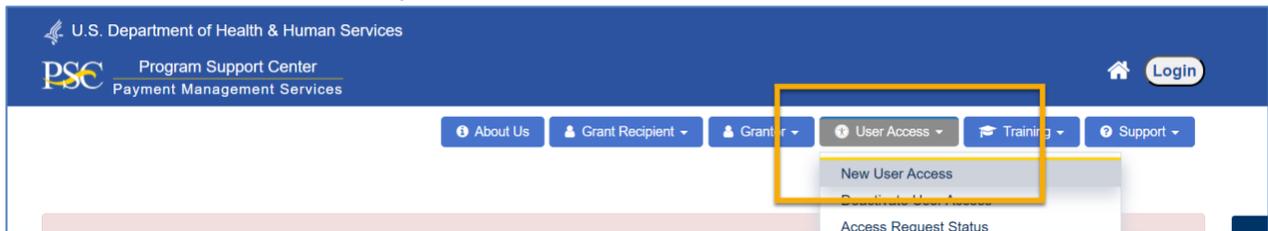


# Access - New User Request Grant Recipient User

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.

4. Select the User Type 'Grantee/Recipient' from the dropdown box.

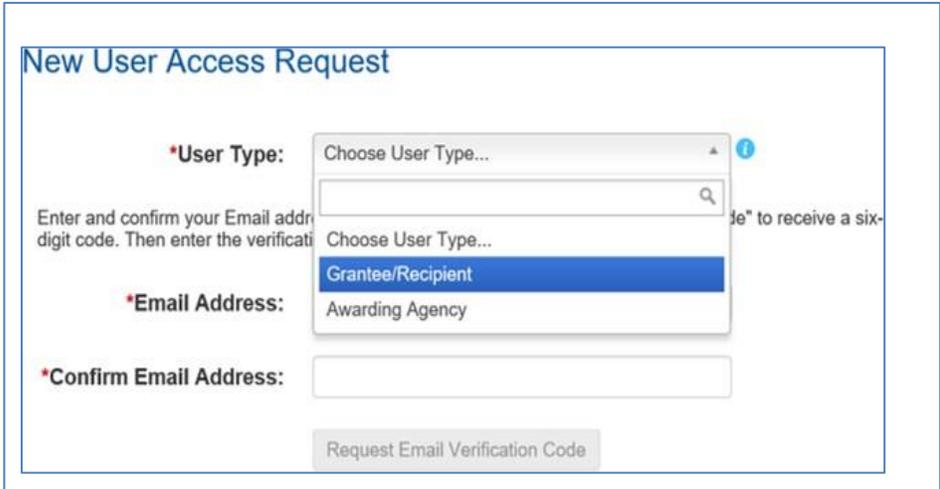
**New User Access Request**

**\*User Type:** Choose User Type... i

Enter and confirm your Email address. Then enter the verification code. \* to receive a six-digit code.

**\*Email Address:**

**\*Confirm Email Address:**



5. 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.
6. 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:**  ×

**\*Email Verification Code:**  ⓘ

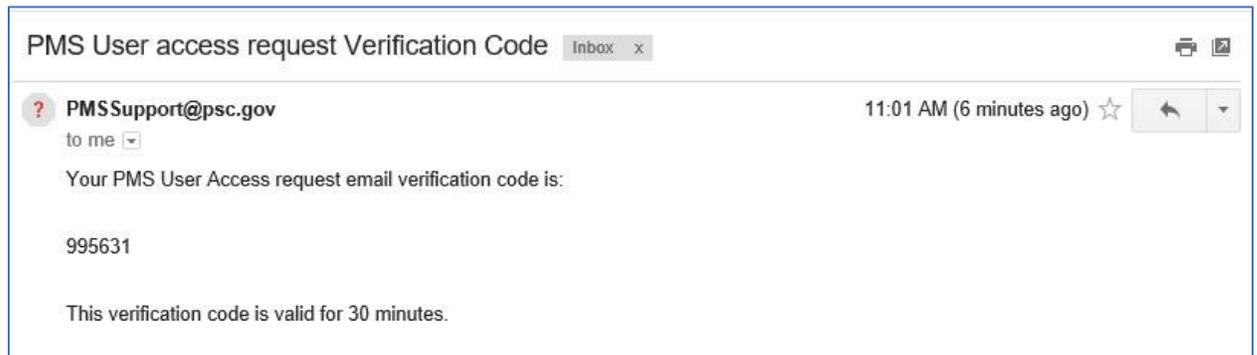
7. Click 'OK', a success message will be displayed.

### Success

A verification code was sent to percygrantester@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.

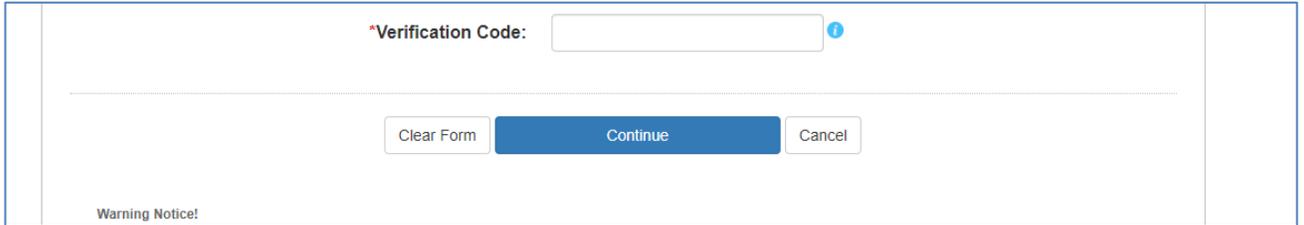
Note: The user will need to request a new verification code if the verification code is not used within the 30 allotted minutes or if the user closes the 'New User Access Request' window.



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

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

9. 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 to provide different information by using the 'Clear Form' button or cancel the request by selecting 'Cancel'.



The screenshot shows a form section with a label '\*Verification Code:' followed by an empty input field. Below the input field are three buttons: 'Clear Form', 'Continue', and 'Cancel'. The 'Continue' button is highlighted in blue. At the bottom left of the form, there is a 'Warning Notice!' label.

The PMS Access Request form will be displayed, requesters will need to provide:

- Their organization information including the organization name and either the organizations EIN, PIN, or PAN's that the user needs access to.
- User contact information comprising of their work address and telephone number.
- Select the type of access that they are requesting.
- Their supervisor's information including their name, title, email, and phone number.
- Optional comments may be provided.

## Payment Management System Access Request

### REQUEST DETAILS

User Type: Grantee/Recipient  
User Email: Percygrantee@gmail.com  
Request Status: Initiated

### ORGANIZATION / INSTITUTION

\*Select Action:

Organization Name	ENR/PAN	Type	Applies To All Accounts
No accounts.			

Page 0 of 0 Records per page: 10

### CONTACT INFORMATION

\*Email Address:   
\*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):

- Grantee Inquiry
- Account Maintenance
- Payment Requests
- Add/Update Banking
- Federal Financial Report (FFR): Federal Cash Transaction Report (FCTR)**
  - View
  - Preparer
  - Certifier
- Federal Financial Report (FFR)**
  - View
  - Preparer
  - Certifier

### 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).

10. Select the 'Add' button to provide the Organization/Institution information that you want access to. Use the 'Add' button for each organization that you need access to.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES MONDAY, MAR 26, 2018

**PSC** | Payment Management System

### Payment Management System Access Request

**REQUEST DETAILS**

**User Type:** Grantee/Recipient

**User Email:** Percygrantester@gmail.com

**Request Status:** Initiated

**ORGANIZATION / INSTITUTION**

\*Select Action:

Organization Name	EIN/PIN/PAN	Type	Applies To All Accounts
No accounts.			

Page 0 of 0 Records per page: 10

11. The Organization / Institution Pop-up Box will be displayed after selecting 'Add', provide,
- o The organization name.
  - o Select from one of the available Organization ID Types:
    - i. EIN – Consists of the organizations Tax Identification Number, and a PMS prefix and suffix. Users may select to provide only their Tax Identification Number if the PMS prefix and suffix information is unknown.
    - ii. PIN – Payee Identification Number, issued by PMS. Selecting a PIN will provide the user with access to all PAN that are associated with the PIN.
    - iii. PAN – Payee Account Number, issued by PMS.

**Organization / Institution** x

Organization Name:  i

Organization ID Type:  EIN  PIN  PAN i

**Note:** The EIN, PIN, and PAN's must exist in PMS to be approved by PSC.

- o Enter either the EIN, PIN, or PAN number depending on the Organization ID Type selected.

**Organization / Institution** x

Organization Name:  x i

Organization ID Type:  EIN  PIN  PAN i

Enter EIN:  i

All Accounts:  Yes  No i

- o When providing an EIN or PIN the user will need to select the 'Yes' option for 'All Accounts' to confirm that they would like access to all PAN's associated with the EIN. If the answer to 'All Accounts' for the EIN is no then the user should provide the PIN instead. If the answer to 'All Accounts' to both the EIN and PIN is 'No' then the user should input the individual PAN numbers that they are requesting access to.
  - i. EIN are required to be 9-12 characters in length and must be valid EINs in PMS.

**Organization / Institution** ✕

Organization Name:  i

Organization ID Type:  EIN  PIN  PAN i

Enter EIN:  x i

All Accounts:  Yes  No i

- ii. PINs are required to be 4-5 characters in length. To add multiple PIN for an organization, save the PIN and then use the organization 'Add' button to add additional PINs.

**Organization / Institution** ✕

Organization Name:  i

Organization ID Type:  EIN  PIN  PAN i

Enter PIN:  x i

All Accounts:  Yes  No i

- o PANs are required to be 5 - 7 characters in length. Click the green plus sign (+) to add additional PANs for an organization.

**Organization / Institution** ✕

Organization Name:  i

Organization ID Type:  EIN  PIN  PAN i

Enter PAN:  i +

- Use the red minus sign (-) to delete any PANs added in error.
- Select 'Save' to add the organization information to the request.

**Organization / Institution** ✕

Organization Name:  i

Organization ID Type:  EIN  PIN  PAN i

Enter PAN:

i

-

x - +

- The organization information will be shown in the Organization/Institution Section.

12. To either 'Remove' or 'Edit' a organization, select the organization in the grid by clicking anywhere on the line and then select either 'Remove' or 'Edit'.

**ORGANIZATION / INSTITUTION**

\*Select Action:

	Organization Name	EIN/PIN/PAN	Type	Applies To All Accounts
1	Organization ABC	A1234B1	PAN	
2	ABC Organization	1123456789A1	EIN	

Page 1 of 1 | Records per page: 10 | Displaying 1 to 2 of 2 items.

13. Within the 'Contact Information' section provide the following recipient contact information:

- 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:**

**\*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:**

14. Error messages will be displayed for missing required information.

### CONTACT INFORMATION

**\*Email Address:** Percygrantester@gmail.com

**\*First Name:** Percy

**Middle Initial:** G

**\*Last Name:** Tester

**\*Job Title:** Accountant ⓘ

**\*Address Line 1:** | ❌ Address Line 1 is required.

**Address Line 2:**

**Address Line 3:**

**\*City:** ❌ City is required.

**\*Country:** Select Country ❌ Country is required.

**\*Zip Code:**

Do you want to override the Country Code?

**\*Telephone:** Country C Phone Number Ext ⓘ ❌ Phone Country Code is required. ❌ Phone is required.

**\*Telephone Type:** Select Telephone Type ❌ Phone Type is required.

15. Select the country from the drop-down list provided.

**\*City:**

**\*Country:** Select Country ▼

**\*Zip Code:**

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

\*City:

\*Country:

\*State:

\*Zip Code:

17. 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.
18. 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:

19. Users will need to select the type of access that they need. The following levels of access are available in PMS.

Access Level	Description
Grantee Inquiry	Default.
Account Maintenance	Default. Allows for updating of user information such as contact information.
Read Only Access	This access is inquiry only. This access should only be chosen when not choosing other accesses or in conjunction with FFR View access.
Payment Request	Access to request funds. This access includes the ability view inquiries.
Add/Update Banking	Access to add and update banking information for a payee account for both domestic and international bank accounts.

Access Level	Description
Federal Cash Transaction Report (FCTR) - View	Access to view the quarterly FCTR in which recipients report cumulative federal cash disbursements. This report is used by Payment Management Services to manage recipient accounts. This report is required for all G and P type accounts.
Federal Cash Transaction Report (FCTR) - Preparer	Access to prepare the quarterly FCTR in which recipients report cumulative federal cash disbursements. The ability to View the FCTR is automatically included when choosing this option.
Federal Cash Transaction Report (FCTR) - Certifier	Access to certify the quarterly FCTR in which recipients report cumulative federal cash disbursements. The ability to View the FCTR is automatically included when choosing this option.
Federal Financial Report (FFR) - View	Access to view the expenditure report formerly known as the Financial Financial Report (FFR).
Federal Financial Report (FFR) - Preparer	Access to prepare the expenditure report. The ability to view the FFR is automatically included when choosing this option.
Federal Financial Report (FFR) - Certifier	Access to certify the expenditure report. The ability to view the FFR is automatically included when choosing this option.

Check all access levels required.

**ACCESS LEVEL**

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

- Grantee Inquiry [i](#)
- Account Maintenance [i](#)
- Payment Requests [i](#)
- Add/Update Banking [i](#)

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

- View [i](#)
- Preparer [i](#)
- Certifier [i](#)

**Federal Financial Report (FFR)**

- View [i](#)
- Preparer [i](#)
- Certifier [i](#)

20. A supervisor will be required to approve the request. Provide your supervisors:

- a. First Name
- b. Middle Initial (optional)
- c. Last Name
- d. Job Title

- e. Telephone Number
- f. Email Address

**SUPERVISOR**

\*First Name:

Middle Initial:

\*Last Name:

\*Job Title:

\*Telephone:

\*Email Address:

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

**SUPERVISOR**

\*First Name:

Middle Initial:

\*Last Name:

\*Job Title:

\*Telephone:

\*Email Address:

\*\*\* I am the highest ranking person in the organization and therefore I approve my own request

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.

21. If the recipient wants to explain why they need access or provide additional information to help PSC verify their information they may provide this information in the comment field. Up to 1000 characters will be accepted.

**ADD COMMENT**

Comments: 

Maximum 1000 characters.

22. 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.

23. 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 the security question initially selected and its answer will be required to retrieve the request.
24. Click 'Submit' to send the request to the listed Supervisor for approval.
25. A 'Success' screen will be displayed containing the Request ID.



## Success

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

Request ID is EST0001225

[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 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.

New PMS User Request Initiation Inbox x 

---

 **PMSupport@psc.gov** 12:23 PM (2 minutes ago)  

to me 

Dear Percy Tester,

You have initiated a request to access the Payment Management System (PMS). Your Request ID for this request is:

**Request ID=EST0001225**

If you need to return to your request to either complete the request, make a correction or to check on the status, you will need to input this Request ID on the Retrieve Existing Request tab.

Payment Management System

A rejection email will be received if either the supervisor or PMS returns the request for changes.

# Retrieving Existing Requests

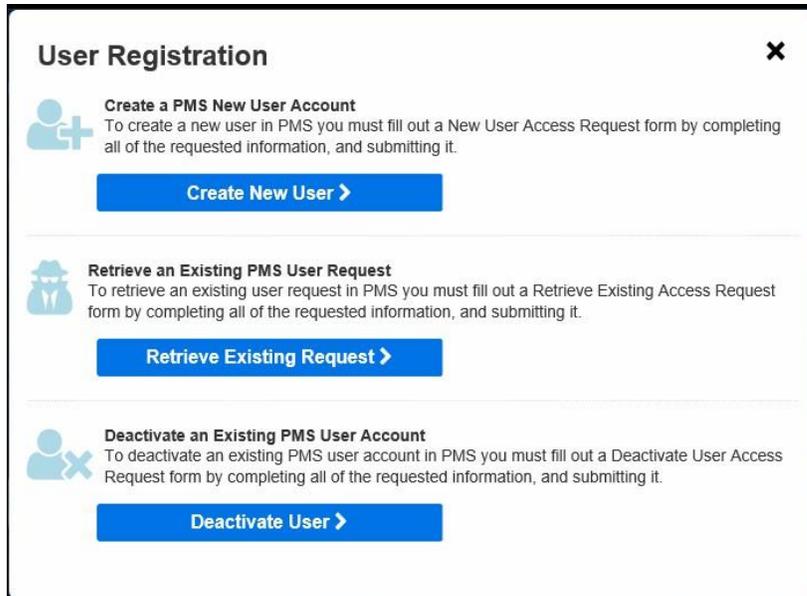
Recipients may return to requests in order to complete, fix, or to check on their status.

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

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



2. Select 'Retrieve Existing Request'.



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:**  !

---

**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.

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

### Retrieve Existing Access Request

✖ Pending Approval
✕

#### Request Details

Request ID: EST0001225  
 Date Requested: 2018-03-26 12:23:48 PM  
 First Name: Percy  
 Last Name: Tester  
 Supervisor First Name: Susi  
 Supervisor Last Name: Bossman  
 Request Status: Submitted  
 Assigned To: Supervisor

---

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.

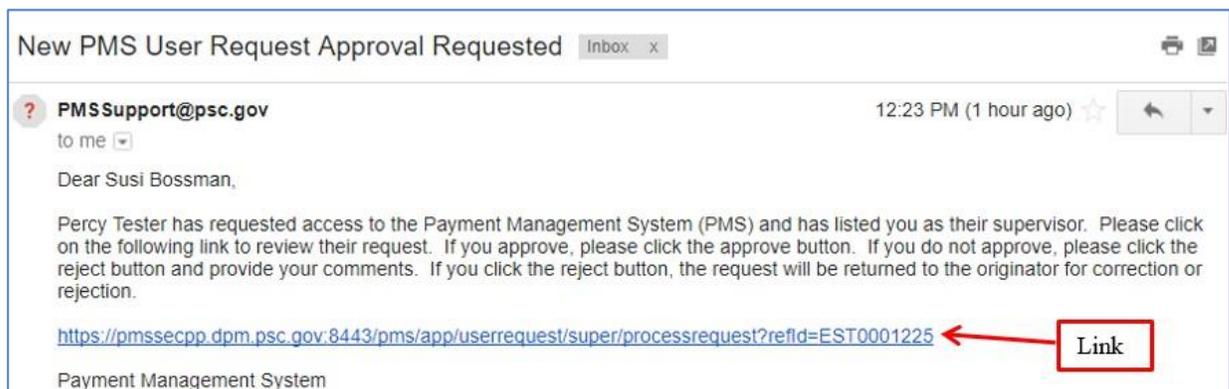
# Supervisor Review

After a user requests access to PMS the supervisor designated in the request will need to review the submitted information and verify its accuracy. The supervisor information 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.



1. 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.
2. The Supervisor should review the information on the Request Details tab. The 'Request Details' tab is read-only for the supervisor.
3. 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.
4. Click the 'Approve' button. The request will then be sent to PSC for verification and approval.

**PSC | Payment Management System**

**Payment Management System Access Request - Supervisor View**

Request Details | Supervisor Comments | Status History

**REQUEST DETAILS**

**User Type:** Grantee/Recipient  
**User Email:** PercyGrantester@gmail.com  
**Request Status:** Submitted

**ORGANIZATION / INSTITUTION**

Organization Name	EIN/PIHP/PIV	Type	Applies To All Accounts
1 Organization ABC	1123456789A1	EIN	<input checked="" type="checkbox"/>

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

**CONTACT INFORMATION**

**Email Address:** PercyGrantester@gmail.com  
**First Name:** Percy  
**Middle Initial:** G  
**Last Name:** Tester  
**Job Title:** Accountant  
**Address Line 1:** 123 Anywhere Lane  
**Address Line 2:**  
**Address Line 3:**  
**City:** Nowhere  
**State:** AL - Alabama  
**Zip Code:** 12345  
**Country:** UNITED STATES  
**Telephone:** +1 (222) 333-4444  
**Telephone Type:** Office

**ACCESS LEVEL**

- Grantee Inquiry
  - Account Maintenance
  - Payment Requests
  - Add/Update Banking
- Federal Financial Report (FFR): Federal Cash Transaction Report (FCTR)**
- View
  - Preparer
  - Certifier
- Federal Financial Report (FFR)**
- View
  - Preparer
  - Certifier

**SUPERVISOR**

**First Name:** Susi  
**Middle Initial:** T  
**Last Name:** Bossman  
**Job Title:** Supervisor  
**Email Address:** Susitestbossman@gmail.com  
**Telephone:** 222-333-4445

**COMMENTS**

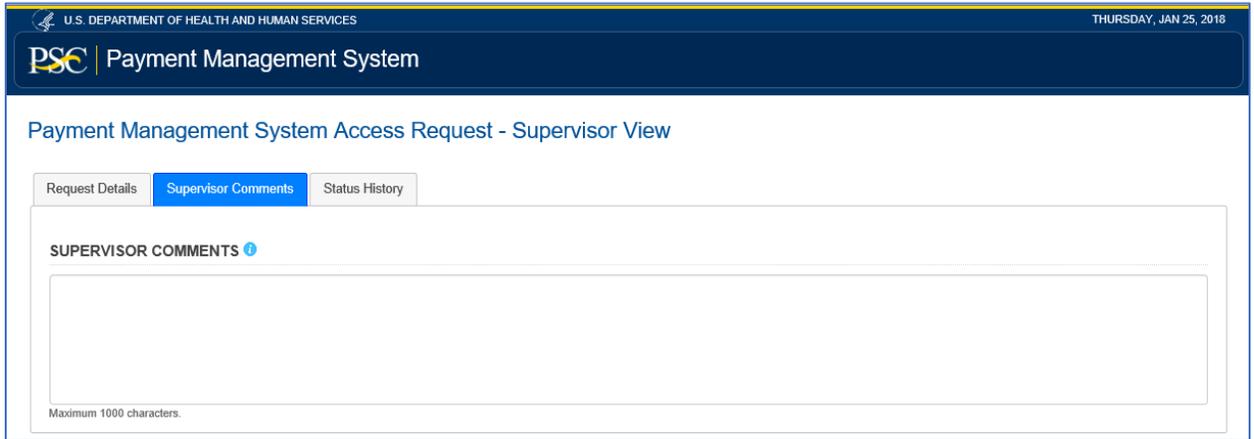
New Employee Access

**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

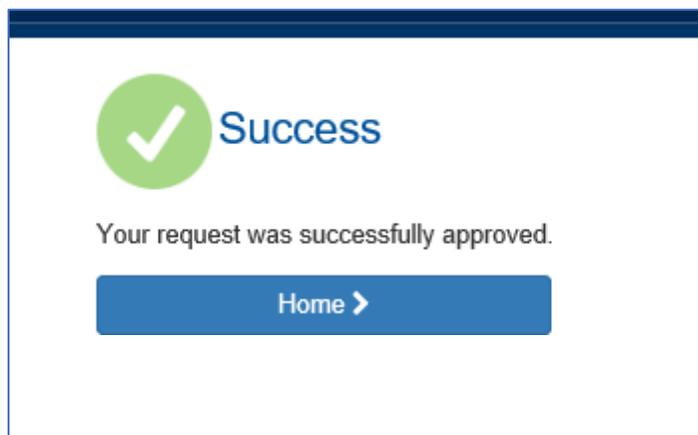
- If the information needs revision then the Supervisor should select the 'Supervisor Comments' tab and provide the required changes in the comments section. The Supervisor should then click on the 'Reject' button on the 'Request Details' tab. An email will be sent to the recipient indicating that the request has been rejected and the request will be available for the recipient to edit.



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



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



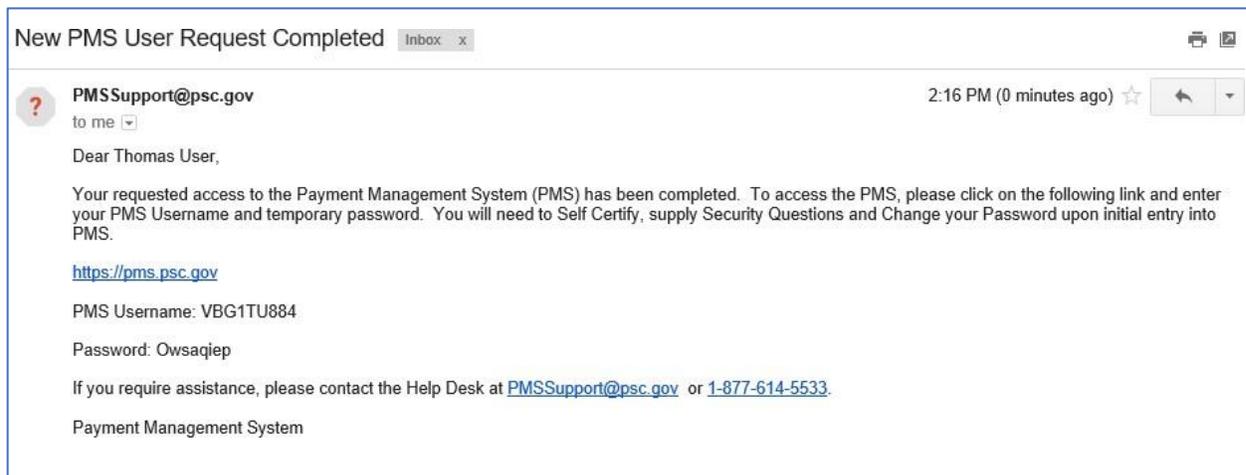
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# Receiving your PMS User ID &

## Logging in using our Partner Logins

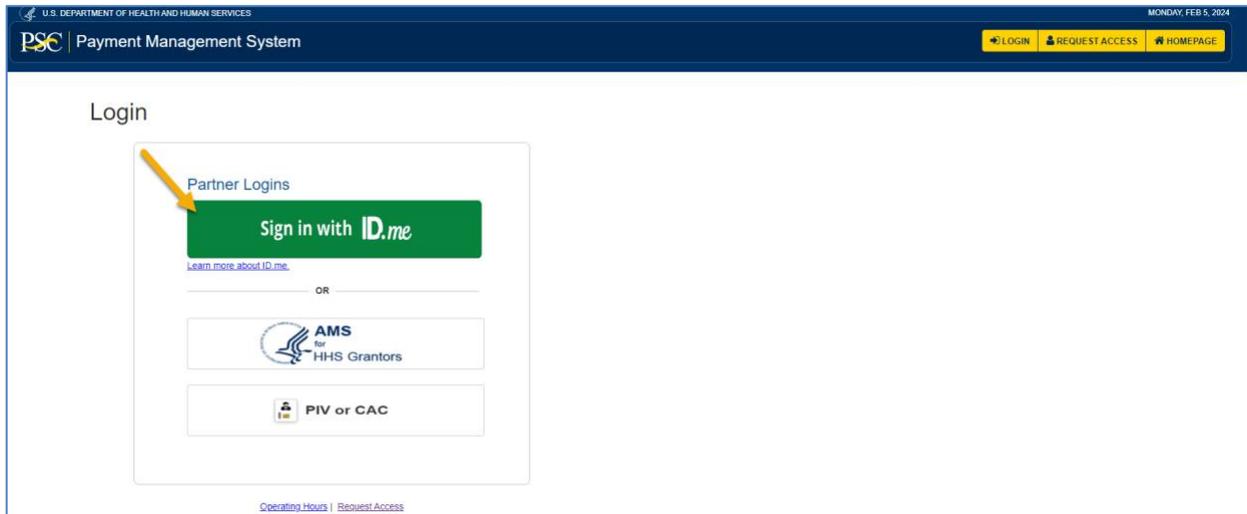
Once the supervisor has approved your request for access the request will be forwarded to PSC. PSC will verify the information provided and determine if PMS access should be granted. If it is determined that PMS access will be granted the recipient will receive an email from the system containing their 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.



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

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

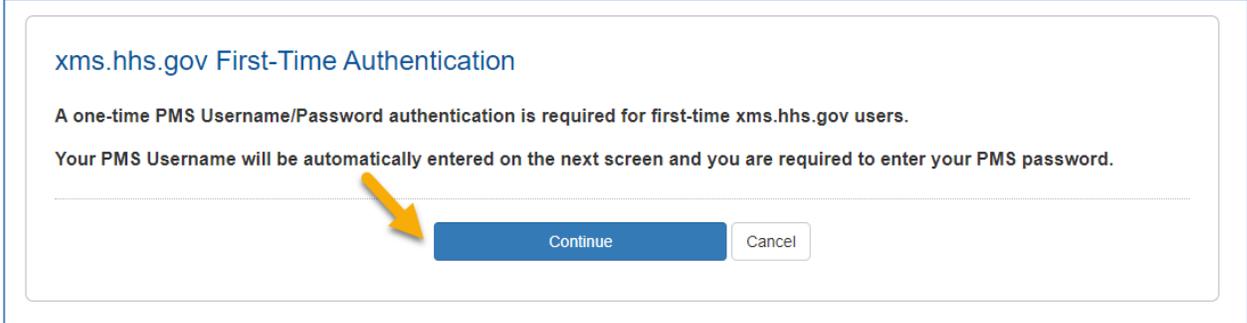


**Directions for creating an ID.me account, or linking AMS for HHS Grantors, PIV or CAC PDF User Guides can be found here: [https://xms.hhs.gov/help/job-aids/help\\_pages.html](https://xms.hhs.gov/help/job-aids/help_pages.html)**

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

7. An error message will be received if either the login or password is invalid.
8. 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.

9. Click on the 'Request Verification Code' button. A six-digit code will be sent to the email address on file immediately.
10. Provide the code received in the 'Verification Code' field
11. Read the Certification statement and then certify by clicking in the checkbox provided.
12. 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 1001)

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

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[Change Password](#)

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- 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.

## Login

Secure PMS Login

**Username:**

**Password:**

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

[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

**PSC | 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.

The user will be brought to the PMS Home Page.

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

**PSC | Payment Management System**

[Show Alerts](#)

#### PMS USER ACCOUNT NOTIFICATIONS

■ Expired
 ■ Will Expire within 5 days
 ■ Will Expire within 10 days

Notification	Count	By	Actions
1 FFR Delinquent Reports	4 reports		
2 FFR Ready for Prepare/Certify	5 reports		
3 Number of Days until Recertification Required	365 days	2025-02-04 12:00:00 AM	
4 Payee Accounts	1 accounts		

Records per page: 5
 Displaying 1 to 4 of 4 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