



Agency for Health Care Administration

FHURS Online AHCA Portal Registration 2017-1

***AHCA User Registration Guide:
Access to FHURS Online through
the AHCA SSO Web Portal***

Updated June 5, 2017

Contents

Portal Registration Overview.....	3
Provider New User Registration.....	4
Add Provider	7
Print User Registration Agreement.....	8
Add Additional Facilities	9
Reprint User Registration Agreement	10
Manage Your Account	11

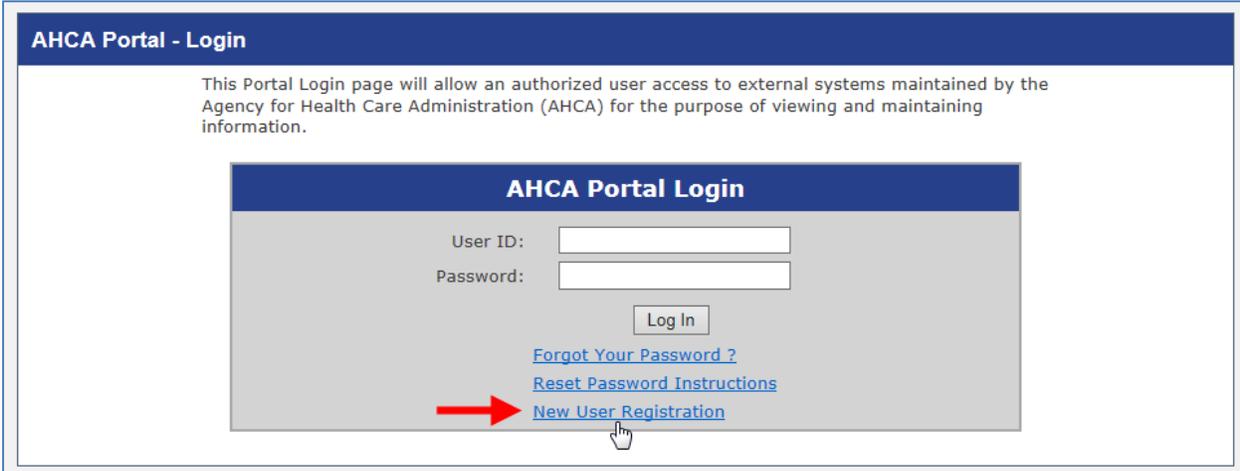
Portal Registration Overview

The Florida Hospital Uniform Reporting System (FHURS) 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 FHURS 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 FHURS reports and all documents required to be submitted with the annual FHURS filing.

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:

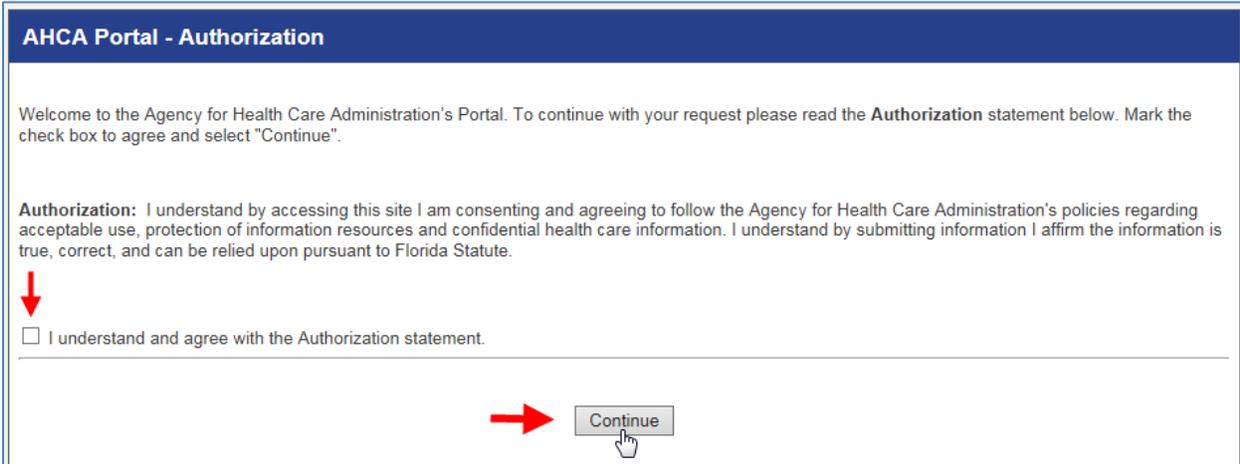
Log In

[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.

Continue

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 '**Florida Hospital Uniform Reporting System**'. Select '**Request Program Access**' to continue.

AHCA Portal - Portal Landing User ID: Spidey1
Email: ryan.fitch@ahca.myflorida.com

Request Program Access

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

-- Select Program --

- 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
- Florida Hospital Uniform Reporting System
- Florida Hospital Uniform Reporting System
- Home Health Agency
- Home Health Quarterly Report
- Low Income Pool
- Low Income Pool System
- Online Licensure
- Online Licensure
- External Sharepoint
- External SharePoint Beta Application



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Add Provider

Hospitals are the only provider type required to submit FHURS data so the provider type will default to Hospital. To choose a hospital, **start typing the 'Hospital Name'** as it appears on your license in the section titled Provider/Facility Name. Select your hospital from the list when it appears. **Select 'Add Provider'**.

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

FHURS Program - Request for Program Access

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:

Provider/Facility Name:

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

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

FHURS Program - Request for Program Access

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:

Provider/Facility Name:

Requested Provider/Facility List:

Requested Provider/Facility List:		
Facility Name	City	License Number
Delete FLORIDA HOSPITAL TAMPA	TAMPA	4035

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.

User ID: Spidey1
Email: ryan.fitch@ahca.myflorida.com

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

Florida Hospital Uniform Reporting System (FHURS)

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: Florida Hospital Uniform Reporting System User Agreement

Fax to:
(850) 413-0007

User Information:

Name: PETER PARKER **User ID:** Spidey1
Address: 123 AVENGERS TOWER, NEW YORK, NY 32307
Phone Number: (850) 412-3797 **E-Mail address:** ryan.fitch@ahca.myflorida.com

If the individual listed below is not the current administrator, please contact the Hospital and Outpatient Unit at (850)412-4549.

Provider Name: [REDACTED]
Address: [REDACTED]
Phone Number: [REDACTED] **Fax Number:** [REDACTED]
Administrator: [REDACTED] **Provider Type:** HOSPITAL
Field Office: 06 **License Number:** [REDACTED] **File Number:** [REDACTED]

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

You must mail, email, or fax the agreement to the Agency for approval. Your request for access to FHURS 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.

FHURS Program - Tasks **Us**
Email: ryan.fitch@ahca.

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 TAMPA	TAMPA	Pending	4035
<input type="checkbox"/> BROOKS REHABILITATION HOSPITAL	JACKSONVILLE	Pending	4443

[Return to Portal Landing](#)

Add Additional Facilities

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

Select Florida Hospital Uniform Reporting System link.

AHCA Portal - Portal Landing

Program Access
Select the appropriate link below to be directed to the Program's access page.

[Florida Hospital Uniform Reporting System - Florida Hospital Uniform Reporting System](#)

Florida Hospital Uniform 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

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

FHURS Program - Tasks Us
Email: ryan.fit@ahca.us

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 TAMPA	TAMPA	Pending	4035
<input type="checkbox"/> BROOKS REHABILITATION HOSPITAL	JACKSONVILLE	Pending	4443

Return to Portal Landing

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 Florida Hospital Uniform Reporting System link.

AHCA Portal - Portal Landing

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Florida Hospital Uniform Reporting System

Request Program Access

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

-- Select Program --

Manage Account

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

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

FHURS Program - Tasks

Us
Email: ryan.fitch@ahca.

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.
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<input type="checkbox"/> BROOKS REHABILITATION HOSPITAL	JACKSONVILLE	Pending	4443

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

AHCA Portal - Portal Landing

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[Florida Hospital Uniform Reporting System - Florida Hospital Uniform Reporting System](#)
Florida Hospital Uniform Reporting System

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