



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

Identity and Access Management

December 2021



TEXAS
Health and Human
Services

Register for an HHS Enterprise Portal Provider Account

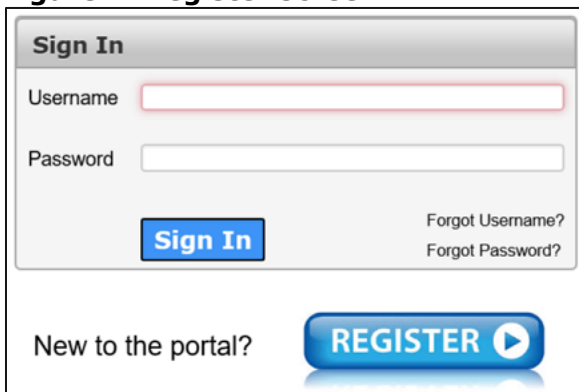
The Health and Human Services (HHS) Enterprise Portal is a state-of-the-art, ADA compliant cyber gateway for accessing your HHS applications. From the Enterprise Portal you can request application access, manage network access or access your applications. However, you must first register, sign the Terms 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

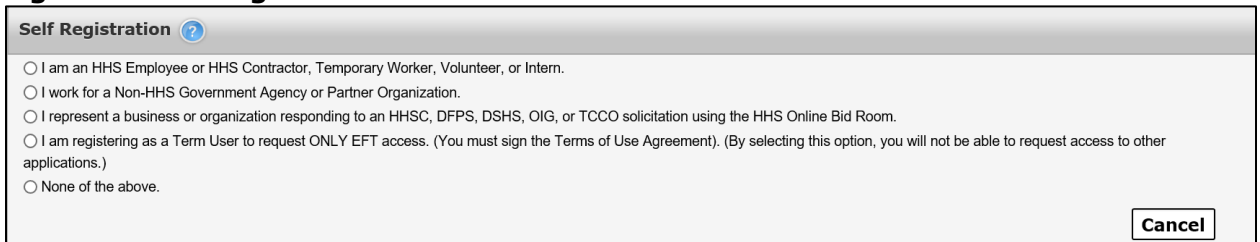


The screenshot shows a 'Sign In' form with the following elements:

- A 'Sign In' title at the top left.
- A 'Username' label followed by a text input field.
- A 'Password' label followed by a text input field.
- A blue 'Sign In' button.
- Links for 'Forgot Username?' and 'Forgot Password?'.
- A 'New to the portal?' label.
- A large blue 'REGISTER' button with a play icon.

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



The screenshot shows a window titled "Self Registration" with a help icon. It contains four radio button options for user selection. A "Cancel" button is located in the bottom right corner.

Self Registration ?



- I am an HHS Employee or HHS Contractor, Temporary Worker, Volunteer, or Intern.
- I work for a Non-HHS Government Agency or Partner Organization.
- I represent a business or organization responding to an HHSC, DFPS, DSHS, OIG, or TCCO solicitation using the HHS Online Bid Room.
- I am registering as a Term User to request ONLY EFT access. (You must sign the Terms of Use Agreement). (By selecting this option, you will not be able to request access to other applications.)
- None of the above.

Cancel


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 * 

First Name *

Middle Name

Last Name *

Suffix

Email Address *

Primary Phone *

Street Address *

Street Address *

City *

Zip *


Country

State *

Company Name *

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 

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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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.

- 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.

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

Change Your Password and Answer Security Questions

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

Figure 5. Change Password screen

Change Password

You must change your password to continue.

New Password

Confirm New Password

Password Rules

- ✘ The password should not be empty.
- ✘ There should be at least **one upper** case letter.
- ✘ There should be at least **one lower** case letter.
- ✘ There should be at least **one number**.
- ✘ There should be at least **one non-alphabetic** characters from the following: !@#\$%^&*()_+|~='`{}[]:;.,/
- ✘ Minimum length of the password should be **8 characters**.
- ✘ Maximum length of the password should be **16 characters**.
- ✘ At least **four characters** in the new password must be different from the current password.
- ✘ Both new password fields should contain the same data.
- ✘ The password should not be the same as the username.
- ★ The password should not be the same as your First name or Last name.
- ★ The password should not be the same as the last 24 passwords used.
- ★ The password will expire after 90 days and must be changed after expiration.
- ★ Only one password reset is allowed per 24-hour period.

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

Security Questions

To help ensure the security of your HHS Enterprise Portal account, choose three questions and provide your answers below.

Question # 1*

Response # 1*

Confirm # 1*

Question # 2*

Response # 2*

Confirm # 2*

Question # 3*

Response # 3*

Confirm # 3*

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

My Profile

Fields appearing with an asterisk* cannot be left empty.

▶ **Personal Information**

Prefix

First Name*

Middle Name

Last Name*

Suffix

Preferred Name

Personal Email

▶ **Enterprise Portal Information**

Username*

User Type*

▶ **Agency Information**

Work Email*

Work Phone*

Mobile #

Work Fax #

Job Title

Component Code

▶ **Work Location Information**

Physical Address 1

Physical Address 2

Physical City

Physical State

Physical Zip Code

Same as Physical Address

Mailing Address 1

Mailing Address 2

Mailing City

Mailing State

Mailing Zip Code

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

Select Items

Select up to 15 items.

New Access

Search:

Access Name	Description
<input checked="" type="checkbox"/> EFTServer - Terms	Globalscape Security file transfer

Agency:

HHSC DADS
 DFPS DSHS
 Other

Categories:


Online Forms
 Downloadable IT Forms
[Show all categories](#)
[Clear category filters](#)

Selected Items

1. EFTServer - Terms

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? * <input checked="" type="radio"/> Yes <input type="radio"/> No	GlobalScape Group * <input type="text" value="/Usr/NEDSS-Informatics-ELR"/>
Account ID * <input type="text"/>	Complete Folder Name <input type="text"/>
Replicate another user access? * <input checked="" type="radio"/> Yes <input type="radio"/> No	
User ID * <input type="text"/>	

▶ File Transfers

File Transfer Automation <input type="text" value="New Dropbox/AdHoc Transfer"/> ▼	Do you want to save, archive or retain this data on the SFTP server? <input checked="" type="radio"/> Yes <input type="radio"/> No
	Justify why this data needs to be saved, archived or retained? * <input type="text"/>
	File Description * <input type="text"/>

Account Permissions

File Permissions	Folder Permissions	Content Permissions
<input type="checkbox"/> Upload <input type="checkbox"/> Download <input type="checkbox"/> Append <input type="checkbox"/> Delete <input type="checkbox"/> List	<input type="checkbox"/> Show & List	<input type="checkbox"/> Show hidden files <input type="checkbox"/> 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: <ul style="list-style-type: none"> ● 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: <ul style="list-style-type: none"> ● Upload - ● Download - ● Append - ● Delete - ● List -
Folder Permissions	Indicate the Folder Permissions for the new dropbox or adhoc file transfer. Valid values are as follows: <ul style="list-style-type: none"> ● Show & List -

Field	Description
Content Permissions	Indicate the Content Permissions for the new dropbox or adhoc file transfer. Valid values are as follows: <ul style="list-style-type: none"> • 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 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 ? :

First Name*

Last Name*

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
2023207772887101031	EFTServer - Terms	New Access	Fred Smith	✔
2023209866638722809	Terms Of Use Agreement	New Access	Fred Smith	✔

[Back To Home](#)