

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

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

AHCA Portal - Log	in
Thi Age info	s Portal Login page will allow an authorized user access to external systems maintained by the ency for Health Care Administration (AHCA) for the purpose of viewing and maintaining ormation.
	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 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 - Acc	ount 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: Select A State 💙 * Zip:
Security Information	
You must register a Us responsible for all info	er Name and create a Password. You will need to use these each time you access the Portal. As the account owner, you are mation 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:	Select a question 🗸 🗸
* Security Answer:	
Verification: For prot case and spacing.	ection against spam, please type the letters, numbers and punctuation as seen in the box below. Please be sure to use proper
	Type the text   Privacy & Terms     Register     Return to Login

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

AHCA Port	al - Account Registration	
(	User Account created successfully.	
	Return to Login	

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

This Po Agency inform	rtal Login page will allow an authorized user access to external systems maintained by the for Health Care Administration (AHCA) for the purpose of viewing and maintaining ition.
	AHCA Portal Login
	User ID: Password:
	Log In 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.

HOME	ABOUT US	MEDICAID	LICENSURE & REGULATION	FIND A FACILITY	REPORT FRAUD
A	HCA Portal - Po	rtal Landing		Us Email: ryan.fitch@ahca.	er ID: Spidey1 myflorida.com
Re	quest Program Acce	55			
	Choose from the list of pr	ograms below and select	"Request Program Access".		
Ma	Vocational Rehabili Department of Elde Department of Juve Florida Medicaid Department of Child Florida Hospital Unifor Florida Hospital Unifor Florida Hospital Unifor Home Health Agency Home Health Agency Home Health Quart Low Income Pool Low Income Pool S Online Licensure External Sharepoint	r Affairs inile Justice dren and Families m Reporting System form Reporting System erly Report ystem	n Logout		

#### 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 - R	equest for Program	n Access		
	(), <b></b> , <b></b> _, <b></b> , <b></b> , <b></b> , <b></b> , <b></b> _, <b></b> _, <b></b> _, <b></b> , <b></b> _, <b></b> , <b></b> _, <b></b> , <b></b> _, <b></b> , <b></b> , <b></b> _, <b></b> , <b></b> _, <b></b> , <b></b> , <b></b> _, <b></b> , <b></b> , <b></b> _, <b></b> _, <b></b> , <b></b> _, <b></b> , <b>_</b>			
Select Provider/Facilities f	for which you are autho	rized to submit license	applications	
Start typing the name	of a Provider/Facility a	nd select it from the lis	t below when it appears.	
Provider/Facility Type:	HOSPITAL	~		
Provider/Facility Name:				
				•
			Add Provider/Facility	Return to Previous Page
			If you have any questions	or issues please <u>contact us.</u>

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 Prog	ram Access			
Select Provider/Facilities for which you are au	thorized to submit license application	ons		
Start typing the name of a Provider/Facili	ty and select it from the list below w	vhen it appears.		
Provider/Facility Type: HOSPITAL	~			
Provider/Facility Name:				
		Add Provider/Facility	Return to Previous Page	
Requested Provider/Facility List:				
Requested Provider/Fac	ility List:			
-	Facility Name		City	License Number
	Delete FLORIDA HOSPITAL TAMPA		TAMPA	4035
		Generate AHCA Regist	ration Agreement(PDF)	
			•	

#### 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.

				Em	ail: ryan.fitch@ah	User ID: Spidey1 ca.myflorida.com
Return to Portal	Landing		То с	pen a printable co	py of the User Agree	ment, click <u>here</u> .
		] of 1 ▷ ▷ 🛛 💠	100% 🗸	₽• 🐵		
	Flor	ida Hospita Reporting S (FHUR er Registration	l Uniforn System S) Agreement	1		I
Mail To: Agency for Health ( 2727 Mahan Drive, Tallahassee, FL 323	Care Administration Mail Stop #61 08	Scan and E-Mail T AHCARegistration@ Subject Line: Florid System User Agreen	o: @ahca.myflorida.c a Hospital Uniforn nent	om n Reporting	Fax to: (850) 413-0007	
Name:	PETER PARKER		User ID	Spidev1		
Address:	123 AVENGERS TOWER	R. NEW YORK. NY	32307	, opidey i		
Phone Number:	(850) 412-3797		E-Mail address	ryan.fitch@ahca.m	yflorida.com	
If the individual listed (850)412-4549. Provider Name: Address:	d below is not the current a	dministrator, please co	ontact the Hospita	l and Outpatient Uni	t at	
Phone Number:			Fax Number:			
Administrator:			Provider Type:	HOSPITAL		
Field Office: 06	License Number:		File Number:			
Each person with acc • Do not disclose	ess to this web site must at se or lend your USER ID A	oide by the following: ND/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 <u>email</u> 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 s If you select Reprint Registration Agreement without identifying a specific provider below, all agreement Reprint Registration Agreement	elect Reprint Registration Agreement. ts will be printed.		
Provider Name	City	Status	License Number
	ТАМРА	Pending	1005
□ FLORIDA HOSPITAL TAMPA		ronding	4035
FLORIDA HOSPITAL TAMPA     BROOKS REHABILITATION HOSPITAL	JACKSONVILLE	Pending	4035

#### **Add Additional Facilities**

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

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 V 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.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 R If you select Reprint Registration Agreement without identifying a specific provider below, all agreements will I Reprint Registration Agreement	eprint Registration Agreement. e printed.		
Provider Name	City	Status	License Number
□ FLORIDA HOSPITAL TAMPA	TAMPA	Pending	4035
BROOKS REHABILITATION HOSPITAL	JACKSONVILLE	Pending	4443
Re	urn 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 <a href="https://apps.ahca.myflorida.com/SingleSignOnPortal">https://apps.ahca.myflorida.com/SingleSignOnPortal</a>.

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 V 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.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 sel If you select Reprint Registration Agreement without identifying a specific provider below, all agreements Reprint Registration Agreement Provider Name	ect Reprint Registration Agreement. will be printed. City	Status	License Number
FLORIDA HOSPITAL TAMPA	ТАМРА	Pending	4035
BROOKS REHABILITATION HOSPITAL	JACKSONVILLE	Pending	4443
	Return to Portal Landing		

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				
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 V Request Program Access				
Manage Account         Edit User Information         Change Password         Update Security Question and Answer				
Logout				