Agency for Health Care Administration

Care Provider Background Screening Clearinghouse

AHCA User Registration Guide:
Access to Background Screening through the AHCA SSO Web Portal

Updated February 2015
Contents

Portal Registration Overview ................................................................................................................. 3

*Provider - Owner, licensee, or employee of a health care provider licensed by AHCA.

Provider New User Registration ............................................................................................................ 4
Add Provider .................................................................................................................................................. 7
Print User Registration Agreement ................................................................................................................. 9

Contractor New User Registration .............................................................................................................. 10

*Contractor - Owns or employed by a company that provides contracted staff to an AHCA licensed health care provider.

Add Provider/Company ................................................................................................................................ 14
Print Contractor User Registration Agreement ............................................................................................. 16

Add Additional Facilities ...................................................................................................................... 17

Reprint User Registration Agreement ......................................................................................................... 18

Manage Your Account ................................................................................................................................ 19
Portal Registration Overview

The Care Provider Background Screening Clearinghouse (Clearinghouse) 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 background screening and submitting a user agreement. The user agreement for new accounts must be received and approved by staff before accessing the site.

The link to the Portal is: https://apps.ahca.myflorida.com/SingleSignOnPortal. Once access is granted users may initiate a screening, search for screening results, connect to specified agency screenings, select a Livescan service provider and connect to the service provider’s website to schedule appointments, and create and maintain an employee roster. Instructions for using the Clearinghouse results website can be found at http://ahca.myflorida.com/MCHQ/Central_Services/Background_Screening/BGS_results.shtml.
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.

After reading the authorization statement check the confirmation box and select **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 facility/provider.
  - User names and passwords **CANNOT** be shared with other users.
- Important notifications and background screening updates will be sent to the email address on file with the Portal. **Please ensure you enter a valid email address.**

Once your user account is successfully created, select ‘**Return to Login**’ to request access to the Clearinghouse results website.
Enter the User ID and Password created in the previous steps. Select ‘Log In’.

From the drop down list select ‘Agency for Health Care Administration’ under Background Screening Clearinghouse. Select ‘Request Program Access’ to continue.
Add Provider

A role is necessary in order to obtain proper access. Select ‘Provider’ from the drop down list.

*If you do not meet the definition of a provider please skip ahead to the ‘Contractor New User Registration’ portion.

Select the ‘Provider Type’. **Start typing the ‘Provider Name’** as it appears on your license or application. Select your provider from the list when it appears. Select ‘Add Provider’.

*Note the license number is displayed at the end of the name for identification.*
Review the requested Provider information to ensure you have selected the correct provider(s) and location(s). If correct, select "Submit Request and Generate User Agreement". If not, click 'Delete' and enter the appropriate "Provider Name".
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' or ‘Return to DCF Tasks Page’ in the upper left corner.

You may mail, email, or fax the agreement and a copy of the provider license or initial application omissions letter to the Background Screening Unit for approval. Your request for access to the Clearinghouse results 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.
**Contractor New User Registration**

Select **New User Registration** from the Portal Login page ([https://apps.ahca.myflorida.com/SingleSignOnPortal](https://apps.ahca.myflorida.com/SingleSignOnPortal)). If you have an existing account please skip to page 12 to request access as an Agency for Health Care Administration provider.

After reading the authorization statement check the confirmation box and select **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 facility/provider.
  - User names and passwords CANNOT be shared with other users.
- Important notifications and background screening updates will be sent to the email address on file with the Portal. **Please ensure you enter a valid email address.**

---

### AHCA Portal - Account Registration

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>User Information</strong></td>
<td></td>
</tr>
<tr>
<td>* First Name:</td>
<td></td>
</tr>
<tr>
<td>* Last Name:</td>
<td></td>
</tr>
<tr>
<td><strong>Position Title:</strong></td>
<td></td>
</tr>
<tr>
<td>* Email Address:</td>
<td></td>
</tr>
<tr>
<td>* Verify Email Address</td>
<td></td>
</tr>
<tr>
<td>Employer’s Company Name</td>
<td></td>
</tr>
<tr>
<td><strong>Address Information</strong></td>
<td></td>
</tr>
<tr>
<td>* Address Line 1</td>
<td></td>
</tr>
<tr>
<td>* Address Line 2</td>
<td></td>
</tr>
<tr>
<td>* City:</td>
<td></td>
</tr>
<tr>
<td>* State:</td>
<td>-- Select A State--</td>
</tr>
<tr>
<td>* Zip:</td>
<td></td>
</tr>
<tr>
<td><strong>Security Information</strong></td>
<td></td>
</tr>
<tr>
<td>* User Name:</td>
<td></td>
</tr>
<tr>
<td>* Password:</td>
<td>(The password must be at least 7 characters and must contain at least one special character e.g.: @,$)</td>
</tr>
<tr>
<td>* Enter Password Again</td>
<td></td>
</tr>
<tr>
<td>* Security Question:</td>
<td>-- Select a question --</td>
</tr>
<tr>
<td>* Security Answer:</td>
<td></td>
</tr>
</tbody>
</table>

**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.

---

Once your user account is successfully created, select ‘Return to Login’ to request access to the Clearinghouse results website.
Before access to the Background System can be granted, all contractors must register with the Agency.

You must send a request by mail, fax or email on company letterhead to the Background Screening Unit at 2727 Mahan Drive, MS 40, Tallahassee, FL 32308, Fax # (850) 487-0470 or email BGSscreen@ahca.myflorida.com. Please include the following information in your request:

- Company Name
- Company Address
- Contact First and Last Name
- Contact Title
- Contact Email Address
- Contact Phone
- Contact Fax
- Provide a description of the services your company provides and a listing of the AHCA regulated provider types (i.e., Home Health Agency, Nursing Home, etc.) your company contracts with.

After your company is registered with AHCA, login to this site using the username and password previously created and request Background Screening program access as follows. You will not be able to continue this process until you are registered.

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

![AHCA Portal - Login](image)
From the drop down list select ‘Agency for Health Care Administration’ under Background Screening Clearinghouse. Select ‘Request Program Access’ to continue.
Add Provider/Company

A role is necessary in order to obtain proper access. Select ‘Contractor’ from the drop down list. *If you do not meet the definition of a contractor please refer back to the 'Provider New User Registration' portion.

Select the ‘Provider Type’. **Start typing the ‘Provider/Company Name’.** Select your provider/company from the list when it appears. **Select ‘Add Provider/Company’**.
Review the requested Provider information to ensure you have selected the correct provider(s) and location(s). If correct, select “Submit Request and Generate User Agreement”. If not, click ‘Delete’ and enter the appropriate "Provider Name".
Print Contractor User Registration Agreement

The Contractor 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’ or ‘Return to DCF Tasks Page’ in the upper left corner.

You may mail, email, or fax the agreement to the Background Screening Unit for approval. Your request for access to the Clearinghouse results 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.
Add Additional Facilities


Select Background Screening Clearinghouse – Agency for Health Care Administration.

This will bring you to the Background Screening Clearinghouse Program – AHCA – Access page.

Select **Add Additional Facilities** and follow the ‘Add Provider’ instructions in this document.
To reprint your user registration agreement after your initial registration please log in at https://apps.ahca.myflorida.com/SingleSignOnPortal.

Select Background Screening Clearinghouse – Agency for Health Care Administration.

This will bring you to the Background Screening Clearinghouse Program – AHCA – Access page.

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