



Agency for Health Care Administration

AHCA Incident Reporting System (AIRS) Portal Registration 2017

***AHCA User Registration Guide:
Access to AIRS Online through the
AHCA Single Sign on Web Portal***

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Portal Registration Overview

The AHCA Incident Reporting System (AIRS) online website is maintained by the Agency for Health Care Administration (AHCA) and available through the AHCA web portal (Portal). If you are not enrolled on the Portal, you will need to create a Portal account before requesting access to AIRS Online and submitting a user agreement. The user agreement for new accounts must be received and approved by Agency staff before accessing the site.

The link to the Portal is: <https://apps.ahca.myflorida.com/SingleSignOnPortal>. Once access is granted users may submit adverse incident reports via the AIRS system.

Provider New User Registration

Select **New User Registration** from the Portal Login page (<https://apps.ahca.myflorida.com/SingleSignOnPortal>). *****If you have an existing account please skip to page 6 to request access as an Agency for Health Care Administration provider.*****

AHCA Portal - Login

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

AHCA Portal Login

User ID:

Password:

[Forgot Your Password ?](#)

[Reset Password Instructions](#)

[New User Registration](#)

After reading the authorization statement, check the confirmation box and select **continue**.

AHCA Portal - Authorization

Welcome to the Agency for Health Care Administration's Portal. To continue with your request please read the **Authorization** statement below. Mark the check box to agree and select "Continue".

Authorization: I understand by accessing this site I am consenting and agreeing to follow the Agency for Health Care Administration's policies regarding acceptable use, protection of information resources and confidential health care information. I understand by submitting information I affirm the information is true, correct, and can be relied upon pursuant to Florida Statute.

I understand and agree with the Authorization statement.

Enter all required information as indicated by the red asterisk (*) and select 'Register' to continue.

IMPORTANT – Please note the following items:

- Each user must create their individual account. There is NO LIMIT on the number of users per hospital.
 - User names and passwords **CANNOT** be shared with other users.
- Important notifications communication about your submission will be sent to the email address on file with the Portal. **Please ensure you enter a valid email address.**

AHCA Portal - Account Registration

User Information

* First Name: * Last Name:
Position Title: * Telephone Number:
* Email Address:
* Verify Email Address:
Employer's Company Name:

Address Information

* Address Line1: Address Line2:
* City: * State: * Zip:

Security Information

You must register a User Name and create a Password. You will need to use these each time you access the Portal. As the account owner, you are responsible for all information accessed.

* User Name:
* Password: (The password must be at least 7 characters and must contain at least one special character e.g., @, #)
* Enter Password Again:
* Security Question:
* Security Answer:

Verification: For protection against spam, please type the letters, numbers and punctuation as seen in the box below. Please be sure to use proper case and spacing.

e/dund years
Type the text reCAPTCHA™
[Privacy & Terms](#)

Once your user account is successfully created, select 'Return to Login' to request access to the AIRS Online submission website.

AHCA Portal - Account Registration

User Account created successfully.

Enter the User ID and Password created in the previous steps. Select 'Log In'.


AHCA Portal - Login

This Portal Login page will allow an authorized user access to external systems maintained by the Agency for Health Care Administration (AHCA) for the purpose of viewing and maintaining information.

AHCA Portal Login

User ID:

Password:



[Forgot Your Password ?](#)

[Reset Password Instructions](#)

[New User Registration](#)

From the drop down list select '**AHCA Incident Reporting System**'. Select '**Request Program Access**' to continue.

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME ABOUT US MEDICAID LICENSURE & REGULATION FIND A FACILITY REPORT FRAUD

AHCA Portal - Portal Landing User ID: tester
Email: tester@tests.com

Request Program Access

Choose from the list of programs below and select "Request Program Access".

-- Select Program --

AHCA Incident Reporting System

Background Screening Clearinghouse

Agency For Health Care Administration

Vocational Rehabilitation

Department of Elder Affairs

Department of Juvenile Justice

Florida Medicaid

Department of Children and Families/Agency for Persons with Disabilities

Florida Hospital Uniform Reporting System

Florida Hospital Uniform Reporting System

Home Health Agency

Home Health Quarterly Report

Induced Termination of Pregnancy

Induced Termination of Pregnancy

Low Income Pool

Low Income Pool System

Online Licensure

Online Licensure

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Add Provider

Select the appropriate Facility Type from the dropdown list in the section titled Provider/Facility Type. Next **start typing the Facility Name** as it appears on your license in the section titled Provider/Facility Name.

Select your facility from the list when it appears. **Select 'Add Provider/Facility'**.

**Note the license number is displayed at the end of the name for identification.*

AIR S Program - Request for Program Access User ID: tester
Email: tester@testst.com

Select Provider/Facilities for which you are authorized to submit license applications

Start typing the name of a Provider/Facility and select it from the list below when it appears.

* Provider/Facility Type: HOSPITAL

Provider/Facility Name: Select Provider/Facility Type Above for List of Provider/Facilities

Add Provider/Facility Return to Previous Page

If you have any questions or issues please [contact us](#).

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Review the requested Provider information to ensure you have selected the correct facility. If correct, select **"Submit Request and Generate User Agreement"**. If not, click 'Delete' and enter the appropriate "Provider Name".

AIR S Program - Request for Program Access User ID: tester
Email: tester@testst.com

Select Provider/Facilities for which you are authorized to submit license applications

Start typing the name of a Provider/Facility and select it from the list below when it appears.

* Provider/Facility Type: HOSPITAL

Provider/Facility Name:

Add Provider/Facility Return to Previous Page

Requested Provider/Facility List:

Facility Name	City	License Number
Delete FLORIDA HOSPITAL	ORLANDO	4369

Generate AHCA Registration Agreement(PDF)

If you have any questions or issues please [contact us](#).

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Print User Registration Agreement

The User Registration Agreement will display in a viewing window. To open a printable copy of the agreement, please select the link in the upper right corner. Please print and sign the user registration agreement. Once you have printed the user registration agreement, select 'Return to Portal Landing' in the upper left corner.

The screenshot shows the AHCA website header with navigation links: HOME, ABOUT US, MEDICAID, LICENSURE & REGULATION, FIND A FACILITY, and REPORT FRAUD. The user is logged in with User ID: tester and Email: tester@tests.com. The main content area is titled "HCA Incident Reporting System" and "User Registration Agreement". It includes contact information for the Agency for Health Care Administration, user information for TESTER TESTERSON, and a section for "Review and Approval by Provider". A red arrow points to the "Return to Portal Landing" link in the top left, and another red arrow points to the "To open a printable copy of the User Agreement, click here." link in the top right.

Agency for Health Care Administration

HOME ABOUT US MEDICAID LICENSURE & REGULATION FIND A FACILITY REPORT FRAUD

User ID: tester
Email: tester@tests.com

[Return to Portal Landing](#) To open a printable copy of the User Agreement, click [here](#).

HCA Incident Reporting System

User Registration Agreement

Mail To: Agency for Health Care Administration
2727 Mahan Drive, Mail Stop #61
Tallahassee, FL 32308

Scan and E-Mail To: AHCARegistration@ahca.myflorida.com
Subject Line: AIRS User Agreement

Fax to: (850) 413-0007

User Information:

Name: TESTER TESTERSON **User ID:** tester
Address: 1 TEST ST, TALLYTESTY, FL 32313
Phone Number: (850) 850-8500 **E-Mail address:** tester@tests.com

Provider Name:
Address:
Phone Number: **Fax Number:**
Administrator: **Provider Type:**
Field Office: 07 **License Number:** **File Number:**

Each person with access to this web site must abide by the following:

- Do not disclose or lend your USER ID AND/OR PASSWORD to anyone. They are for your use only and will serve as your "electronic signature." This means that you may be held responsible for the consequences of unauthorized or illegal transactions.
- Do not browse or use this information for unauthorized or illegal purposes.
- Do not make any disclosure of this data that is not specifically authorized.
- Do not intentionally cause corruption or disruption of these files.

If you become aware of any violation of these security requirements or suspect that someone may have used your user ID or password, immediately report that information to the Agency for Health Care Administration's (AHCA), Office of Risk Management and Patient Safety at (850) 412-3731.

I understand that as a User, I assert that I am authorized to submit electronic reports and audited financial statements on behalf of the provider listed above. As part of this agreement I am accepting electronic correspondence as the primary method of communication from the Agency on all matters related to my report. By accessing this system, I am agreeing to follow AHCA's policies regarding acceptable use and protection of confidential information. I am affirming that the information contained in the report is true. By signing this agreement, I acknowledge reading, understanding and agreeing to its contents.

User Information:
User Name: TESTER TESTERSON
Signature: _____ Date: _____

Review and Approval by Provider:
Administrator: _____ Provider: FLORIDA HOSPITAL
Signature: _____ Date: _____

AHCA USE ONLY:
Staff Signature: _____ Date Authenticated: _____
Staff Name: _____

If you have any questions or issues please [contact us](#).

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You must mail, email, or fax the agreement to the Agency for approval. Your request for access to AIRS Online website will be in **Pending status until staff receives and processes your user registration agreement.**

IMPORTANT – Please note that an email will be sent to the address on file once your request for access has been approved.

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME ABOUT US MEDICAID LICENSURE & REGULATION FIND A FACILITY REPORT FRAUD

User ID: tester
Email: tester@tests.com

AIRS Program - Tasks

Select Your Desired Task Below

[Add Additional Facilities](#)

List of Providers

If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint Registration Agreement.
If you select Reprint Registration Agreement without identifying a specific provider below, all agreements will be printed.

Reprint Registration Agreement

Provider Name	City	Status	License Number
<input type="checkbox"/> FLORIDA HOSPITAL	ORLANDO	Pending	4369

[Return to Portal Landing](#)

If you have any questions or issues please [contact us](#).

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Add Additional Facilities

To add an additional facility after your initial registration please log in at <https://apps.ahca.myflorida.com/SingleSignOnPortal>.

Select the AIRS link.

AGENCY FOR HEALTH CARE ADMINISTRATION

HOME ABOUT US MEDICAID LICENSURE & REGULATION FIND A FACILITY REPORT FRAUD

AHCA Portal - Portal Landing User ID: tester Email: tester@tests.com

Program Access
Select the appropriate link below to be directed to the Program's access page.
[AHCA Incident Reporting System - AHCA Incident Reporting System](#)

Request Program Access
Choose from the list of programs below and select "Request Program Access".
-- Select Program -- Request Program Access

Manage Account
[Edit User Information](#)
[Change Password](#)
[Update Security Question and Answer](#)

Logout

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This will bring you to the AIRS Program – Tasks – Access page.

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HOME ABOUT US MEDICAID LICENSURE & REGULATION FIND A FACILITY REPORT FRAUD

AIRS Program - Tasks User ID: tester Email: tester@tests.com

Select Your Desired Task Below
[Add Additional Facilities](#)

List of Providers
If you need to reprint a user agreement, select the checkbox next to the appropriate provider(s), and select Reprint Registration Agreement.
If you select Reprint Registration Agreement without identifying a specific provider below, all agreements will be printed.

Reprint Registration Agreement

Provider Name	City	Status	License Number
<input type="checkbox"/> FLORIDA HOSPITAL	ORLANDO	Pending	4369

Return to Portal Landing

If you have any questions or issues please [contact us](#).

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Select **Add Additional Facilities** and follow the 'Add Provider' instructions in this document.

Reprint User Registration Agreement

To reprint your user registration agreement after your initial registration please log in at <https://apps.ahca.myflorida.com/SingleSignOnPortal>.

Select the AIRS link.

AGENCY FOR HEALTH CARE ADMINISTRATION

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This will bring you to the AIRS Program – Tasks – Access page.

AGENCY FOR HEALTH CARE ADMINISTRATION

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Reprint Registration Agreement

Provider Name	City	Status	License Number
<input type="checkbox"/> FLORIDA HOSPITAL	ORLANDO	Pending	4369

Return to Portal Landing

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Check the boxes for the agreements you wish to reprint and then select 'Reprint Registration Agreement' and follow the 'Print User Registration Agreement' instructions in this document.

Manage Your Account

From the Portal Landing you may complete the following:

- Edit your user information (i.e. email address, phone number)
 - **It is very important that you maintain an up to date email address so that you will be able to reset your password if necessary and receive important notifications about background screening changes**
- Change your password, and
- Update your security question and password
 - Successfully answering your security question will be necessary if you ever need to reset your password

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AHCA Incident Reporting System

Request Program Access
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