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 HERE. IF THE CORRECT DESIGNATED REPRESENTATIVE IS NOT LISTED, PLEASE COMPLETE A CHANGE OF DESIGNATED REPRESENTATIVE FORM, FOUND HERE.

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
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**

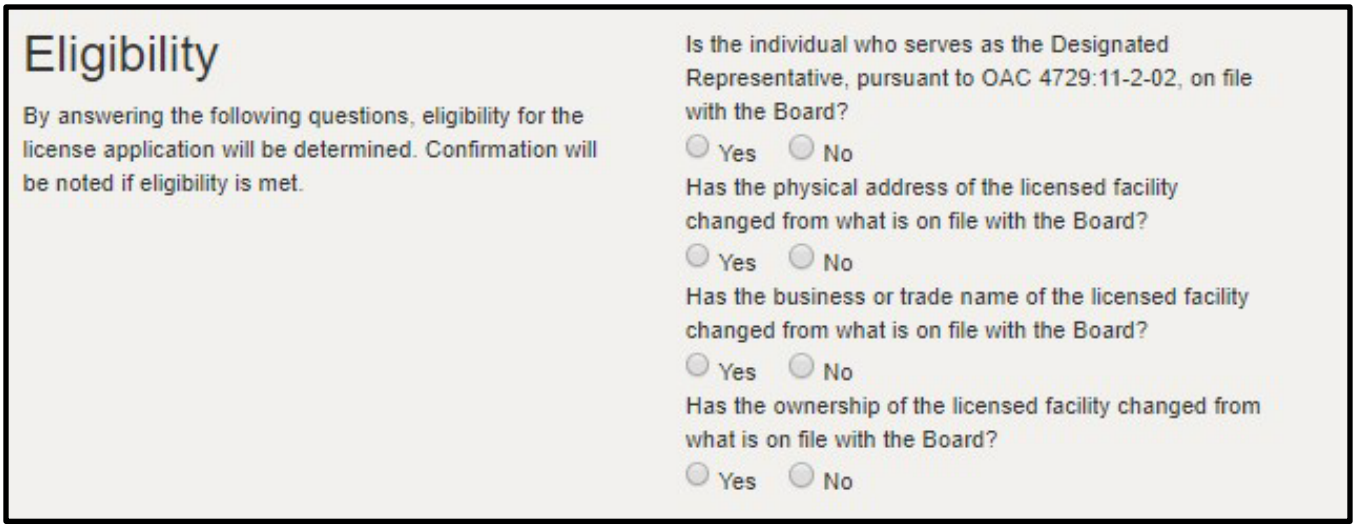
1. **ELIGIBILITY:** Answer the eligibility questions and then 'Proceed to Application.'
2. **PERSONAL INFORMATION:** Ensure all personal information is current and select 'Next.'
3. **QUESTIONS:** There will be general licensing questions, acknowledgements, and Applicant and Designated Representative 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**

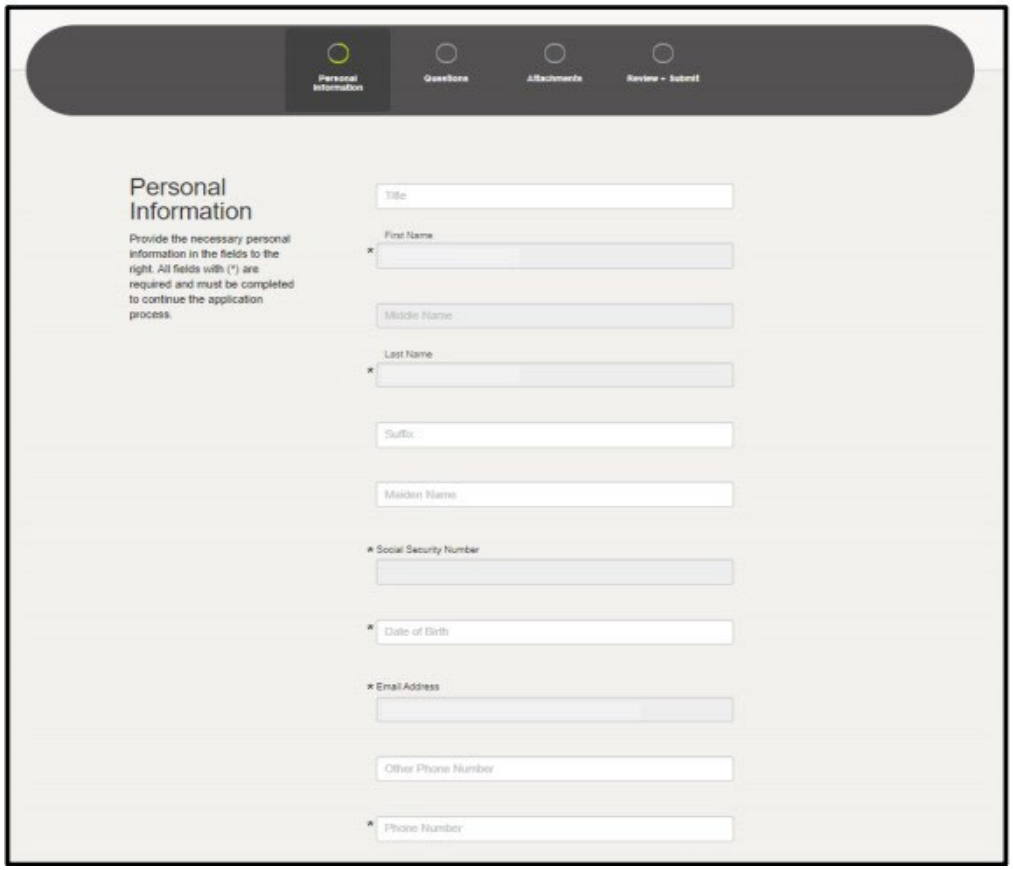
ELIGIBILITY:

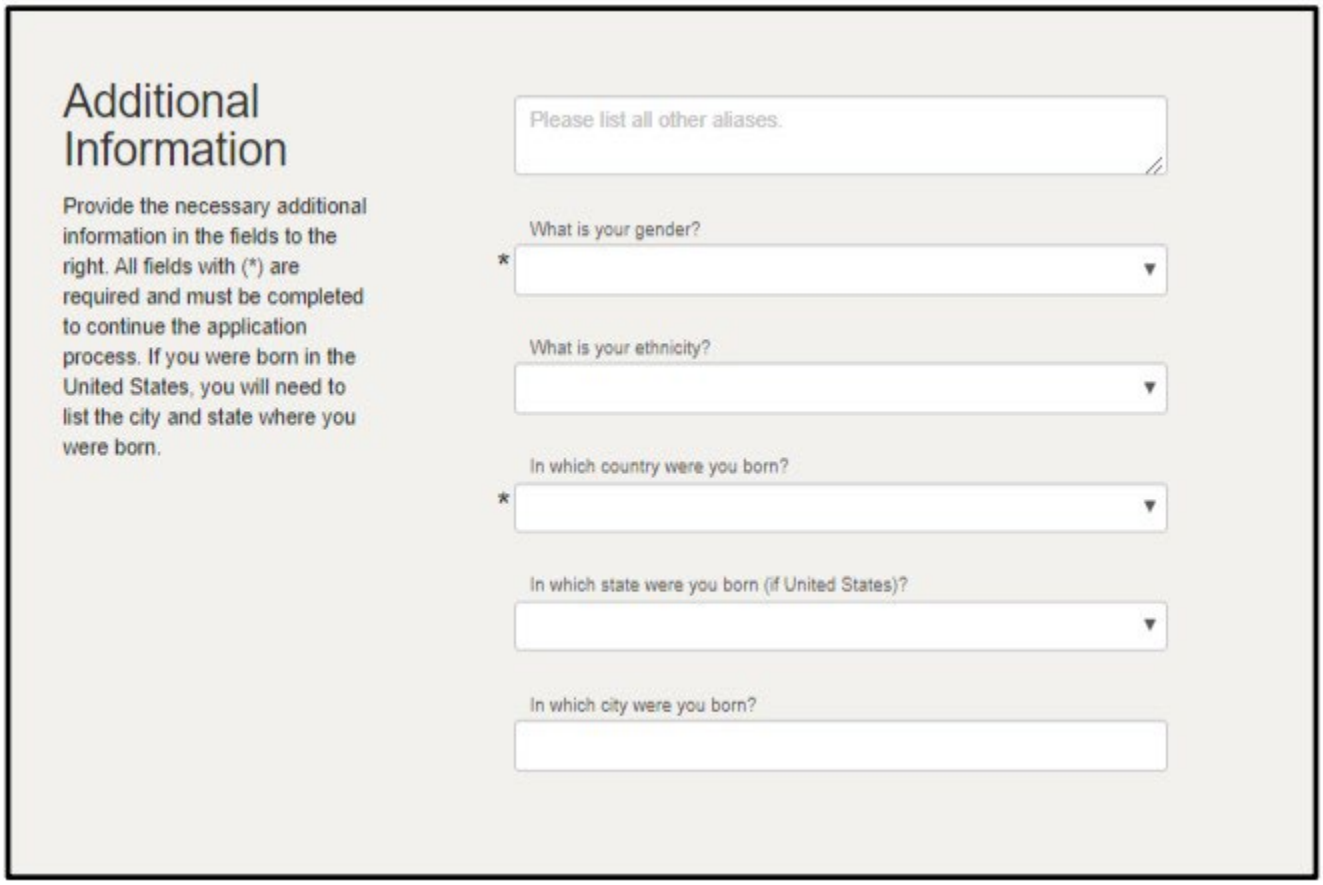
Answer eligibility questions, then select **PROCEED TO APPLICATION**



PERSONAL INFORMATION:

Review and ensure all personal information is correct

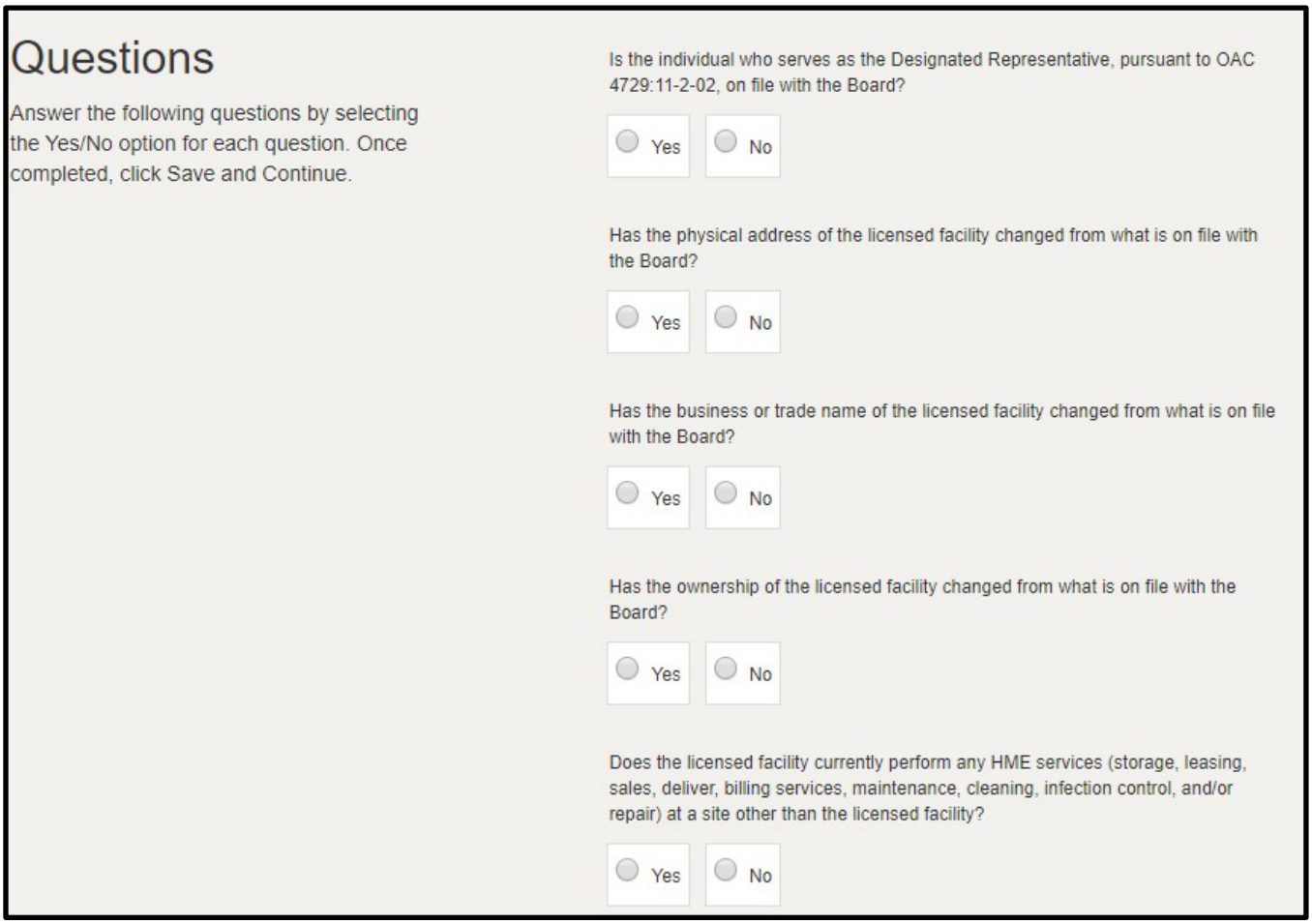




Once all information is populated, select **SAVE AND CONTINUE**

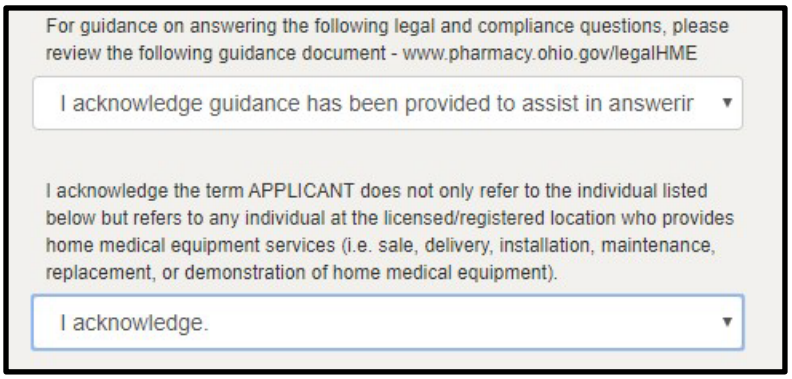
QUESTIONS:

Answer the following questions

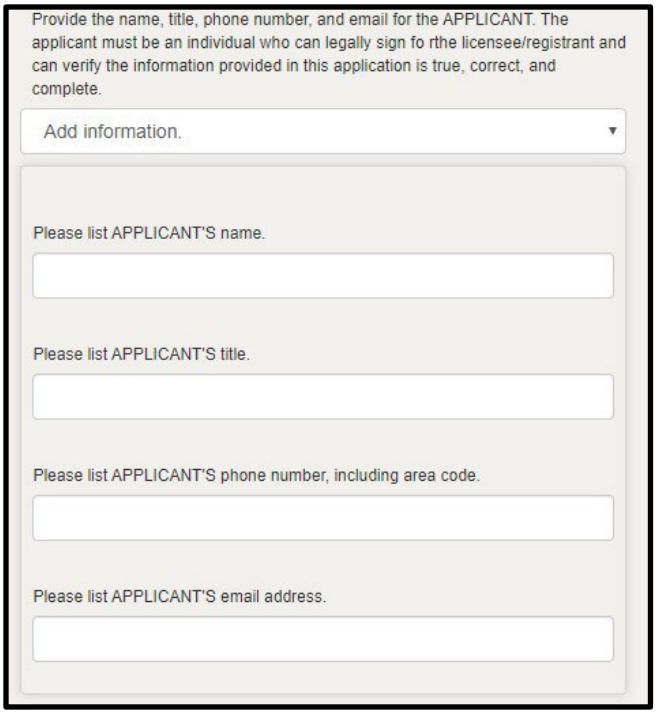


LEGAL & DISCIPLINARY QUESTIONS:

The following questions will be asked of both the Applicant and Designated Representative. Legal & disciplinary question guidance and definition of 'Applicant' can be found here.



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?

- ○ 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:

Provide the name, title, phone number, and email for the DESIGNATED REPRESENTATIVE. The designated representative is the individual responsible for the supervision and control of the home medical equipment services provided at this location pursuant to rule 4729:11-2-02 of the Ohio Administrative Code. The designated representative is also responsible for ensuring that the application is true, correct, and complete.

Add information

Please list DESIGNATED REPRESENTATIVE'S name.

Please list DESIGNATED REPRESENTATIVE'S title.

Please list DESIGNATED REPRESENTATIVE'S phone number, including area code.

Please list DESIGNATED REPRESENTATIVE'S email address.

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?

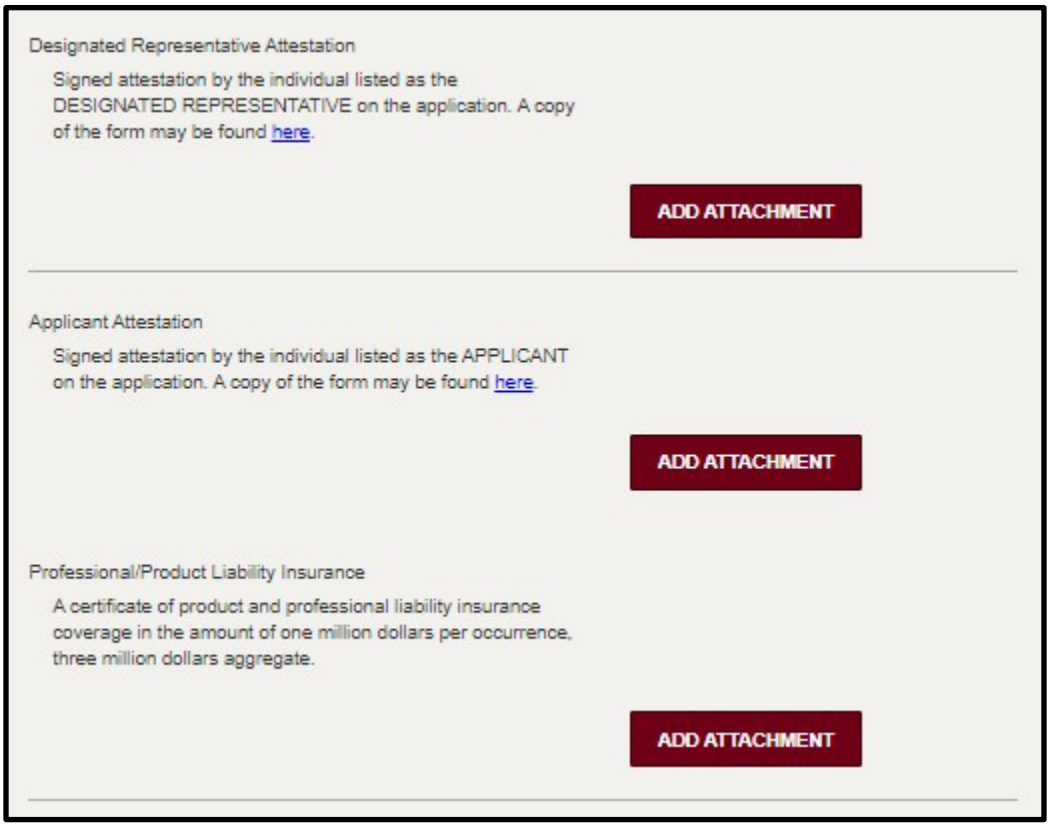
- ○ Yes
- ○ No

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?

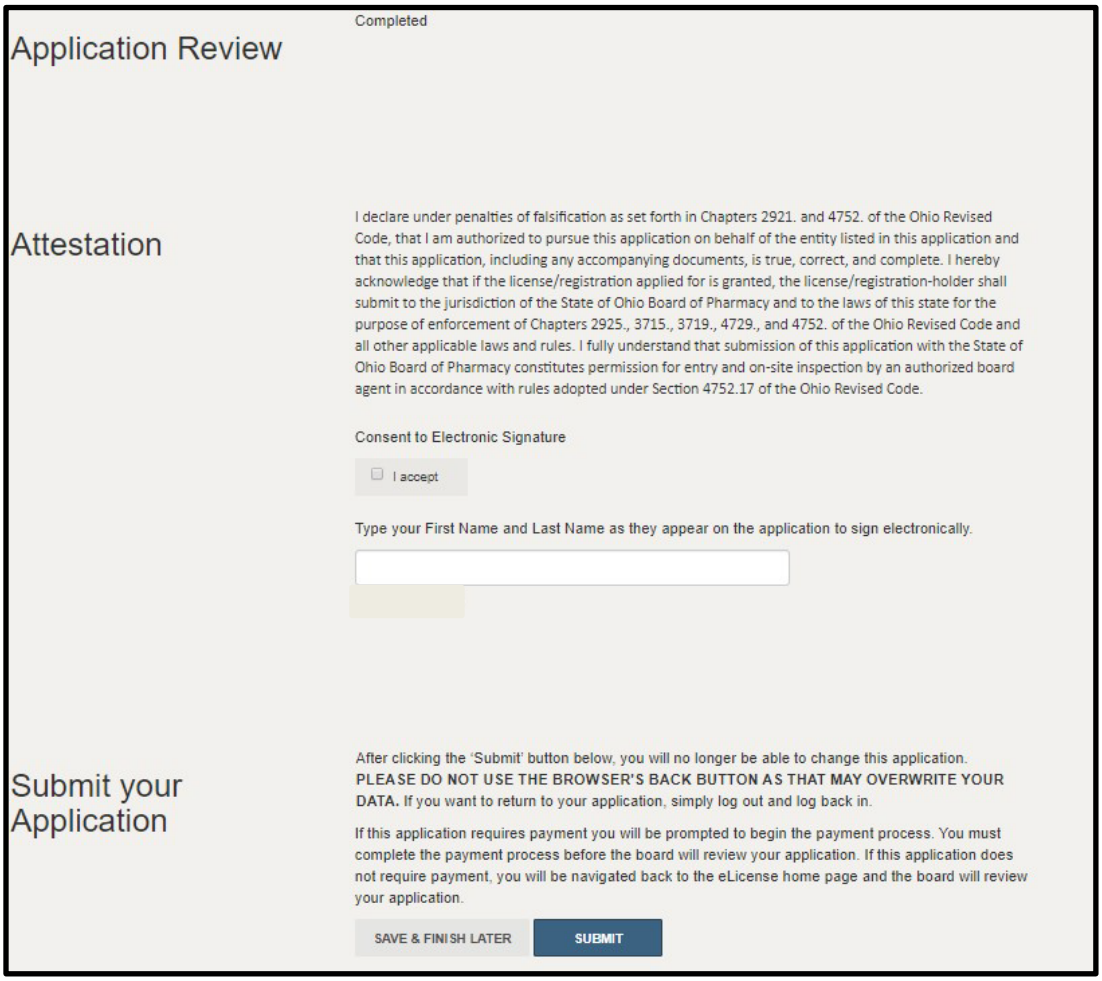
- ○ Yes
- ○ No

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:



CART & PAYMENT:

Select the 'License Renewal/Reinstatement' fee check box

Select 'Continue' and follow the prompts to complete payment

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

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