Mike DeWine, Governor Jon Husted, Lt. Governor Steven W. Schierholt, Executive Director

eLicense Guide: Home Medical Equipment Facility Renewal

Updated 4/21/2020

PRIOR TO RENEWING, LICENSE HOLDERS ARE REQUIRED TO REVIEW THE DESIGNATED REPRESENTATIVE AFFILIATED WITH THE LICENSE. TO REVIEW, PLEASE CLICK <u>HERE</u>. IF THE CORRECT DESIGNATED REPRESENTATIVE IS NOT LISTED, PLEASE COMPLETE A CHANGE OF DESIGNATED REPRESENTATIVE FORM, FOUND <u>HERE</u>.

IF YOU NEED TO MAKE A CHANGE TO YOUR LICENSE, INCLUDING ANY OF THE FOLLOWING, YOU MUST COMPLETE A 'CHANGE IN BUSINESS DESCRIPTION IN LIEU OF A RENEWAL:

- CHANGE IN OWNERSHIP
- CHANGE IN BUSINESS OR TRADE NAME
- CHANGE IN ADDRESS/LOCATION

GUIDANCE ON HOW TO COMPLETE A CHANGE IN BUSINESS DESCRIPTION CAN BE FOUND HERE.

Renewal Application Required Information and Documentation:

- Applicant Attestation, found here
- Designated Representative Attestation, found here
- Certificate of insurance showing minimum product and professional liability insurance coverage of one million dollars per occurrence, three million aggregate
- Criminal conviction or disciplinary action documentation, *if applicable*
- Valid payment via credit card (Visa, MasterCard, or Discover)

Accessing the Renewal Application:

1. Access the portal using the eLicense system at https://elicense.ohio.gov

77 S. High Street, 17th Floor Phone: Columbus, OH 43215 U.S.A. Fax: 61⁴

988 LIFELINE Thio:

2. Login to your current eLicense account, if you do not yet have an eLicense account, please find guidance here on how to register.

Completing the Renewal Application:

From your Dashboard, select the **OPTIONS** tab on your HMEL license then **RENEW**

- 1. **ELIGIBILITY:** Answer the eligibility questions and then 'Proceed to Application.'
- 2. **PERSONAL INFORMATION:** Ensure all personal information is current and select 'Next.'
- 3. **QUESTIONS:** There will be general licensing questions, acknowledgements, and Applicant and Designated Representative legal and disciplinary questions.
- 4. **ATTACHMENTS:** Here you will be required to upload the required documents listed above.
- 5. **REVIEW & SUBMIT:** Select the 'Consent to Electronic Signature' check box and type your fist and last name in the box provided. Select 'Submit' to proceed to payment.
- 6. **CART**: Click the 'Select All' check box then 'Continue' to checkout then 'Continue' again to proceed to the payment screen.
- 7. **PAYMENT SCREEN:** Fill in all applicable information in the payment information and billing information sections of the payment screen and select 'Continue' then select 'Submit' on the next screen.

RENEWAL APPLICATION:

From your Dashboard, select the OPTIONS tab on your HMEL license then RENEW



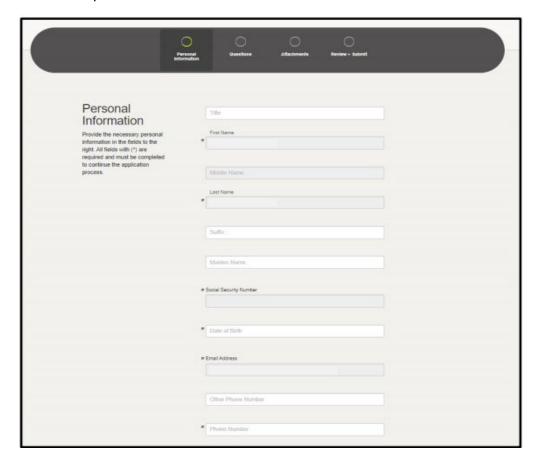
ELIGIBILITY:

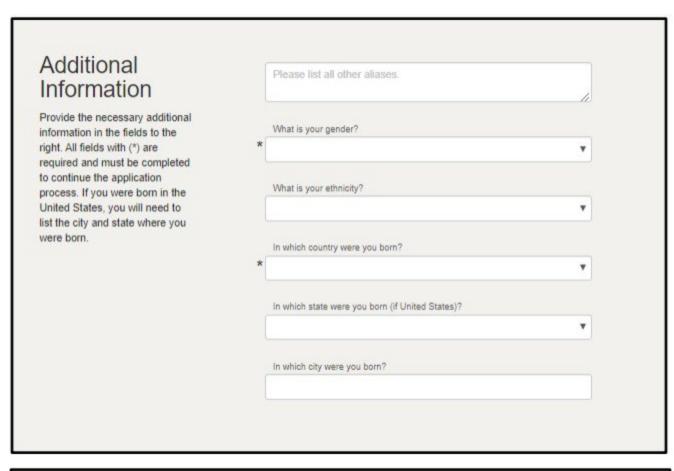
Answer eligibility questions, then select **PROCEED TO APPLICATION**

Eligibility	Is the individual who serves as the Designated Representative, pursuant to OAC 4729:11-2-02, on file
By answering the following questions, eligibility for the license application will be determined. Confirmation will be noted if eligibility is met.	with the Board? Yes No Has the physical address of the licensed facility changed from what is on file with the Board? Yes No Has the business or trade name of the licensed facility changed from what is on file with the Board? Yes No Has the ownership of the licensed facility changed from what is on file with the Board? Yes No

PERSONAL INFORMATION:

Review and ensure all personal information is correct



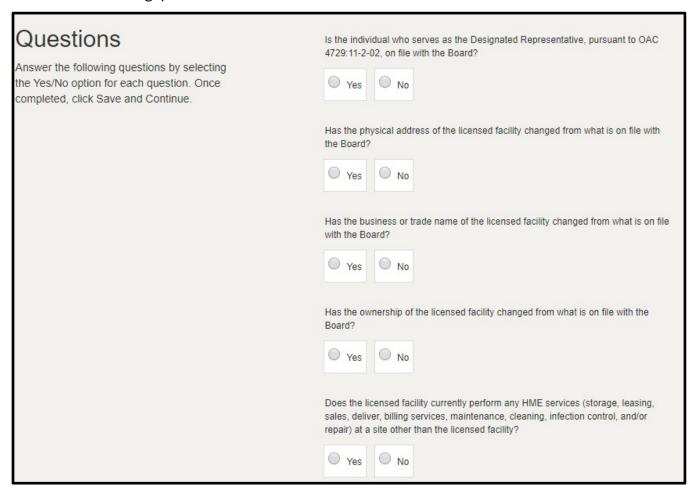




Once all information is populated, select **SAVE AND CONTINUE**

QUESTIONS:

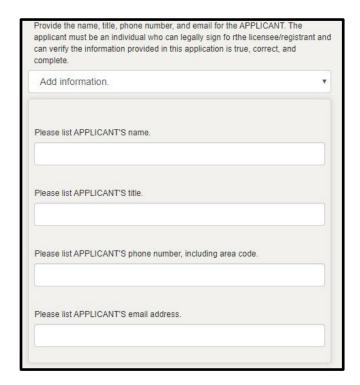
Answer the following questions



LEGAL & DISCIPLINARY QUESTIONS:



Applicant information & questions:



In the last 3 years, has the APPLICANT ever been convicted of, or are there charges pending for, a felony under state or federal law?
O Yes No
In the last 3 years, has the APPLICANT ever been convicted of, or are there charges pending for, a misdemeanor involving dishonesty, fraud, or directly related to the provision of HME services?
Yes No
In the last 3 years, has the APPLICANT ever been convicted of, or are there charges pending for, a misdemeanor theft offense as described in division (K)(3) of section 2913.01 of the Ohio Revised Code?
Yes No
In the last 3 years, has the APPLICANT ever been excluded or directed to be excluded from participation in a Medicare or state health care program, or is any such action pending?
Yes No
In the last 3 years, has the APPLICANT ever been denied a license, registration, or certification by an appropriate issuing body of any federal, state, or other jurisdiction, or is any such action pending?
Yes No
In the last 3 years, has the APPLICANT ever been the subject of a disciplinary action as defined in 4729:11-1-01 (K) of the Ohio Administrative Code by an appropriate issuing body of any federal, state, or other jurisdiction that resulted in the surrender, suspension, revocation, or probation of the applicant's license, registration, or certification?
○ Yes ○ No

Designated Representative information & questions:

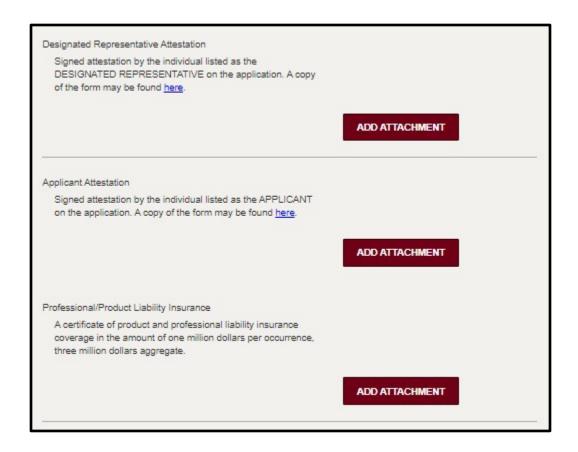
Add info	ormation	
P <mark>lease list</mark>	DESIGNATED REPRESENT	'ATIVE'S name.
Please list	DESIGNATED REPRESENT	ATIVE'S title.
Please list	DESIGNATED REPRESENT	'ATIVE'S phone number, including area

In the last 3 years, has the DESIGNATED REPRESENTATIVE been charged with and/or convicted of two or more traffic offenses within 3 years involving alcohol, regardless of whether the original charge – such as Driving Under the Influence (DUI), Driving While Intoxicated (DWI), Operating a Vehicle while Impaired (OVI), Operating a Motor Vehicle while under the Influence (OMVI) or the equivalent in another jurisdiction - was ultimately reduced or plead to a different offense other than the original charge?
Yes No
In the last 3 years, has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for, a felony under state or federal law?
Yes No
In the last 3 years, has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for, a misdemeanor theft offense as described in division (K)(3) of section 2913.01 of the Ohio Revised Code?
○ Yes ○ No
In the last 3 years, has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for, a misdemeanor involving dishonesty, fraud, or directly related to the provision of HME services?
○ Yes ○ No
In the last 3 years, has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for, a crime of moral turpitude as defined in section 4776.10 of the Ohio Revised Code?
○ Yes ○ No
In the last 3 years, has the DESIGNATED REPRESENTATIVE ever been convicted of, or are there charges pending for, a crime (felony or misdemeanor) involving an act of moral turpitude?
○ Yes ○ No

ATTACHMENTS:

Here you will be asked to upload all required attachments. Select **ADD ATTACHMENT** and select the appropriate file. Once all attachments are uploaded, select **SAVE AND**

CONTINUE



REVIEW & SUBMIT:

Application Review	Completed
Attestation	I declare under penalties of falsification as set forth in Chapters 2921. and 4752. of the Ohio Revised Code, that I am authorized to pursue this application on behalf of the entity listed in this application and that this application, including any accompanying documents, is true, correct, and complete. I hereby acknowledge that if the license/registration applied for is granted, the license/registration-holder shall submit to the jurisdiction of the State of Ohio Board of Pharmacy and to the laws of this state for the purpose of enforcement of Chapters 2925, 3715., 3719., 4729., and 4752. of the Ohio Revised Code and all other applicable laws and rules. I fully understand that submission of this application with the State of Ohio Board of Pharmacy constitutes permission for entry and on-site inspection by an authorized board agent in accordance with rules adopted under Section 4752.17 of the Ohio Revised Code.
	Consent to Electronic Signature
	□ I accept
	Type your First Name and Last Name as they appear on the application to sign electronically.
Submit your	After clicking the 'Submit' button below, you will no longer be able to change this application. PLEASE DO NOT USE THE BROWSER'S BACK BUTTON AS THAT MAY OVERWRITE YOUR DATA. If you want to return to your application, simply log out and log back in.
Application	If this application requires payment you will be prompted to begin the payment process. You must complete the payment process before the board will review your application. If this application does not require payment, you will be navigated back to the eLicense home page and the board will review your application.
	SAVE & FINISH LATER SUBMIT

CART & PAYMENT:

Select the 'License Renewal/Reinstatement' fee check box

Select 'Continue' and follow the prompts to complete payment

☑License Renewal/Reinstatement Fee f	101				
Туре	Created Date	Licensee Name	Amount	Amount Outstanding	Waived Amount
HMEL Renewal Fee	4/1/2020 4:59 PM		\$400.00	\$400.00	
eLicense System Transaction Fee	4/1/2020 4:59 PM		\$3.50	\$3.50	\$0.00

If you need help or have questions pertaining to your Home Medical Equipment License Renewal please e-mail <u>licensing@pharmacy.ohio.gov.</u>

If you need help <u>logging</u> into your eLicense account, <u>registering</u>, or <u>any other technical issues</u> with eLicense Ohio, please call the eLicense customer service center at 855-405-5514, Monday – Friday, 8:00am to 5:00pm EDT.