Register for an HHS Enterprise Portal Account as a Provider for EFT only

Identity and Access Management

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TEXAS
Health and Human Services

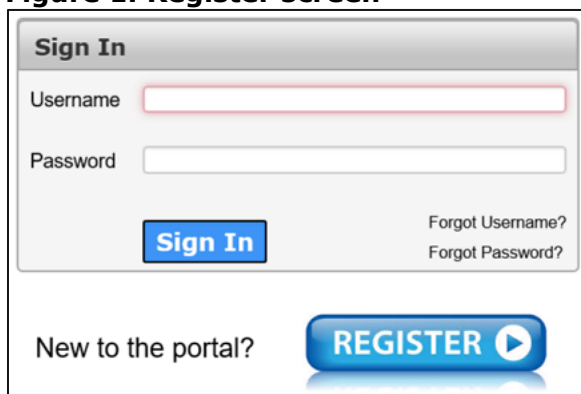# Register for an HHS Enterprise Portal Provider Account

The Health and Human Services (HHS) Enterprise Portal is a state-of-the-art, ADA compliant cyber gateway for accessing your HHS applications. From the Enterprise Portal you can request application access, manage network access or access your applications. However, you must first register, sigh the Terms of Use Agreement (TOUA), change your password, and answer security questions. This guide provides instructions for the following:

- Register for an HHS Enterprise Portal account as a Provider
- Change your Password and Answer Security Questions
- Order EFT and sign the Terms of Use Agreement
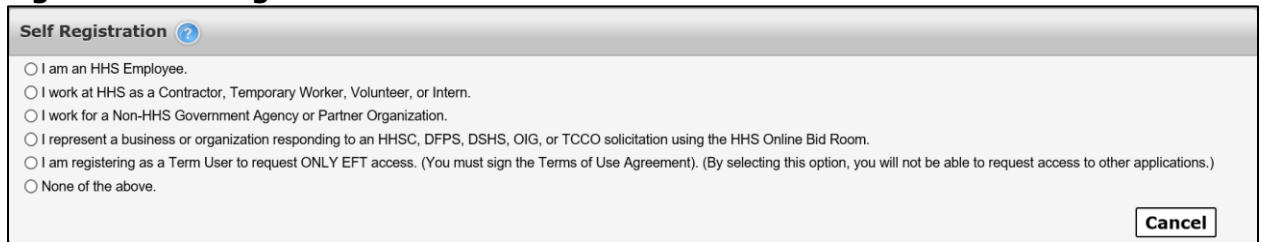
Register for an HHS Enterprise Portal Provider Account

1. Navigate to the Enterprise Portal: https://hhsportal.hhs.state.tx.us.
2. Click the **Register** button to open the **Self Registration** screen.

   Figure 1. Register screen

3. Select **I am registering as a Term User to request ONLY EFT (You must sign the Terms of Use Agreement.) (By selecting this option, you will not be able to request access to other applications.)**

Figure 2. Self Registration screen

4. Click **Next** to open the **Request Access** screen.

Figure 3. Request Access screen

Request Access: Terms Use Partner Registration

- Username can contain a-z, A-Z, or 0-9
- Username can only contain the following special characters _ - . @
- Numeric only Usernames are not allowed
- A green ✅ means your selected username is available.
- A red ❌ means your selected username is unavailable.

* Required Field

Username *	LindaMac ✅
First Name *	Linda
Middle Name	
Last Name *	MacAfee
Suffix	Select One ▾
Email Address *	Laura.hull@hhs.texas.gov
Primary Phone *	999-999-9999 99999999
Street Address *	150 Medical Dr
Street Address *	150 Medical Dr
City *	Boerne
Zip *	78006
Country	USA ▾
State *	Texas ▾
Company Name *	MacAfee

Do you work for Public Health Region or Local Health Dept?
◯ Yes ◯ No

For security purposes, verify you're not a robot. When presented with a math problem, type the solution. Otherwise type the letters or numbers. *

9030 ↻ [_____]

Back | **Next**

5. Complete the fields as described in the table below. Fields with an asterisk are required.

Table 1. Request Access Field Descriptions

Field	Description
Username	Create a Username following the guidelines displayed on the screen: ● Username can contain a-z, A-Z, 0-9 ● Username can contain only the following special characters _ - . @ ● Numeric only Usernames are not allowed ● A green check-mark means your selected Username is available ● A red X means your selected Username is not available
First Name	Enter your **First Name**.
Middle Name	Enter your **Middle Name**.
Last Name	Enter your **Last Name**.
Suffix	Select a **Suffix** from the drop-down menu.
Email Address	Enter a business or personal **Email Address**.
Primary Phone	Enter your **Primary Phone** number.
Street Address	Enter your personal or business **Street Address**.
City	Enter the city of your **Street Address**.
Zip	Enter the **Zip** code of your **Street Address**.
Country	Enter the **Country** of your **Street Address**.
State	Select the **State** of your **Street Address** from the drop-down menu.
Company Name	Enter your **Company Name**.
Do you work for Public Health Region or Local Health Dept.?	Indicate whether you work for a Public Health Region or Local Health Department. Valid Values are as follows: • Yes - If you select Yes, you will have to provide the Public Health Region, Jurisdiction or Local Health Department Name and your Supervisor's Name. • No – If you select No, you will have to provide the Facility, Hospital or Lab Name and CLIA number.

Field	Description
Public Health Region, Jurisdiction or Local Health Department Name	Provide the Public Health Region, Jurisdiction or Local Health Department Name.
Supervisor Name	Provide your supervisor's name.
Facility, Hospital or Lab Name	Provide the Facility, Hospital or Lab Name.
CLIA#	Provide the CLIA number.
Robot Verification	Follow the instructions on the screen to verify you are not a robot.

6. Click **Next** to open the **Self Registration** page.

Figure 4. Self Registration screen

Self Registration

You're almost done! Please check your inbox for a message detailing further instructions to complete your registration.

If you don't receive the email within several minutes, please check your Junk folder as it may have been redirected there, then add identitymanagement@hhsc.state.tx.us to your Safe Senders list to ensure all future portal emails are delivered directly to your inbox. Click Here for further instructions on how to whitelist emails.

Done

7. Click **Done**. You will receive an email with your username and a temporary password.

Change Your Password and Answer Security Questions

1. Login to the Enterprise portal using your **Username** and **Temporary Password to open the Change Password screen**.

Figure 5. Change Password screen

2. Enter a new **Password** according to the **Password Rules**. As each condition is met, the red X will change to a green check mark.
3. Re-enter your **Password**. You should see that all the red x's have changed to green check marks in the **Password Rules** section.
4. Click **Next** to open the **Security Questions** page.

Figure 6. Security Questions screen

5. Complete the **Security Questions**. You must answer and confirm each question.
6. Click **Next** to open the **My Profile** page.
7. Verify your personal information on the **My Profile** page.

Figure 7. My Profile screen

8. Click **Next** to request application access. If you get logged out of the system, log back in using your username and new password.

Request EFT Access

1. Log into the HHS Enterprise Portal using your username and new password.
2. Click **Manage Access** to open the **Select Items** screen.

Figure 8. Select Items screen

3. Click **EFTServer-Terms**.
4. Click **Next** to open the **Review Order** screen.
5. Click the **Information Required** link in the **EFTServer-Terms** row to open the **Provide Information** screen.

Figure 9. Provide Information screen

Provide Information: Globalscape Security file transfer(EFTServer - Terms) ?

Read the following guidelines before completing this form:

- Any label followed by an asterisk * indicates that this field is Required

- On a New Automated Transfer, you can optionally select either a Date or Day(s), but not both

Complete the following information before submitting your request:

▸ **EFT Account Information**

User has another existing account? *
◉ Yes ○ No

GlobalScape Group *
☐ /Usr/NEDSS-Informatics-ELR

Account ID *
[   ]

Complete Folder Name
[   ]

Replicate another user access? *
◉ Yes ○ No

User ID *
[   ]

▸ **File Transfers**

File Transfer Automation
[New Dropbox/AdHoc Transfer ⌄]

Do you want to save, archive or retain this data on the SFTP server?
◉ Yes ○ No

Justify why this data needs to be saved, archived or retained? *
[   ]

File Description *
[   ]

Account Permissions

File Permissions
☐ Upload ☐ Download ☐ Append ☐ Delete ☐ List

Folder Permissions
☐ Show & List

Content Permissions
☐ Show hidden files ☐ Show read-only files

Comments *(Maximum character length is 250)*
[   ]

[Back] [Next]

6. Complete the fields as described in the table below. Fields with an asterisk are required.

Table 2. Provide Information Field Descriptions

Field	Description
User has another existing account.	Indicate whether the user has an existing account.
Account ID	Indicate the **Account ID** of the user's existing account.
Replicate another user access	Indicate if you would like to replicate another user's account.
User ID	Indicate the **User ID** of the account you wish to replicate.
GlobalScape Group	Indicate the **GlobalScape Group**.
Complete Folder Name	Enter the **EFT Folder** name.
File Transfer Automation	Select a **File Transfer Automation** from the drop-down menu. Valid values are as follows: ● **Not Applicable** - ● **New Dropbox/AdHoc Transfer** -
Do you want to save, archive or retain this data on the SFTP server	Indicate whether you need the data saved, archived or retained on the SFTP server.
Justify why this data needs to be saved, archived or retained?	Enter the business justification for saving, archiving or retaining the data.
Description	Enter a description of the data being saved, archived or retained.
File Permissions	Indicate the **File Permissions** for the new dropbox or adhoc file transfer. Valid values are as follows: ● **Upload** - ● **Download** - ● **Append** - ● **Delete** - ● **List** -
Folder Permissions	Indicate the **Folder Permissions** for the new dropbox or adhoc file transfer. Valid values are as follows: ● **Show & List** -

Field	Description
Content Permissions	Indicate the **Content Permissions** for the new dropbox or adhoc file transfer. Valid values are as follows: ● **Show hidden files** – ● **Show read-only files** -
Comments	Enter any other **Comments** for the EFT Approver as appropriate.

7. Click **Next** to return to the **Review Order** screen.
8. Click the **Information Required** link in the **Terms of Use** row to open the **Provide Information: Terms of Use** screen.

Figure 10. Terms of Use Agreement

Provide Information: Terms Of Use Agreement (TOUA) (Terms Of Use Agreement)

Please review the User Agreement. You must agree to its terms before you can continue.

TERMS OF USE

For Access to Texas Department of State Health Services Secure File Transfer Site for Receipt of Laboratory Results (the "Site")

These Terms of Use establish requirements for access to and protection of this site application. Your responsibilities apply to the Enterprise portal, software application and data stored within the application.

By signing below and accessing this site you confirm:

▪ You are authorized to access the site.

▪ You understand the site contains confidential information that must be safeguarded as required by applicable laws and regulations.

▪ You will safeguard the site and its contents from unauthorized use and disclosure

▪ You will comply with all applicable state and federal privacy, security and breach notification laws and regulations.

▪ You will only use the site for securely delivering electronic lab reports (ELR's).

▪ You will only use the site to the minimum extent necessary to perform the authorized purpose.

▪ You will safeguard and will not disclose your access credentials, password or any other authorization that allows you to access the site or its contents, except as required by law.

☐ By checking this box and typing my name below, I acknowledge that I read and understood the agreement, and I agree to comply with its terms.

Provide an electronic signature by entering your first and last name ⑦ :

First Name*   Fred

Last Name*   Smith

Cancel   Next

9. Scroll through and read the entire agreement to activate the confirmation checkbox.

10. Click the confirmation checkbox to confirm you have read the agreement and agree to its terms.
11. Enter your **First Name**. Your first name must match the **First Name** you used to register.
12. Enter your **Last Name**. Your **Last Name** must match the last name you used to register.
13. Click **Next** to return to the **Review Order** screen.

Figure 11. Review Order screen

Review Order						
						Empty Cart
Item Name ▲	Request Type ⇕	Submitted For ⇕	Status ⇕	⇕	⇕	
EFTServer - Terms	New Access	Fred Smith	✅	Edit	🗑	
Terms Of Use Agreement	Security Agreement	Fred Smith	✅	Edit		

☑ I understand that by submitting this order I am agreeing that all information in each request is true and necessary.

Return To List   **Submit Order**

14. Check the confirmation check box.
15. Click **Submit Order** to open the **Confirmation** screen. Your order is complete, and your **Order Number** appears on the screen

Figure 12. Confirmation screen

Confirmation

Thank you!
Your order has been successfully submitted. A confirmation email will be sent to you shortly.
Your Order Number is **1028892.** Please use this number in any correspondence regarding this order.
We'll keep you updated via email alerts regarding your order, but you can also check for updates by visiting the My Orders link at the top of the page.

Request Number ▲	Item Name ⇕	Request Type ⇕	Submitted For ⇕	Status ⇕
20232077728871011031	EFTServer - Terms	New Access	Fred Smith	✅
20232099866638722809	Terms Of Use Agreement	New Access	Fred Smith	✅

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