

Access - New User Request

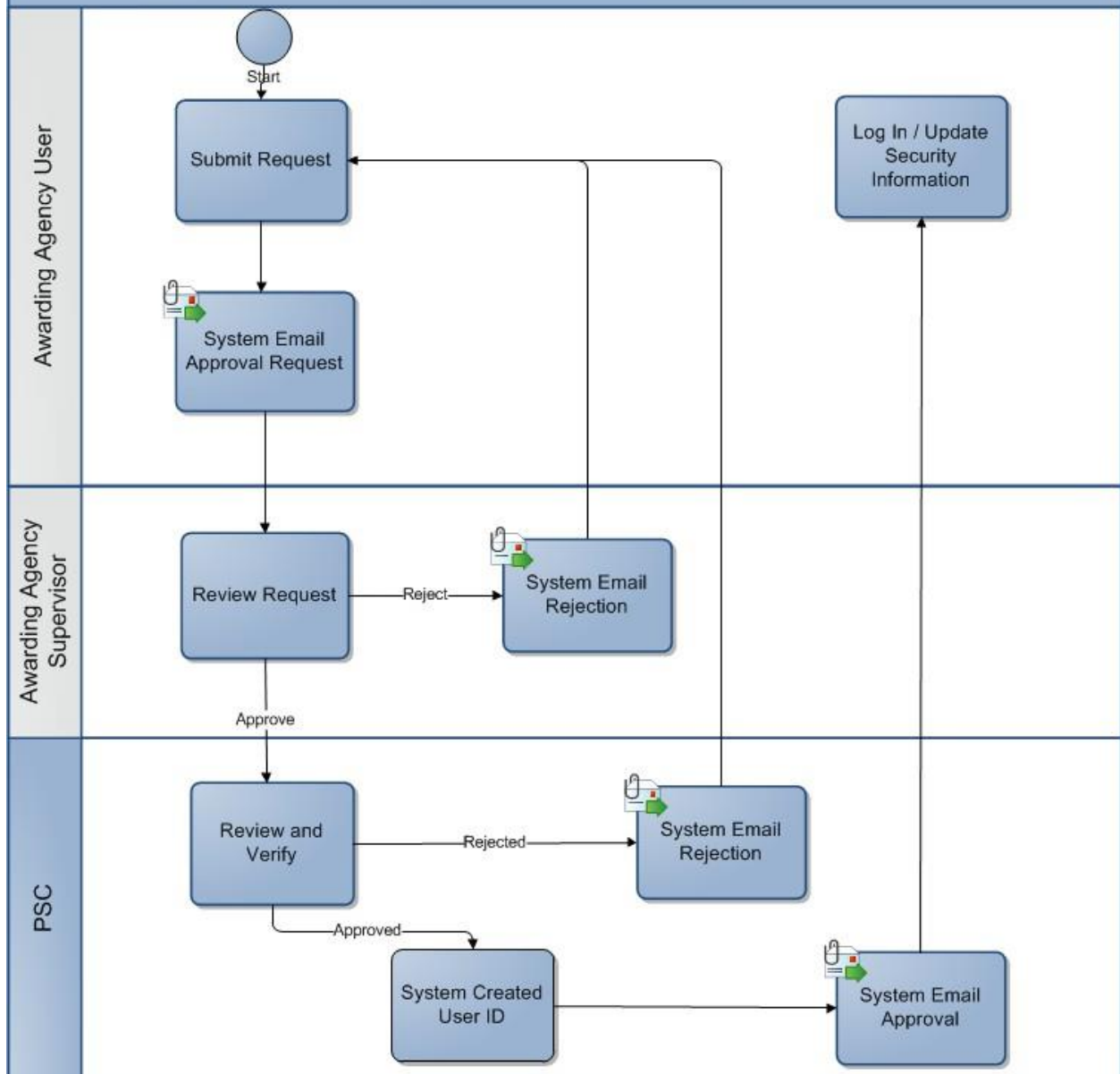
Awarding Agency User

In order for Health and Human Services employees (HHS) and Non-HHS Awarding Agencies to manage grant payment requests, drawdowns, and disbursement reporting activities for their recipients, members of these agencies will need to request a PMS User ID. The PMS User ID establishes the security for the user. It is the security profile that determines and controls what menu options and subsequently the processes the user can perform and the access to in the Payment Management System.

PMS will require the user to provide their agency, their contact and supervisor information, and select the accesses required. After submitting their request their supervisor will need to verify the information and access requested. If they approve then the information is submitted to PSC. PSC will review the request and verify the provided information. Once they issue their approval a User ID will be issued to the requester.

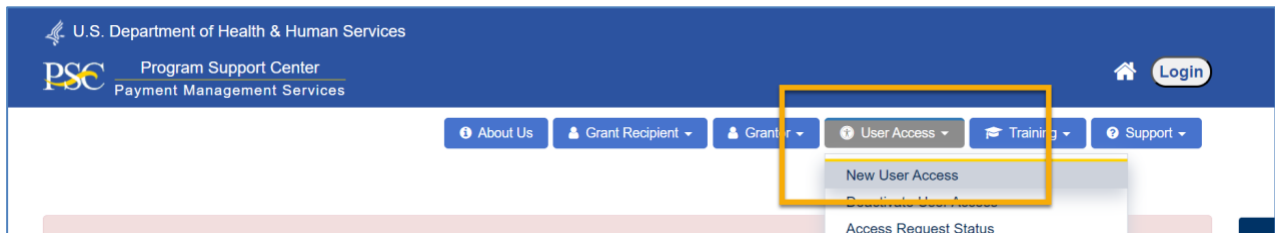
PMS – Awarding Agency User Registration Process

Product Support Center



Requesting Access

1. Access the PSC Home page at <https://pms.psc.gov>
2. Select the 'User Access' drop-down menu from PMS menu bar and select 'New User Access'



3. The 'New User Access Request' form is displayed.

Payment Management System New User Access Request

***User Type:**

Enter and confirm your Email address below and press "Request Email Verification Code" to receive a six-digit code. Then enter the verification code below.

***Email Address:**

***Confirm Email Address:**

***Verification Code:**

Warning Notice!

This is a U.S. Government Computer system, which may be accessed and used only for authorized Government business by authorized personnel. Unauthorized access or use of this computer system may subject violators to criminal, civil and/or administrative action.

All information on this computer system may be intercepted, recorded, read, copied and disclosed by and to authorized personnel for official purposes, including criminal investigations. Such information includes sensitive data encrypted to comply with confidentiality and privacy requirements. Access or use of this computer system by any person, whether authorized or unauthorized, constitutes consent to these terms.

1. Select the User Type 'Awarding Agency' from the dropdown box.

New User Access Request

***User Type:** ⓘ

Enter and confirm your "Verification Code" to receive a six-digit code. Then enter the verification code below.

***Email Address:**

2. Your email address will need to be verified prior to receiving any access to the system. Type in your email address in the 'E-Mail Address' field and then confirm the email address provided by typing the email address again in the 'Confirm E-Mail Address' field.
3. Click 'Request Email Verification Code' for an email to be sent to the email address.

New User Access Request

***User Type:** ⓘ

Enter and confirm your Email address below and press "Request Email Verification Code" to receive a six-digit code. Then enter the verification code below.

***Email Address:**

***Confirm Email Address:** ✕

4. Click 'OK', a success message will be displayed.

Success

A verification code was sent to Agencytuser1@gmail.com

An email message will be sent immediately to the email address provided containing the six digit verification code that is required to continue with the user access request. The verification code will be valid for 30 minutes.

Note: The user will need to request a new verification code if the verification code is not used within the 30 allotted minutes or if the user closes the 'New User Access Request' window.

Note: To ensure that system emails are received, recipient IT organizations should white-list PMSSupport@psc.gov

5. Enter the six digit code in the 'Email Verification Code' field.

6. Select the 'Submit' button on the bottom of the page. If the user no longer wants to submit the information they may clear the form and provide new information by using the 'Clear Form' button or cancel the request by selecting 'Cancel'.

Clear FormSubmitCancel

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FOR MORE INFORMATION OR ASSISTANCE PLEASE CONTACT US AT 1-877-614-5533 OR PMSSUPPORT@PSC.GOV.

7. The PMS Access Request form will be displayed, requesters will need to provide:
 - a. Their Agency and the departments and offices they need access for.
 - b. User contact information comprising of their work address and telephone number.
 - c. Select the type of access that they are requesting.
 - d. Their supervisors information including their name, title, email, and phone number.
 - e. Any special instructions or additional requests.

Payment Management System Access Request

REQUEST DETAILS

User Type: Awarding Agency

User Email: AgencyUser1@gmail.com

Request Status: Initiated

DEPARTMENT / BUREAU / ORGANIZATION UNIT

*Select Action: Add

Department:	OFDMAgency	Region/Bureau
No Agencies.		
Page 0 of 0 Records per page: 10		

CONTACT INFORMATION

*Email Address: AgencyUser1@gmail.com

*First Name:

Middle Initial:

*Last Name:

*Job Title:

*Address Line 1:

Address Line 2:

Address Line 3:

*City:

*Country:

*Zip Code:

☐ Do you want to override the Country Code?

*Telephone:

*Telephone Type:

ACCESS LEVEL

Please check all that apply (please note gray checked boxes are included):

- ☒ Awarding Agency Inquiry
- ☒ Account Maintenance
- ☐ Access to Electronic Reports and Files
- ☐ Process On-Line Authorization End Date Extension
- Federal Financial Report (FFR): Federal Cash Transaction Report (FCTR)
- ☒ View
- Federal Financial Report (FFR)
- ☐ View
- ☐ Approver

SUPERVISOR

*First Name:

Middle Initial:

*Last Name:

*Job Title:

*Email Address:

*Telephone:

ADD COMMENT

Comments:

Maximum 1000 characters

CERTIFICATION

☐ I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

8. Users may request access to one agency and to multiple bureau / organizational units within their agency. Click the 'Add' button for each bureau / organizational unit that you need access to.

DEPARTMENT / BUREAU / ORGANIZATION UNIT

*Select Action:

Department	OPDIV/Agency	Region/Bureau
No Agencies.		

Page 0 of 0 Records per page: 10

9. The Department /Bureau /Organization Unit Pop-up Box will be displayed, users will need to select their:
- Department
 - Bureau / Organizational Unit
 - 3-digit Grantor Code

Department / Bureau / Organization Unit

Department:

Bureau/Organizational Unit:

3-digit Agency Code:

10. Click in the 'Choose Department' box for the Department drop down box to appear. Select the name of the federal department where you are employed.

Department / Bureau / Organization Unit

Department:

Bureau/Organizational Unit

3-digit Agency Code

Choose Department...

Choose Department...

AGENCY FOR INTERNATIONAL DEVELOPMENT

CORPORATION FOR NATIONAL SERVICE

DEPARTMENT OF AGRICULTURE

DEPARTMENT OF HEALTH & HUMAN SERVICES

DEPARTMENT OF HOMELAND SECURITY

DEPARTMENT OF LABOR

Save

Clear

Cancel

11. Click in the 'Choose OPDIV/Bureau/Organizational Unit' box for the drop down box to appear containing the Operational Divisions/Bureaus/Offices associated with the federal agency selected.

Department / Bureau / Organization Unit

Department:

DEPARTMENT OF HEALTH & HUMAN SE...

OPDIV

Choose OPDIV/Bureau/Organizational Unit...

Region

Choose OPDIV/Bureau/Organizational Unit...

2-HHS- OFFICE OF THE SECRETARY

2-HHS-ADMINISTRATION FOR CHILDREN & FAMILIES

2-HHS-ADMINISTRATION FOR COMMUNITY LIVING

2-HHS-AGENCY FOR HEALTHCARE RESEARCH & QUALITY

2-HHS-ASSISTANT SECRETARY FOR HFAI TH

Save

Clear

Cancel

12. A list of the 3 digit agency codes that have been assigned by PMS to uniquely identify the organizational units associated with the selected Grantor/Division will be displayed.
- Click checkboxes individually to pick individual organizational units that you are responsible for.
 - Click 'Select All' to check all organizational units associated with the Division/Bureau.
 - Click 'Clear All' to uncheck all boxes. At least one organizational unit must be selected.

Department / Bureau / Organization Unit

Department:

DEPARTMENT OF HEALTH & HUMAN SE... i

OPDIV

2-HHS-HEALTH RESOURCES & SERVICE... i

Region

Select All Clear All

☐ 301-HEALTH RESOURCES & SVCS ADMIN REG ONE

☐ 302-HEALTH RESOURCES & SVCS ADMIN REG TWO

☐ 303-HEALTH RESOURCES & SVCS ADMIN REG THREE

☐ 304-HEALTH RESOURCES & SVCS ADMIN REG FOUR

☐ 305-HEALTH RESOURCES & SVCS ADMIN REG FIVE

☐ 306-HEALTH RESOURCES & SVCS ADMIN REG SIX

☐ 307-HEALTH RESOURCES & SVCS ADMIN REG SEVEN

☐ 308-HEALTH RESOURCES & SVCS ADMIN REG EIGHT

☐ 309-HEALTH RESOURCES & SVCS ADMIN REG NINE

i

Save

Clear

Cancel

13. Click the 'Save' button after selecting all applicable organizations. Click 'Clear' to clear all three organization levels selected. Click 'Cancel' to close the pop-up.

Department / Bureau / Organization Unit

Department:

DEPARTMENT OF HEALTH & HUMAN SERVICES

OPDIV

2-HHS-HEALTH RESOURCES & SERVICES ADMINISTRATION

Region

Select All Clear All

☒ 301-HEALTH RESOURCES & SVCS ADMIN REG ONE
 ☒ 302-HEALTH RESOURCES & SVCS ADMIN REG TWO
 ☐ 303-HEALTH RESOURCES & SVCS ADMIN REG THREE
 ☒ 304-HEALTH RESOURCES & SVCS ADMIN REG FOUR
 ☒ 305-HEALTH RESOURCES & SVCS ADMIN REG FIVE
 ☐ 306-HEALTH RESOURCES & SVCS ADMIN REG SIX
 ☐ 307-HEALTH RESOURCES & SVCS ADMIN REG SEVEN
 ☐ 308-HEALTH RESOURCES & SVCS ADMIN REG EIGHT
 ☐ 309-HEALTH RESOURCES & SVCS ADMIN REG NINE

Save

Clear

Cancel

14. To remove Department / Bureau / Organization units added in error, click on the row in the grid to highlight the organization. Click on the 'Remove' button.

DEPARTMENT / BUREAU / ORGANIZATION UNIT			
<div> <div>Select Action:</div> <div>Add</div> <div>Remove</div> </div>			
	Department	OPDIV	Region
1	DEPARTMENT OF HEALTH & HUMAN SERVICES	2-HHS-HEALTH RESOURCES & SERVICES ADMINISTRATION	301-HEALTH RESOURCES & SVCS ADMIN REG ONE
2	DEPARTMENT OF HEALTH & HUMAN SERVICES	2-HHS-HEALTH RESOURCES & SERVICES ADMINISTRATION	302-HEALTH RESOURCES & SVCS ADMIN REG TWO
3	DEPARTMENT OF HEALTH & HUMAN SERVICES	2-HHS-HEALTH RESOURCES & SERVICES ADMINISTRATION	304-HEALTH RESOURCES & SVCS ADMIN REG FOUR
4	DEPARTMENT OF HEALTH & HUMAN SERVICES	2-HHS-HEALTH RESOURCES & SERVICES ADMINISTRATION	305-HEALTH RESOURCES & SVCS ADMIN REG FIVE

Page 1 of 1

Records per page: 10

Displaying 1 to 4 of 4 items.

15. Click 'OK' to confirm the deletion.

Remove





Remove the selected Agency?

OK

CANCEL

16. The initial email provided in the request will be used as the Recipients email address and is not editable during the registration process. Recipients will be required to provide their full contact information including:
- a. First Name
 - b. Middle Initial (optional)
 - c. Last Name
 - d. Job Title
 - e. Full Address, including Country
 - f. Phone number including Country code
 - g. Telephone number type

CONTACT INFORMATION

*Email Address:	<input type="text" value="Agencytuser1@gmail.com"/>			
*First Name:	<input type="text"/>			
Middle Initial:	<input type="text"/>			
*Last Name:	<input type="text"/>			
*Job Title:	<input type="text"/> 			
*Address Line 1:	<input type="text"/>			
Address Line 2:	<input type="text"/>			
Address Line 3:	<input type="text"/>			
*City:	<input type="text"/>			
*Country:	<input type="text" value="Select Country"/> 			
*Zip Code:	<input type="text"/>			
	<input type="checkbox"/> Do you want to override the Country Code?			
*Telephone:	<table><tr><td><input type="text" value="Country C"/></td><td><input type="text" value="Phone Number"/></td><td><input type="text" value="Ext"/></td></tr></table> 	<input type="text" value="Country C"/>	<input type="text" value="Phone Number"/>	<input type="text" value="Ext"/>
<input type="text" value="Country C"/>	<input type="text" value="Phone Number"/>	<input type="text" value="Ext"/>		
*Telephone Type:	<input type="text" value="Select Telephone Type"/> 			

17. Required fields are marked with a red asterisk. Error messages will be displayed when attempting to submit the form with missing required information.

CONTACT INFORMATION

*Email Address:

Agencytuser1@gmail.com

*First Name:

✖ First Name is required.

Middle Initial:

*Last Name:

✖ Last Name is required.

*Job Title:

?

✖ Title is required.

*Address Line 1:

123 Anytown

Address Line 2:

Address Line 3:

*City:

Anytown

18. Select the country from the drop down listed provided.

*City:

*Country:

Select Country

▼

*Zip Code:

19. When 'United States' is selected as the country, the State field will appear and the requester will be required to select the applicable state or US territory from the drop down box.

*City:

*Country:

UNITED STATES (+1)

▼

*State:

Select State


▼

*Zip Code:

20. Provide a contact phone number. The country code for the phone number will automatically be filled in depending on the country selected in the address field. To override the country code select the checkbox 'Do you want to override the Country Code?' and provide the appropriate country code.
21. Select from the 'Telephone Type' drop down box the phone type of the number provided.
- Cell
 - Home
 - Office

☐ Do you want to override the Country Code?

Telephone*



Telephone Type*

Select Telephone Type ▼

22. Users will need to select the type of access that they request. The following accesses are available to choose from.

HHS or Non-HHS Agency	Access Level	Description
HHS & Non-HHS	Awarding Agency Inquiry	Default, all users automatically receive this access. Provides user with access to view on-line inquiries.
HHS & Non-HHS	Account Maintenance	Allow users to update their contact information, change password information, and request deactivations.
HHS & Non-HHS	Registration	
HHS & Non-HHS	Access to Electronic Reports and Files	Provides access to view Department-wide financial reports generated by PMS.
HHS	HHS Subaccounts	Provides access to functionality which allows agency users to enter Subaccount Patterns in PMS via the upload of a batch file.
Non-HHS	On-Line Authorization	First level of the on-line authorization process. Allows authorization transactions, including TC050 and TC 059, to be entered in the PMS using the Fill-in-blank screen. Input pending approval. Note: PMS allows users to be granted both On-Line Authorization and Approve On-Line Authorizations however internal controls prevent the user from performing both actions on the same transaction.

HHS or Non-HHS Agency	Access Level	Description
Non-HHS	Approve Authorizations: Approve On-Line Authorization	Second level of the on-line authorization process before the transaction can be updated in the PMS. Allows for review and approval/release to posting of an authorization transaction, including TC050 and TC059, input through On-Line Authorization.
Non-HHS	Approve Authorizations: Process 059 Transactions Only	Provides access to process only authorizations to Transaction Code 059, which must then be approved by a different individual with On-Line Authorization Approval. TC 059 is used to trigger the closing process in PMS. When selected user cannot TC 059 using the fill-in-blank screen or from the Correct Exceptions table.
Non-HHS	Payments: Approve	The first level of the payment review process. Select if applicable to your agency and the user is responsible to review all payment requests by your grantee. Cannot be combined with confirm payments.
Non-HHS	Payments: Confirm	The second level of the payment review process. Select if applicable to your agency and the user is responsible to review all payment requests by your grantee. Cannot be combined with approve payments.
Non-HHS	Process On-Line Authorization Batch	Provides access to functionality which allows agency users to enter Authorization transactions in PMS via the upload of a batch file.
Non-HHS	Process On-Line Subaccount Batch	Provides access to functionality which allows agency users to enter Subaccount Patterns in PMS via the upload of a batch file.
Non-HHS	Process On-Line Authorization and End Date Extension	Provides access to functionality which allows agency users to extend the liquidation period of a grant without changing the award end date in PMS.
HHS & Non-HHS	Federal Financial Report (FFR): Federal Cash Transaction Report (FCTR) - View	Default, all users receive this access. Provides ability to view the FCTR.
HHS & Non-HHS	Federal Financial Report (FFR) - View	Provides access to only view the submission of grantee's FFR's.
HHS & Non-HHS	Federal Financial Report (FFR) - Approver	Provides access for viewing and accepting/rejecting grantee's FFR's.

Only a subset of the access available will be displayed to the user. The subset displayed will vary based on the Agency selected.

The screenshot shows a web form titled "ACCESS LEVEL". It contains several checkboxes, some of which are pre-checked. The items are: "Awarding Agency Inquiry" (checked), "Account Maintenance" (checked), "Access to Electronic Reports and Files" (unchecked), "Process On-Line Authorization End Date Extension" (unchecked), "Federal Financial Report (FFR): Federal Cash Transaction Report (FCTR)" (group header), "View" (checked, under the group header), "Federal Financial Report (FFR)" (group header), "View" (unchecked, under the group header), and "Approver" (unchecked, under the group header). Each item has a small blue information icon to its right.

Note: Always select your agencies prior to selecting the access levels. The checkboxes available vary depending on the Agency selected.

HHS Access Levels consists of:

- a. Awarding Agency Inquiry, automatically checked for all users
- b. Registration
- c. Access to electronic reports and files
- d. HHS subaccounts
- e. Process On-Line Authorization End Date Extensions
- f. View the Federal Financial Report (FFR), Federal Cash Transaction Report (FCTR), automatically checked for all users
- g. View the Federal Financial Report (FFR)
- h. Approve the Federal Financial Report (FFR)

The screenshot shows a web form titled "ACCESS LEVEL". It contains several checkboxes, some of which are pre-checked. The items are: "Awarding Agency Inquiry" (checked), "Account Maintenance" (checked), "Registration" (unchecked), "Access to Electronic Reports and Files" (unchecked), "HHS Subaccounts" (unchecked), "Process On-Line Authorization End Date Extension" (unchecked), "Federal Financial Report (FFR): Federal Cash Transaction Report (FCTR)" (group header), "View" (checked, under the group header), "Federal Financial Report (FFR)" (group header), "View" (unchecked, under the group header), and "Approver" (unchecked, under the group header). Each item has a small blue information icon to its right.

Non-HHS Access Levels consists of:

- i. Awarding Agency Inquiry, automatically checked for all users
- j. Account Maintenance, automatically checked for all users

- k. Registration
- l. Access to electronic reports and files
- m. On-line Authorization
- n. Approve Authorizations: Allows for either Approve On-line Authorization or Process 059 Transactions Only
- o. Payments: Either Approve or Confirm user cannot select both
- p. Process On-Line Authorization Batch
- q. Process On-Line Subaccount Batch
- r. Process On-Line Authorization End Date Extension
- s. View the Federal Financial Report (FFR), Federal Cash Transaction Report (FCTR), automatically checked for all users
- t. View the Federal Financial Report (FFR)
- u. Approve the Federal Financial Report (FFR)

ACCESS LEVEL

☒ Awarding Agency Inquiry

☒ Account Maintenance

☐ Registration

☐ Access to Electronic Reports and Files

☐ On-Line Authorization

Approve Authorizations

☐ Approve On-Line Authorization

☐ Process 059 Transactions Only

Payments

☐ Approve

☐ Confirm

☐ Process On-Line Authorization Batch

☐ Process On-Line Subaccount Batch

☐ Process On-Line Authorization End Date Extension

Federal Financial Report (FFR): Federal Cash Transaction Report (FCTR)

☒ View

Federal Financial Report (FFR)

☐ View

☐ Approver


23. The users supervisor will be required to approve the request. The user should provide their supervisors:

- a. First Name
- b. Middle Initial (optional)
- c. Last Name
- d. Job Title
- e. Telephone number include country code if applicable.
- f. Email Address

Note: If you are the highest ranking person in your organization, then provide your own information for the Supervisor information.

When the email addresses of the requester and supervisor match, the checkbox with the highest ranking message will be display to the user to select and continue, otherwise an error message appears and can't submit the request.

ADD COMMENT

Comments: 

25. Prior to submitting the user will need to check the certification box indicating that all the information provided is true to the best of their knowledge. Providing willfully false information is a criminal offense and is punishable by law.

CERTIFICATION

☒ I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).


Clear Form

Save

Submit

Note: Users that check the certify box and then return to amend any of their answers will be required to recertify their answers prior to being able to successfully submit their application.

26. Recipients may click the 'Save' button at any time to save and exit the request. A Request ID will be emailed to the email address provided. The Request ID and along with the security question and its answer initially selected will be required to retrieve the Request.
27. Click 'Submit' to send the request to the listed Supervisor for approval.
28. A 'Success' screen will be displayed containing the Request ID.

 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

 **Payment Management System**

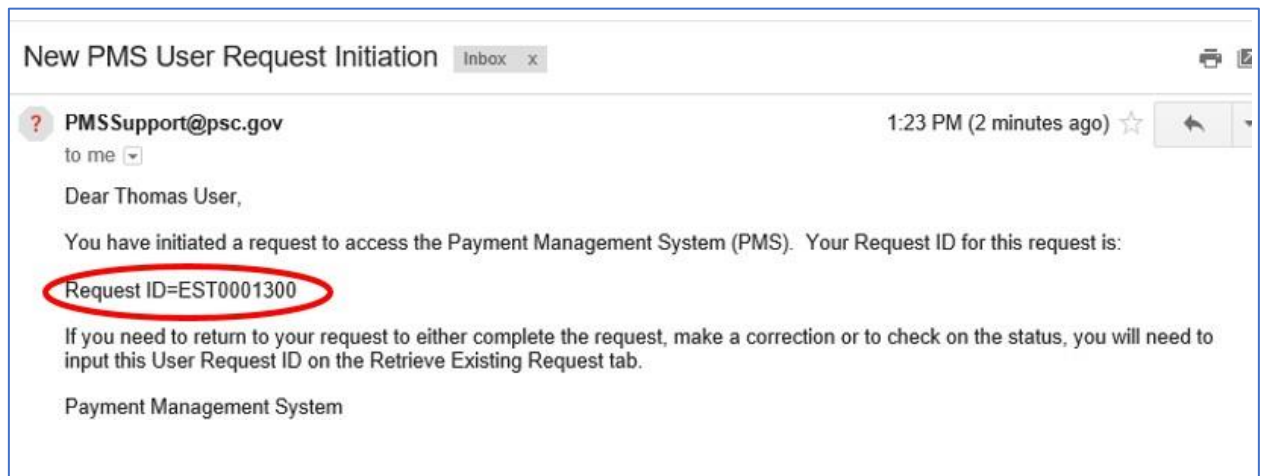
 **Success**

Your request was successfully submitted for processing.
To view the status or your request or to make modifications, use the Request ID below.

Request ID is EST0001300

Home >

Additionally, an email will be sent to the user containing the 'Request ID'. The recipient will need to use the 'Request ID' along with the security question they selected to check on the status of a request or make updates to saved or rejected requests. The provided User ID and the associated security question are valid only while the request is being processed. Once the request has been approved the user will be issued their permanent User ID and will select new security questions to be associated with their new ID.



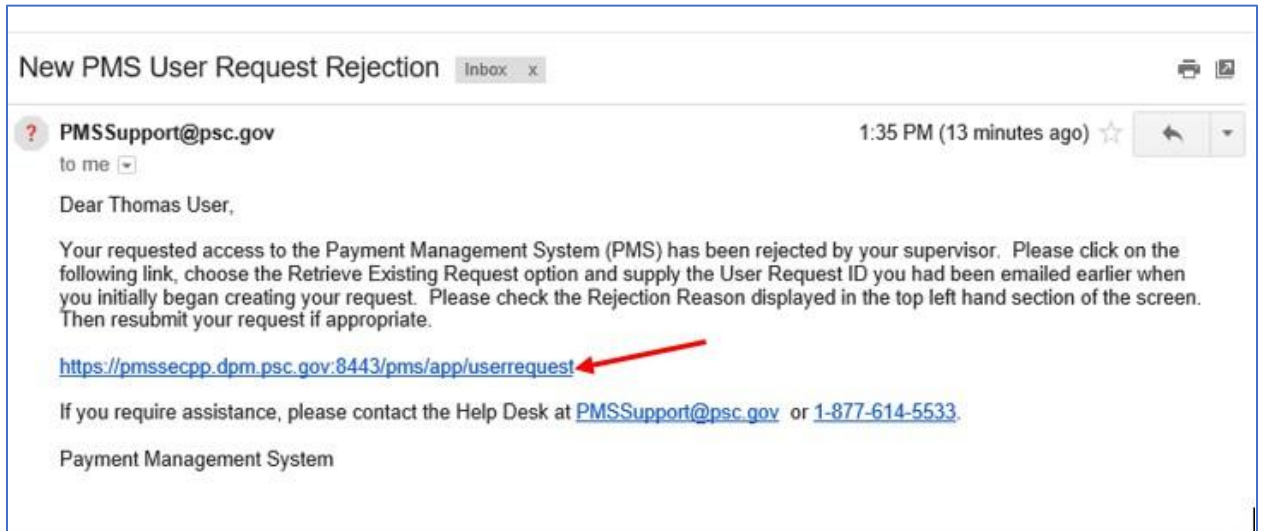
A rejection email will be received if either the supervisor or PMS staff return the request.

Retrieving Existing Requests

Agency users may return to requests in order to complete, fix, or to check on their status.


To either return or check on the status of a submitted request:

1. The original requester may either:
 - a. Access the PSC Home page at <https://pms.psc.gov> and select 'Request Access' under the login button
 - b. Or for rejected requests, click on the link listed in the rejection email.



2. Select 'Retrieve Existing Request'.


User Registration



Create a PMS New User Account

To create a new user in PMS you must fill out a New User Access Request form by completing all of the requested information, and submitting it.


[Create New User >](#)



Retrieve an Existing PMS User Request

To retrieve an existing user request in PMS you must fill out a Retrieve Existing Access Request form by completing all of the requested information, and submitting it.

[Retrieve Existing Request >](#)



Deactivate an Existing PMS User Account

To deactivate an existing PMS user account in PMS you must fill out a Deactivate User Access Request form by completing all of the requested information, and submitting it.

[Deactivate User >](#)

3. The user will be prompted to provide their:
 - a. Request ID – The ID can be found in the email that was initially sent by the system to the user after submitting or saving the registration form.
 - b. Email Address – email used to create the account.

Payment Management System Retrieve Existing Access Request


Please enter Request information:

***Request ID:**

Enter and confirm your Email address below and press "Request Email Verification Code" to receive a six-digit code. Then enter the verification code below.

***Email Address:**

***Confirm Email Address:**

***Verification Code:** 

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- Click 'Submit' after providing the correct information to display and update the initial request. If the initial request was rejected the rejection reason will be seen in the 'Request Details' section.



Payment Management System Access Request

REQUEST DETAILS

User Type: Awarding Agency

User Email: Agencytuser1@gmail.com

Request Status: Rejected by Supervisor

Rejection Reason: You need access to Region Four as well.

DEPARTMENT / BUREAU / ORGANIZATION UNIT

***Select Action:**

	Department	OPDIV/Agency	Region/Bureau
1	DEPARTMENT OF HEALTH & HUMAN SERVICES	2-HHS-HEALTH RESOURCES ADMINISTRATION	703-HEALTH RESOURCES ADMIN - REG THREE
2	DEPARTMENT OF HEALTH & HUMAN SERVICES	2-HHS-HEALTH RESOURCES ADMINISTRATION	702-HEALTH RESOURCES ADMIN - REG TWO
3	DEPARTMENT OF HEALTH & HUMAN SERVICES	2-HHS-HEALTH RESOURCES ADMINISTRATION	701-HEALTH RESOURCES ADMIN - REG ONE

Page 1 of 1 Records per page: 10 Displaying 1 to 3 of 3 items.

CONTACT INFORMATION

***Email Address:** ***First Name:**

If the request has already been submitted and a review is in progress then the current status of the request will be displayed to the user.



Retrieve Existing Access Request

✖ Pending Approval



Request Details

Request ID: EST0000737
Date Requested: 2018-02-01 01:32:54 PM
First Name: Thomas
Last Name: User
Supervisor First Name: Susi
Supervisor Last Name: Bossman
Request Status: Submitted
Assigned To: Supervisor

Close

Clear Form

Submit

Cancel

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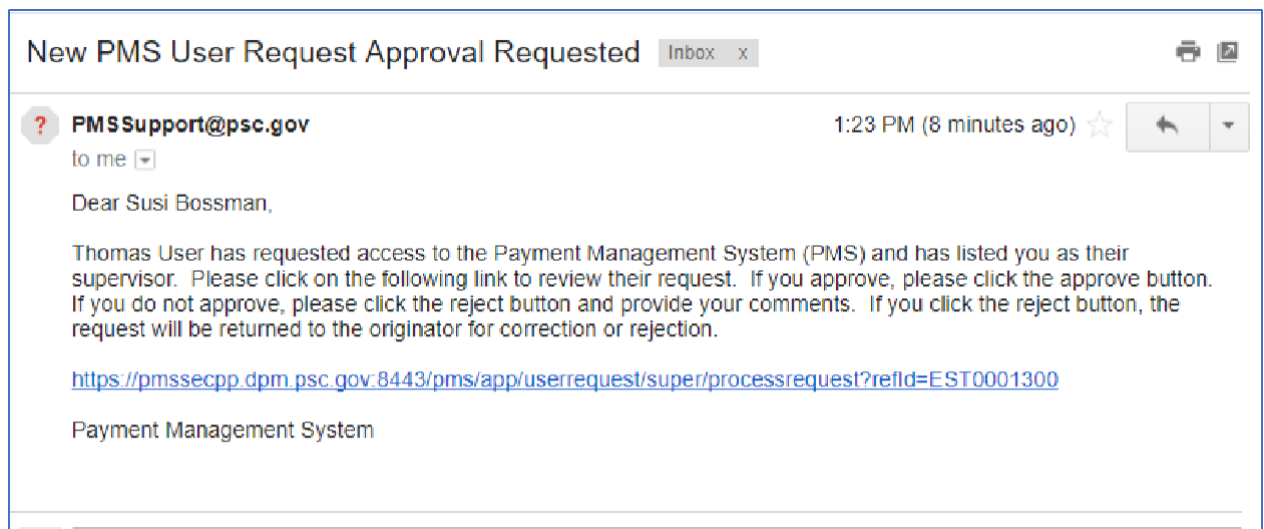
Supervisor Review

After an awarding agency user requests access to PMS the supervisor designated in their request will need to review the submitted information and verify its accuracy. The supervisor email provided by the user will be used to send an email to the supervisor requesting that they review and approve the request.

The email will contain a link that will allow the supervisor to review the provided information.

Note: Supervisors are not required to have access to PMS in order to verify and approve the information provided.

1. Click on the link within the email received.



2. The Supervisor view of the Payment Management System Access Request will be displayed. The view will consist of three tabs.
 - a. Request Details – will list the information that the user requesting the access provided.
 - b. Supervisor Comments – a place for the supervisor to enter any comments. Comments will be required when rejecting the request.
 - c. Status History – a list of previous comments and dates that apply to this request.
3. The Supervisor should review the information on the Request Details tab. The 'Request Details' tab is read-only for the supervisor.
4. After verifying that the provided information is correct the supervisor will be required to certify that the information is true. Click on the box associated with the 'I certify...' statement.
5. Click the 'Approve' button. The request will then be sent to PSC for verification and approval.



Payment Management System Access Request - Supervisor View

Request Details

Supervisor Comments

Status History

REQUEST DETAILS

User Type: Awarding Agency
User Email: Agencyuser1@gmail.com
Request Status: Submitted

DEPARTMENT / BUREAU / ORGANIZATION UNIT

	Department	OPDIV/Agency	Region/Bureau
1	DEPARTMENT OF HEALTH & HUMAN SERVICES	2-HHS-HEALTH RESOURCES ADMINISTRATION	703-HEALTH RESOURCES ADMIN - REG THREE
2	DEPARTMENT OF HEALTH & HUMAN SERVICES	2-HHS-HEALTH RESOURCES ADMINISTRATION	702-HEALTH RESOURCES ADMIN - REG TWO
3	DEPARTMENT OF HEALTH & HUMAN SERVICES	2-HHS-HEALTH RESOURCES ADMINISTRATION	701-HEALTH RESOURCES ADMIN - REG ONE

Page 1 of 1 Records per page: 10 Displaying 1 to 3 of 3 items.

CONTACT INFORMATION

Email Address: Agencyuser1@gmail.com
First Name: Thomas
Middle Initial:
Last Name: User
Job Title: Grant Administrator
Address Line 1: 123 Anywhere
Address Line 2:
Address Line 3:
City: Anytown
State: AL - Alabama
Zip Code: 12345
Country: UNITED STATES
Telephone: +1 (123) 456-7890
Telephone Type: Office

ACCESS LEVEL

- ☒ Awarding Agency Inquiry
☒ Account Maintenance
☒ Registration
☒ Access to Electronic Reports and Files
☐ HHS Subaccounts
☒ Process On-Line Authorization End Date Extension
Federal Financial Report (FFR): Federal Cash Transaction Report (FCTR)
☒ View
Federal Financial Report (FFR)
☐ View
☐ Approver

SUPERVISOR

First Name: Susi
Middle Initial:
Last Name: Bossman
Job Title: Grant Supervisor
Email Address: susitestbossman@gmail.com
Telephone: 123-456-7890

COMMENTS

New Employee

CERTIFICATION

☐ I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

Reject

Approve

Cancel

6. If the information needs revision then the Supervisor should:
 - a. Select the 'Supervisor Comments' tab and provide the required changes in the comments section.
 - b. Certify the Information provided by clicking the checkbox associated with the 'I Certify...' statement.
 - c. Click on the 'Reject' button on the 'Request Details' tab.

An email will be sent to the recipient indicating that the request has been rejected and the request will be available for the recipient to edit.

The screenshot shows the 'Payment Management System Access Request - Supervisor View' interface. At the top, there is a header with the U.S. Department of Health and Human Services logo and the date 'THURSDAY, FEB 1, 2018'. Below the header is a dark blue bar with the 'PSC | Payment Management System' logo. The main content area has a title 'Payment Management System Access Request - Supervisor View' and three tabs: 'Request Details', 'Supervisor Comments' (which is selected and highlighted in blue), and 'Status History'. Under the 'Supervisor Comments' tab, there is a text area labeled 'SUPERVISOR COMMENTS' with a blue information icon. The text area is empty and has a scroll bar on the right. Below the text area, it says 'Maximum 1000 characters.'

7. The Supervisor can view previous comments made either by them or by PMS staff by selecting the 'Status History' tab.

The screenshot shows the 'Payment Management System Access Request - Supervisor View' interface with the 'Status History' tab selected. The header and logo are the same as in the previous screenshot. The 'Status History' tab is highlighted in blue. Below the tabs, there is a table with the following data:

	Status	Status Changed By	Status Change Date	Status Change Comments
1	Submitted	Agencytuser1@gmail.com	2018-01-31 03:44:51 PM	New Employee

Below the table, there is a pagination bar that says 'Page 1 of 1' and 'Records per page: 10'. It also includes a search icon and the text 'Displaying 1 to 1 of 1 items.'

8. A success screen will be shown to the supervisor after they have approved the request.



Success

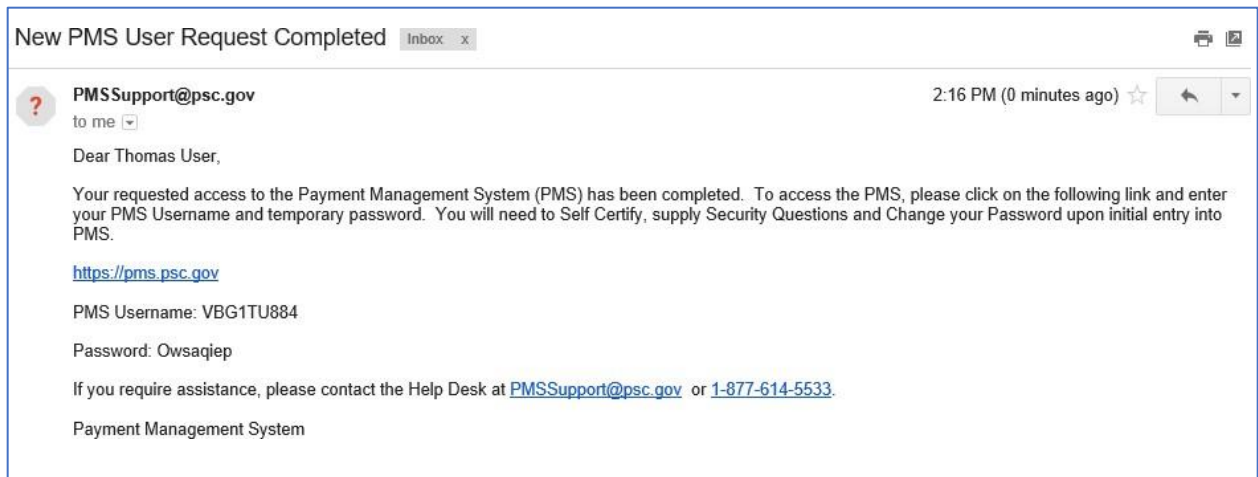
Your request was successfully approved.

[Home >](#)

Receiving your PMS User ID & Logging in with PMS Partner Logins

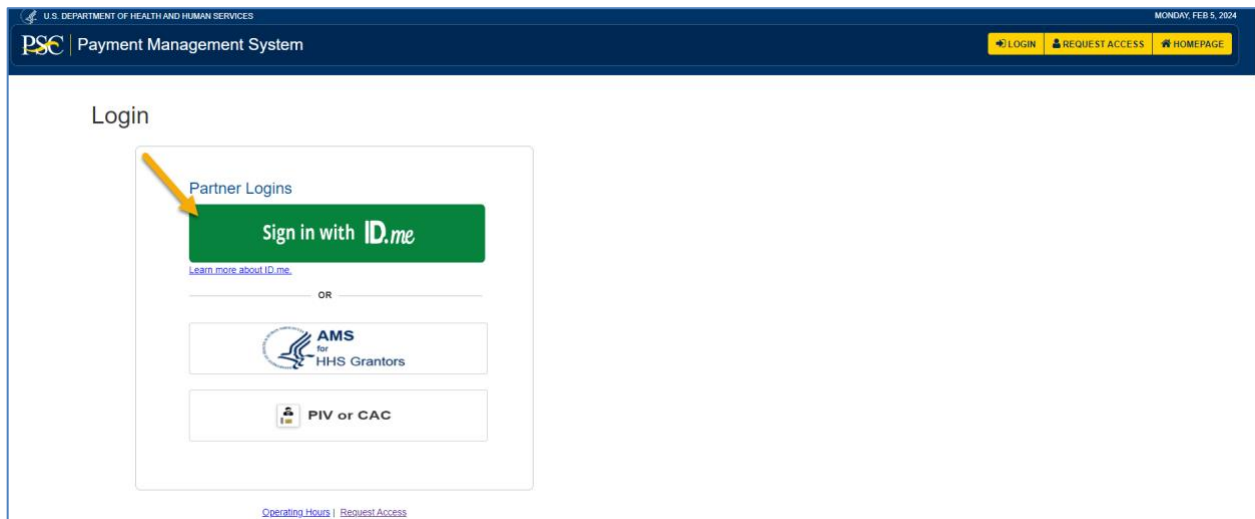
Once the supervisor has approved your request for access the request will be forwarded to PSC. PSC will verify the information provided and determine if PMS access should be granted. If it is determined that PMS access will be granted the recipient will receive an email from the system containing their User ID and a temporary password. This username and temporary password will be a 'one time use' after logging in/linking your account to one of our partner logins.

1. Use the link provided in the email to access the login screen.



1. Using one of PMS' Partner Logins is now required for logging in to the Payment Management System (PMS). Partner Login options include:
 - a. ID.me
 - b. AMS for HHS Grantors
 - c. PIV or CAC

2. Users will choose from the available options. Users that do not have AMS, PIV or CAC will need to create an **ID.me** account.

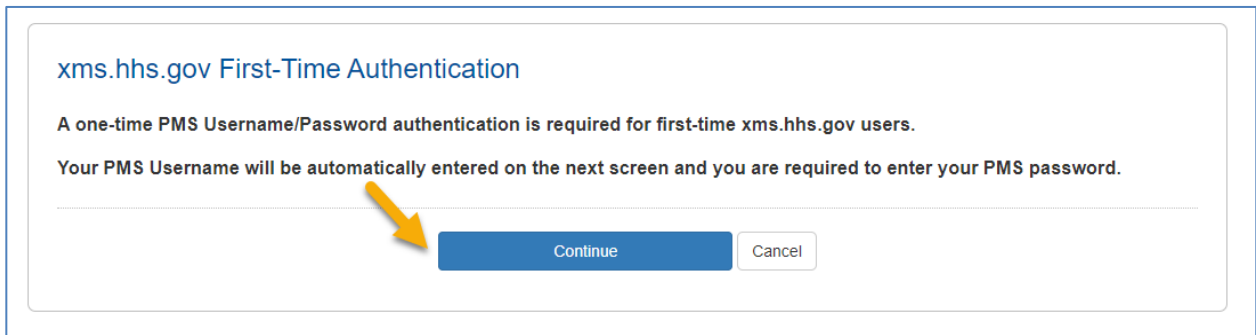


Directions for creating an ID.me account, or linking AMS for HHS Grantors, PIV or CAC PDF User Guides can be found here: https://xms.hhs.gov/help/job-aids/help_pages.html

Any issues with ID.me accounts (e.g.; password resets, username, inability to log in with ID.me credentials) should all be directed to [ID.me's support page](#). Any issues with PIV/CAC expirations or renewals should all be directed to your agency's support page. Application specific questions should be directed to the application's helpdesk.

International Users will need to verify their identity with a Trusted Referee. Directions for this process can be found here: <https://help.id.me/hc/en-us/articles/5976073273623-Using-your-Individual-Taxpayer-Identification-Number-ITIN-to-verify>

4. After successful creation of **ID.me** account or linking of AMS for HHS Grantors or PIV or CAC, the user will be redirected to the xms.hhs.gov First Time Authentication.



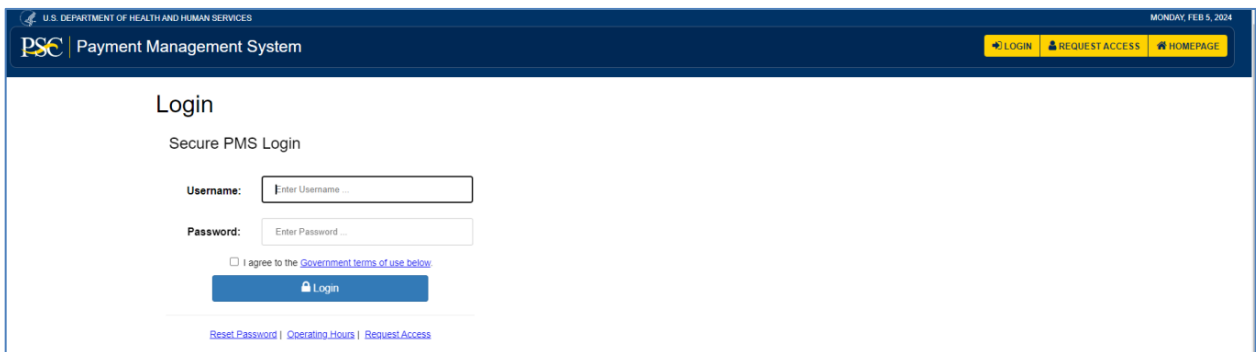
xms.hhs.gov First-Time Authentication

A one-time PMS Username/Password authentication is required for first-time xms.hhs.gov users.

Your PMS Username will be automatically entered on the next screen and you are required to enter your PMS password.

Continue Cancel

5. Click 'Continue'
6. The user will be prompted to enter their PMS Username and PMS Password. This is the xms.hhs.gov First-Time Authentication. The User should use the username and temporary password received in their email.



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES MONDAY, FEB 5, 2024

PSC | Payment Management System LOGIN REQUEST ACCESS HOMEPAGE

Login

Secure PMS Login

Username: Enter Username ...

Password: Enter Password ...

☐ I agree to the [Government terms of use below](#)

Login

[Reset Password](#) | [Operating Hours](#) | [Request Access](#)

Note: Username and passwords are case sensitive

2. An error message will be received if either the login or password is invalid.
3. Users will need to provide the temporary assigned password and then provide a new password.

Passwords are expected to have the following characteristics.

- Passwords are case sensitive
- The password must be between 8 and 30 characters long
- The password may not contain any spaces
- The password must NOT contain commonly used words.
- The password must contain at least 1 uppercase letter.
- The password must contain at least 1 lowercase letter.
- The password must contain at least 1 number
- The password must contain at least 1 special character but exclude single quote, double quote, colon, or semicolon.

- You cannot reuse a password for 300 days and your last 6 passwords.
 - The password may not contain significant portions of your PMS User ID, first or last name.
4. Click on the 'Request Verification Code' button. A six-digit code will be sent to the email address on file immediately.
 5. Provide the code received in the 'Verification Code' field
 6. Read the Certification statement and then certify by clicking in the checkbox provided.
 7. Click the 'Change' button.

Payment Management System Self Service Password Reset

PMS Profile found, to continue the Password reset process, you must establish a new password.

PMS User ID:

*Verification Code:

*New Password: [View Password Restrictions](#)

*Re-enter New Password:

CERTIFICATION


☐ I certify that I am authorized by my organization to use the Payment Management System. I further certify that my name, phone number and email address are correct. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1061).


NOTE: After resetting the password you will be logged out. Log in again using your new password.

Change Password

- You are accessing a U.S. Government information system, which includes (1) this computer; (2) this computer network; (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.
- Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.
- By using this information system, you understand and consent to the following:
 1. You have no reasonable expectation of privacy regarding any communications or data transmitted or stored on this information system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transmitted or stored on this information system.
 2. Any communication or data transmitted or stored on this information system may be disclosed or used for any lawful Government purpose.

After clicking the 'Change' button users will be immediately logged out and should log into PMS using their newly updated password.

 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

 Payment Management System

[LOGIN](#) [REQUEST ACCESS](#) [HOMEPAGE](#)

MONDAY, FEB 5, 2024

Login

Secure PMS Login

Username:

Password:

☐ I agree to the [Government terms of use below](#).

[Login](#)

[Reset Password](#) | [Operating Hours](#) | [Request Access](#)

After successful login the users PMS account and Partner Account are now linked. Continue using the Partner Login from the PMS login screen to access your PMS account.

All users are required to self-certify annually. The 'PMS Annual Self Certification' page will be automatically displayed following the first successful login to the system. Read the certification information and then select the 'I Agree' button.

 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

MONDAY, MAR 26, 2018

 Payment Management System

PMS Annual Self Certification

It is time for you to complete the PMS Annual User Self Certification of your access that is given under the PMS Username that you used for this login. You will need to click on the 'I Agree' button in order to access the Payment Management System. You will not be able to access the Payment Management System until you click on the 'I Agree' button.


I certify that I should have access to the Payment Management System and agree to use the system in accordance with the rules and regulations listed below:

1. I will maintain confidentiality and follow all Recommended Security Controls for Federal Information Systems and Organizations issued by the Department of Health and Human Services.
2. I will comply with the following listed regulations:
 - a. Privacy Act of 1974, 12/31/74 (P.L. 93-579)
 - b. Counterfeit Access Device & Computer Fraud & Abuse Act of 1984, 10/12/84
 - c. Disclosure of Confidential Information Generally, 18 U.S.C 1905 (1948)
 - d. Freedom of Information Act, 5 U.S.C. 552 (1967)
3. I will read and comply with the HHS Rules of Behavior as listed on the HHS Chief Information Office (OCIO) Website. Please do not complete and submit the HHS Rules of Behavior page.
4. I will notify PMS staff when access is no longer required.
5. I will not use another person's access or share my access to the Payment Management System.



I Agree





Cancel

The user will be brought to the PMS Home Page.

 U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

MONDAY, FEB 5, 2024

  Payment Management System



    T

Expired

Will Expire within 5 days

Will Expire within 10 days

PMS USER ACCOUNT NOTIFICATIONS

Notification	Count	By	Actions
1 Number of Days until Recertification Required	277 days	2024-11-08 12:00:00 AM	
2 Payee Accounts	2 accounts		

1

Records per page 5

Displaying 1 to 2 of 2 items

MY PAYMENT REQUESTS (0)

Transaction Number	Payee Account	Payment Type	Request Amount	Request Date	Due Date	Request Status	Actions
You currently have no active payment requests.							

Records per page 5

Showing 0 to 0 of 0 entries

REQUEST HISTORY (2)