Enforcement (CSE) 1-877-631-9973</small></p> </li> </ul> </div> <div data-bbox="293 1083 950 1843" style="border: 1px solid gray; padding: 10px; margin-top: 10px;"> <p><a href="#">Download Medicaid Rights and Responsibilities</a></p> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 10px;"> <p>ⓘ Please read the entire Rights and Responsibilities before continuing. You can do so by scrolling through the box above or clicking on the blue link.</p> </div> <p><input type="checkbox"/> I have reviewed the Rights and Responsibilities. <span style="color: red;">*required</span></p> <p>Nebraska Medicaid has the right to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving Nebraska Medicaid the rights to pursue and get medical support from a spouse or parent.</p> <p><input type="checkbox"/> I agree with the previous statement. <span style="color: red;">*required</span></p> <p>I'm signing this Renewal form under penalty of perjury which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false and/or untrue information.</p> <p><input type="checkbox"/> I agree with the previous statement. <span style="color: red;">*required</span></p> <p>I hereby authorize the Nebraska Department of Health and Human Services and its agents to request from third parties any information or documents necessary for the administration of its programs, including financial information. I also authorize the release of my Social Security number for this purpose.</p> <p><input type="checkbox"/> I agree with the previous statement. <span style="color: red;">*required</span></p> <p>Enter your full legal name to sign this application <span style="color: red;">*required</span></p> <div style="border: 1px solid gray; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p>Signature of spouse of applicant</p> <div style="border: 1px solid gray; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p style="text-align: right;"><a href="#">Continue</a></p> </div>

Step #	Procedure
11.	<p>The confirmation page confirms your application was submitted and provides a confirmation number, as well as the option to print the confirmation page or download a copy of your completed application.</p> <p><b>Note:</b> This is the only time this page will be available, so be sure to download or print the information that you need before exiting.</p> <div data-bbox="289 520 1224 1528" style="border: 1px solid #ccc; padding: 10px;"> <p> Your application was submitted.</p> <h3>Your confirmation</h3> <p><b>Confirmation number: 68404344</b> </p> <p> You have successfully submitted a medicaid renewal application.</p> <p>Digital Signature 072ad0714bee36dc861151a14c3d58bb</p> <p> <a href="#">Print this page</a> </p> <hr/> <p><b>Download a copy of your application</b></p> <p>Downloading your application could be useful for your own records or to have as reference during a caseworker interview (if applicable). This page won't be accessible after you leave.</p> <p> <a href="#">Download your application (PDF)</a> </p> <hr/> <p><b>Provide documentation</b></p> <p>If further documentation is required for your application, the specific agencies will reach out to you via a phone call and/or postal mail/email. If you'd like to upload documents now, <a href="#">here's a list of documents</a> and you can upload them here.</p> <p> <a href="#">Upload documents</a> </p> <hr/> <p><b>Provide feedback about iServe Nebraska</b></p> <p>We'd love to hear feedback about your experience using iServe Nebraska and how we can make it better. Take a quick survey to share your thoughts. <b>All responses are anonymous.</b></p> <p> <a href="#">Take survey</a></p> <hr/> <p><b>Additional information</b></p> <p>Additional Benefit Applications</p> <ul style="list-style-type: none"> <li>• <a href="#">Application for Child Support Services</a> <ul style="list-style-type: none"> <li>◦ Locating Parents, establishing Paternity, establishing Court Orders for Child Support and Medical Support, enforcing Order for Child, Spousal and Medical Support, modifying Child Support Orders (Upon Request).</li> </ul> </li> </ul> <p><a href="#">Read more...</a></p> </div>