

Registration for Facility User Account

To Register, go to : <https://apps.ahca.myflorida.com/Fddc/>



Welcome to Florida Discharge Data Collection System (FDDC)

Mission Statement

Our mission at the Agency for Health Care Administration is Better Health Care for all Floridians. Over the years, your data has demonstrated that health care in Florida does indeed continue to get better. The data you report and that we share has been an incredibly useful tool in driving continuous improvement, and in helping providers, payers and especially patients strive for ever-increasing quality.

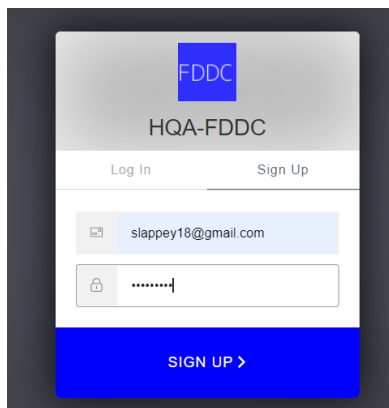
[Click here to Login or use the Login above.](#)

Click Login to get started

Sign Up

Choose Sign up

Register with your email address.



Verify your Email

You will be directed to the FDDC Landing page. There will be a red icon next to your email address. This means you need to verify your account. A verification email will be sent to your provided email address.



Profile Information

Fill out your profile and choose the CC emails and is Primary option.

Save changes.

Manage User Profile

* Please enter atleast FirstName, LastName and Phone Number.

Registration Email

Address

krischellharris@gmail.com

* First Name

Krichell

* Last Name

Harris

Address

2727 Mahan Drive

* Phone Number

850-412-3787

CC
Emails



Is
Primary



Check your email

You will now need to check your email you signed up with and verify your email.

It will prompt you to log back in.

Request Facility Access

Now you will need request access for one of your facilities.

Click on the "Request Facility Access" tab

Select the provider type using the dropdown menu on the right side of the page



Provider Registration

Use the lists on this screen to request access to a provider for the purpose of submitting discharge data to the agency.

How to Use This Screen

Please note: your browser will automatically bring you to this screen until you have been granted access to at least one provider. You can return to this screen at any time to request access to other providers or remove any of your current providers.

Current Registration Requests

Drag entries here to request access and click *Save Changes* to send your request.

Save Changes

Available Providers

Select a Program

Provider Registration

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How to Use This Screen

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You can [click this link](#) to refresh the screen or come back later to review the status of your registration.

Current Registration Requests

Drag entries here to request access and click *Save Changes* to send your request.

Save Changes

DOCTORS MEMORIAL HOSPITAL
BONIFAY, FL
AHCA Number: 100078, License Number: 4495, Medicaid Number:
010103600
An access request will be sent after you click on the Save changes button. [Click here to remove.](#)

Available Providers

Select a ProviderType

HOSPITAL

Available Providers

100078

This page allows registered users to request access to the a provider for the purpose of working on a discharge data submission. To request access, select a provider type and find the provider in the list shown. Once you have located the correct provider, use your mouse to drag the entry for that provider to the box on the left.

Search for Facilities

You may find facilities by typing in the name or AHCA number into the text box

Available Providers

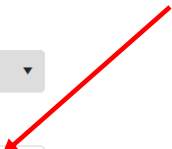
Select a ProviderType

HOSPITAL

Available Providers

Enter text to search by name, license or AHCA number.

A G HOLLEY STATE HOSPITAL LANTANA, FL AHCA Number: 103000, License Number: 3979, Medicaid Number: 010261000
ADVENTHEALTH ALTAMONTE SPRINGS ALTAMONTE SPRINGS, FL AHCA Number: 120004, License Number: 4369, Medicaid Number: 010129000
ADVENTHEALTH APOPKA APOPKA, FL AHCA Number: 120003, License Number: 4369, Medicaid Number: 010129000



Request Registration

Drag entities to center box and click “Save Changes” to send your request.

You can request access to as many facilities as needed at one time.

Facility Administrators will receive initial access by their AHCA Analyst, all additional requests will be Approved or Denied by the Facility Administrator.

Current Registration Requests

Drag entries here to request access and click *Save Changes* to send your request.

Save Changes

ASCENSION SACRED HEART BAY
PANAMA CITY, FL
AHCA Number: 100026, License Number: 3982, Medicaid Number: 010006400
You have been assigned administrative access to this provider. [Click here to remove.](#)

ASCENSION SACRED HEART EMERALD COAST
MIRAMAR BEACH, FL
AHCA Number: 23960041, License Number: 4470, Medicaid Number: 0103223300
You have been assigned administrative access to this provider. [Click here to remove.](#)

Available Providers

Select a ProviderType

HOSPITAL

Available Providers

120004

ADVENTHEALTH ALTAMONTE SPRINGS
ALTAMONTE SPRINGS, FL
AHCA Number: 120004, License Number: 4369, Medicaid Number: 010129000

Current Registration Requests

Drag entries here to request access and click *Save Changes* to send your request.

Save Changes

ADVENTHEALTH ALTAMONTE SPRINGS
ALTAMONTE SPRINGS, FL
AHCA Number: 120004, License Number: 4369, Medicaid Number: 010129000
An access request will be sent after you click on the Save changes button. [Click here to remove.](#)

ASCENSION SACRED HEART BAY
PANAMA CITY, FL
AHCA Number: 100026, License Number: 3982, Medicaid Number: 010006400
You have been assigned administrative access to this provider. [Click here to remove.](#)

Available Providers

Select a ProviderType

HOSPITAL

Available Providers

120004