FINANCIAL MANAGEMENT PORTFOLIO
PAYMENT MANAGEMENT SERVICES

HRSA HEALTHY GRANTS WORKSHOP (HGW)
AUGUST 2025

PSC | Payment Management System

Transparency. Accountability. Efficiency. Customer Service.

Training Topics

❑ **Introduction**
  ❑ **Welcome**
  ❑ **Roles & Responsibilities**

❑ **APEX Reports**

❑ **Payment Request Submission**

❑ **General Information**

❑ **Question and Answer**

Welcome...

…….. to the U. S. Department of Health and Human Services, Payment Management Services

Payment Management Services (previously known as the Division of Payment Management) has over 45 years' experience providing grant and grant-like payments, cash management, and grant accounting support services to Federal Agencies. Payment Management Services uses a custom-developed Payment Management System (PMS) that provides awarding Agencies (Grantors) and Grant recipients (Grantees) the tools to manage grant payment requests, and disbursement reporting activities.

The PMS has been selected by the Chief Financial Officers Council - by authority of OMB - as one of the two non-DOD grants payment systems for use by the entire Federal Government. PMS leverages efficient business processes, state-of-the-art information technology, E-Government initiatives, and business expertise to build a critical link in the operation of Federal Financial assistance programs.

You have been informed by **U. S. Department of Health & Human Services (HHS) Health Resources and Services Administration (HRSA)** that granted your funding that your organization will be requesting funds through our Internet based payment system.

We look forward to working with you!

Roles & Responsibilities

PMS FUNCTION, ROLES & RESPONSIBLITIES

PMS is a full-service centralized grants payment and cash management system. The system is fully automated to receive payment requests, review them for accuracy and content, transmit the payment to either the Federal Reserve Bank or the U.S. Treasury for deposit into the grantee's bank account, and record the payment transactions and corresponding disbursements to the appropriate account(s).

The **Liaison Accountant** is responsible for approving payments and performing cash management processes.   They maintain recipients accounts, analyze accounts for excessive cash and over-disbursements, review payments that failed system edits, assesses funding methods to ensure draw-down compliance, resolves audit findings, collects Federal Funds on over-advanced accounts, and refers to uncollectible debts.
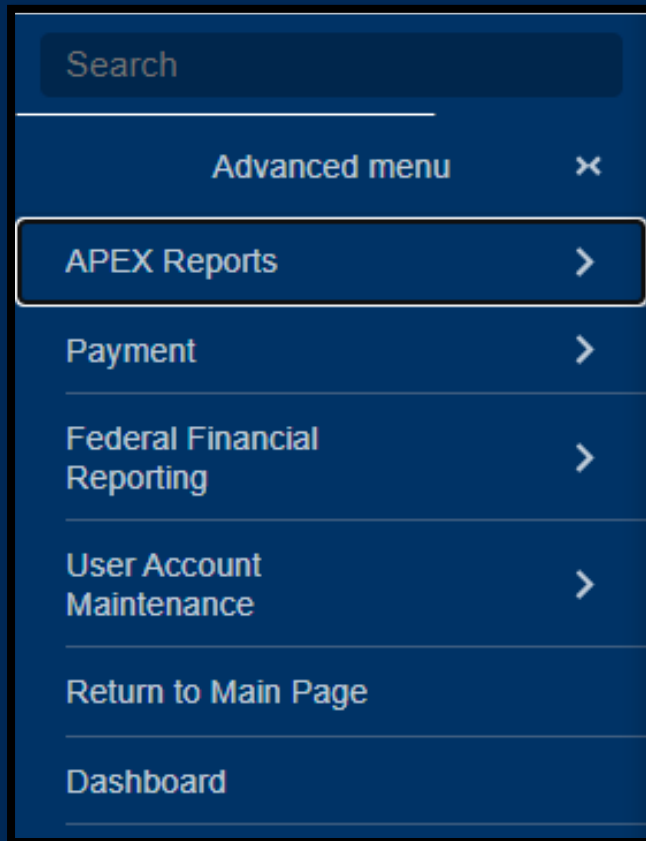
PMS is the mediator between Health Resources and Services Administration (Grantor) and the Grant Recipient (YOU)

AWARDING AGENCIES ROLES & RESPONSIBLITIES

1. Responsible for issuing awards to grant recipients.

2. PMS serves the disbursing (paying) agent for agencies that award grants.

3. Responsible for reviewing PMS Accounts at the end of the grant award.

4. Responsible for de-obligating unused funding, re-opening closed grants, and taking the necessary action to close grant in PMS.

APEX Report - Grantee Inquiry

➢ **Authorization Transactions**

   Award amount, budget period and date posted in PMS

➢ **Financial Transactions**

   History of all transactions (payments, bank returns, JV requests, IPACs, and rejected payments)

➢ **Grant Summary**

   Grant expenditures reported on the most recent FFR 425 Federal Cash Transaction Report (FCTR)

➢ **Subaccount Summary**

   Authorized grant award information, payments made and funds available

How to Access the APEX Reports
(from the Dashboard)

1. Select Menu (top left)

2. APEX Reports

3. Grantee Inquiry

Search
Advanced menu ✕
APEX Reports ❯
Payment ❯
Federal Financial Reporting ❯
User Account Maintenance ❯
Return to Main Page
Dashboard

❮ **APEX Reports** ✕
Grantee Inquiry
Apex Manual
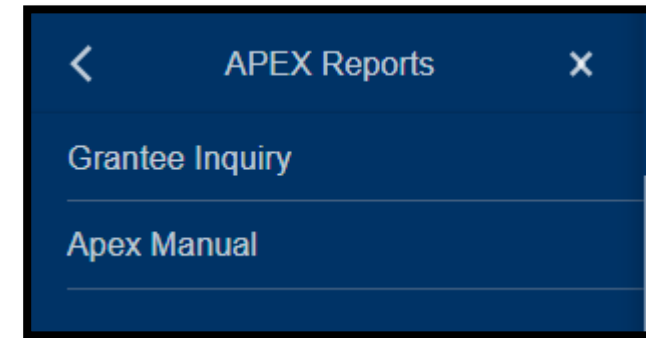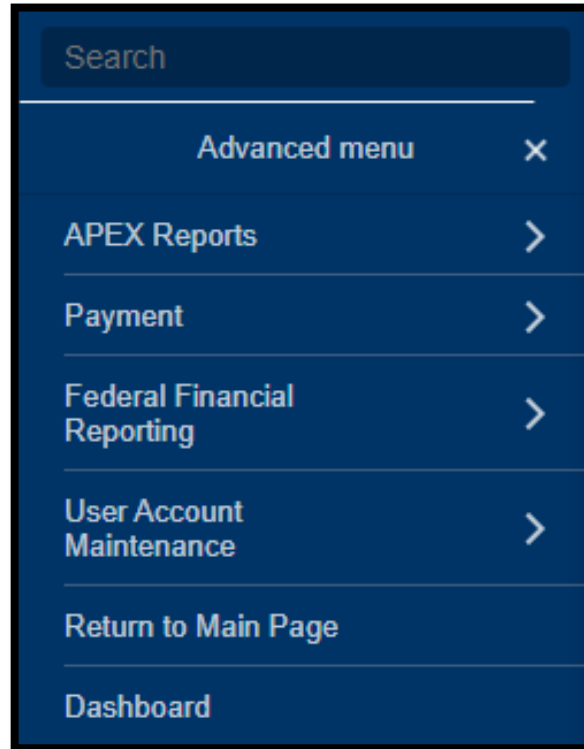
Utilizing the APEX Report will allow you download data to an Excel Spreadsheet

Authorization Transactions

Award amount (obligation and de-obligation of funds), budget period and date authorization posted in PMS

GRANTEE INQUIRY SEARCH CRITERIA

Inquiry type: * ● Authorization Transactions ○ Financial Transactions ○ Grant Summary ○ Subaccount Summary

Payee Account: * [   ]

Grant Award / Document Number: [   ] [∧]

Posted Date Range: From(MM/DD/YYYY): [   ] 📅   To(MM/DD/YYYY): [   ] 📅

Save this inquiry: ☐

Run Inquiry   Clear

1. Select your Inquiry Type
2. Enter your PMS Account Number (PAN)
3. Enter other data (if desired)
4. Select "Run Inquiry"

Authorization Transaction Search Results

DOCUMENT NUMBER : 20H8CCS35077CV

PAYEE ACCOUNT	AGENCY TITLE	TRANSACTION CODE	FISCAL YEAR	CAN	OBJECT CLASS CODE	INCREMENTAL AUTH AMT	AUTHORIZATION ISSUE DATE	AUTHORIZATION POST DATE	BUDGET START DATE	BUDGET END DATE	UEI
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	191	2020	398C160	4151	0.00	07/23/2021	10/01/2021	03/15/2020	01/31/2021	
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	059	2020	398C160	4151	0.00	07/23/2021	07/26/2021	03/15/2020	01/31/2021	
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	050	2020	398C160	4151	0.00	02/08/2021	02/09/2021	03/15/2020	01/31/2021	
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	050	2020	398C160	4151	57,103.00	03/20/2020	03/23/2020	03/15/2020	03/14/2021	
						57,103.00					

Financial Transactions

History of all transactions (payments, bank returns, JV requests, IPACs, and rejected payments)

GRANTEE INQUIRY SEARCH CRITERIA

Inquiry type: * ○ Authorization Transactions ● **Financial Transactions** ○ Grant Summary ○ Subaccount Summary

Payee Account: * [   ]

Subaccount: [   ] [∧]

Paid Date Range: From(MM/DD/YYYY): [   ] 🗓   To(MM/DD/YYYY): [   ] 🗓

Save this inquiry: ☐

Run Inquiry Clear

1. Select your Inquiry Type
2. Enter your Payee Account (PAN)
3. Enter other data (if desired)
4. Select "Run Inquiry"

Financial Transaction Search Results

PAYEE ACCOUNT	PAYMENT TYPE	TRANSACTION CODE	SUBACCOUNT	SUBACCOUNT REQUESTED AMOUNT	TOTAL PAYMENT REQUEST AMOUNT	REQUEST DATE ↓⇌	PAYMENT DUE DATE	POST DATE	DEBIT DATE	SCHEDULE NUMBER	PAYMENT STATUS	COMMENTS	REQUESTER
	ACH	927	22H80CS24173	36,386.13	36,386.13	03/28/2025	03/31/2025	03/28/2025	03/31/2025	33773	Payment Processed	-	
	ACH	927	22H80CS24173	59,115.79	59,115.79	02/06/2025	02/07/2025	02/07/2025	02/10/2025	23682	Payment Processed	-	
	ACH	927	22H80CS24173	1,118,302.08	1,118,302.08	01/29/2025	01/30/2025	02/03/2025	02/04/2025	23667	Payment Processed	-	
	ACH	927	22H80CS24173	1,181,118.00	1,181,118.00	04/03/2024	04/04/2024	04/03/2024	04/04/2024	43016	Payment Processed	-	
	ACH	927	21H8FCS40402C6	56,966.60	56,966.60	06/16/2023	06/20/2023	06/16/2023	06/20/2023	63366	Payment Processed	-	
	ACH	927	22H80CS24173	198,252.19	198,252.19	06/13/2023	06/14/2023	06/13/2023	06/14/2023	63358	Payment Processed	-	
	ACH	927	21H8FCS40402C6	393,623.29	393,623.29	03/30/2023	03/31/2023	03/30/2023	03/31/2023	33192	Payment Processed	-	

T/C (Transaction Codes)
906 = Journal Voucher (JV)
908 = Return of Excess Funds
920 = IPAC Transactions
916 = Wire "Same" Day Payments
927 = ACH "Next:" Day Payments
R27 = Recall of Payment
T27 = Payment returned by Bank
Z27 = Payment was rejected
PNT = Banking completed

Grant Summary

Grant expenditures reported on the most recent FFR 425 Federal Cash Transaction Report (FCTR)

GRANTEE INQUIRY SEARCH CRITERIA

Inquiry type: *   ○ Authorization Transactions   ○ Financial Transactions   ● **Grant Summary**   ○ Subaccount Summary

Payee Account: *

Grant Award / Document Number:

Fund Status: All ▾

Document Status: ☐ All
☐ Open "O"
☐ Closed "C"

Save this inquiry: ☐

Run Inquiry   Clear

1. Select your Inquiry Type
2. Enter your Payee Account (PAN)
3. Enter other data (if desired)
4. Select "Run Inquiry"

Grant Summary Search Results

PAYEE ACCOUNT ↓=	AWARDING AGENCY TITLE	DOCUMENT NUMBER	GRANT AUTHORIZATION AMOUNT	DISBURSEMENT AMOUNT	PAYMENTS	ⓘ LAST DISBURSEMENT REPORT DATE	AWARD START DATE	AWARD END DATE	ⓘ FUNDS EXPIRED	ⓘ DS
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	20H8CCS35077CV	57,103.00	57,103.00	57,103.00	12/31/2020	03/15/2020	01/31/2021	Y	C
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	20H8DCS36011C3	635,405.00	635,405.00	635,405.00	03/31/2021	04/01/2020	03/31/2021	Y	C
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	14H80CS24173	1,020,390.00	1,020,390.00	1,020,390.00	06/30/2015	05/01/2014	04/30/2015	Y	C
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	18H80CS24173	4,998,578.51	4,998,578.51	4,998,578.51	12/31/2021	05/01/2018	04/30/2022	Y	C
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	21H8FCS40402C6	1,541,633.40	1,541,633.40	1,541,633.40	12/31/2021	04/01/2021	03/31/2023	Y	C
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	15H80CS24173	3,246,901.32	3,246,901.32	3,246,901.32	06/30/2018	05/01/2015	04/30/2018	N	C
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	22H80CS24173	3,576,040.00	3,576,040.00	3,576,040.00	-	05/01/2022	04/30/2025	Y	C
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	25H80CS24173	1,181,118.00	0.00	0.00	-	05/01/2025	04/30/2026	N	O

1 - 8 of 8

Grant Recipients are no longer required to submit the quarterly FFR Federal Cash Transaction Report (FCTR) via PMS

Subaccount Summary

Authorized grant award information, payments made and funds available

GRANTEE INQUIRY SEARCH CRITERIA

Inquiry type: * ○ Authorization Transactions ○ Financial Transactions ○ Grant Summary ● **Subaccount Summary**

Payee Account: * [   ]

Subaccount: [   ] [^]

Grant Award / Document Number: [   ] [^]

Fund Status: [All   ▼]

Document Status:
- ☐ All
- ☐ Open "O"
- ☐ Closed "C"

Save this inquiry: ☐

Run Inquiry Clear

1. Select your Inquiry Type
2. Enter your PMS Account Number (PAN)
3. Enter other data (if desired)
4. Select "Run Inquiry"

Subaccount Summary Search Results

Payment

FFR Report

PAYEE ACCOUNT	AWARDING AGENCY TITLE	SUBACCOUNT	AUTHORIZATION AMOUNT	PAYMENTS	FUNDS AVAILABLE	DOCUMENT NUMBER	AWARD START DATE	AWARD END DATE	FUNDS EXPIRED	DS
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	20-COVID19BPHC-CV	57,103.00	57,103.00	0.00	20H8CCS35077CV	03/15/2020	01/31/2021	Y	C
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	20-COVID19BPHC-C3	635,405.00	635,405.00	0.00	20H8DCS36011C3	04/01/2020	03/31/2021	Y	C
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	HEALTHCARECENTERS_14	1,020,390.00	1,020,390.00	0.00	14H80CS24173	05/01/2014	04/30/2015	Y	C
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	HEALTHCARECENTERS_18	4,998,578.51	4,998,578.51	0.00	18H80CS24173	05/01/2018	04/30/2022	Y	C
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	21H8FCS40402C6	1,541,633.40	1,541,633.40	0.00	21H8FCS40402C6	04/01/2021	03/31/2023	Y	C
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	HEALTHCARECENTERS_15	3,246,901.32	3,246,901.32	0.00	15H80CS24173	05/01/2015	04/30/2018	N	C
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	22H80CS24173	3,576,040.00	3,576,040.00	0.00	22H80CS24173	05/01/2022	04/30/2025	Y	C
	3-HEALTH RESOURCES & SERVICES ADMINISTRATION	25H80CS24173	1,181,118.00	0.00	1,181,118.00	25H80CS24173	05/01/2025	04/30/2026	N	O

1 - 8 of 8

Some subaccounts may have a matching document number

How to Download to Excel

PAYMENT REQUEST SUBMISSIONS

Payment Request Frequency

💰 *Daily 💰 * Weekly 💰 * Monthly 💰 * Bi-Monthly 💰

2 CFR § 200.305 - Federal payment.

Payments for States. Payments for States are governed by Treasury-State Cash Management Improvement Act (CMIA) agreements and default procedures codified at 31 CFR part 205 and Treasury Financial Manual (TFM) 4A-2000, "Overall Disbursing Rules for All Federal Agencies."
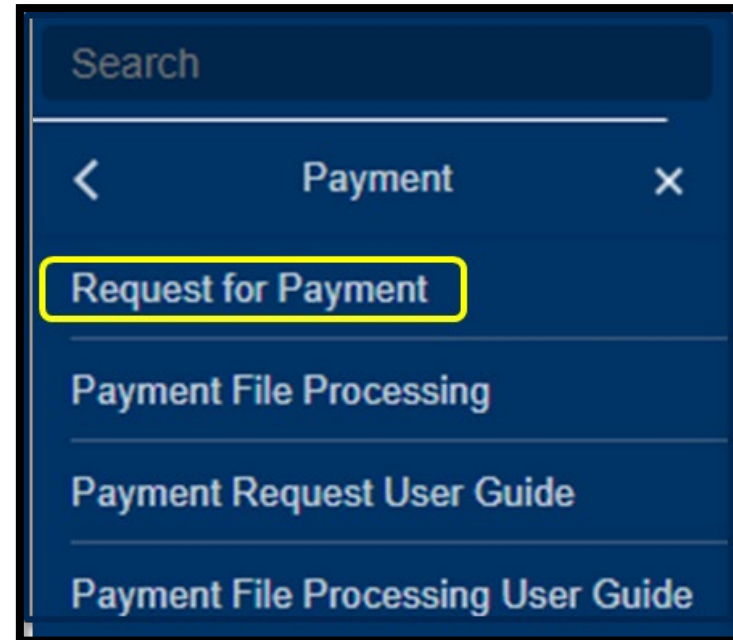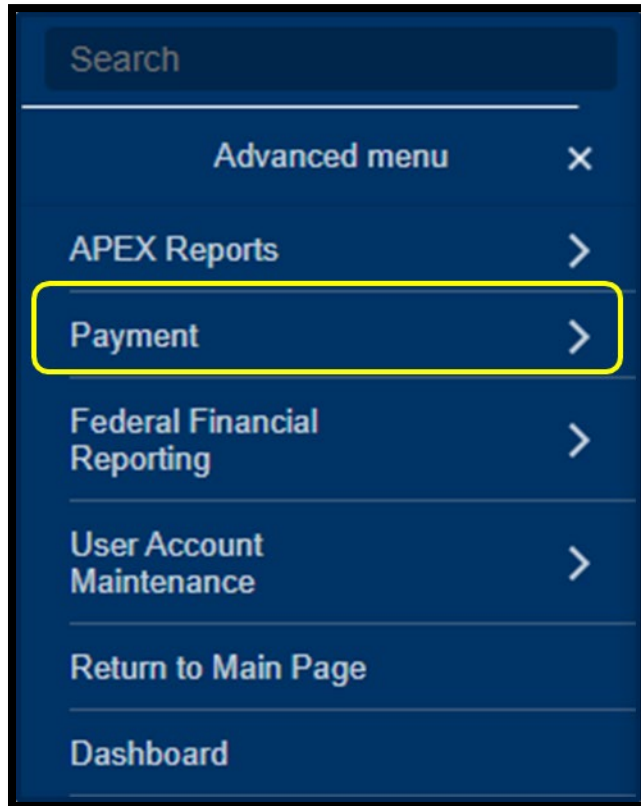
Payments for recipients and subrecipients other than States. For recipients and subrecipients other than States, payment methods must minimize the time elapsing between the transfer of funds from the Federal agency or the pass-through entity and the disbursement of funds by the recipient or subrecipient regardless of whether the payment is made by electronic funds transfer or by other means. See § 200.302(b)(6). Except as noted in this part, the Federal agency must require recipients to use only OMB-approved, government-wide information collections to request payment.

The recipient or subrecipient may retain up to $500 per year of interest earned on Federal funds to use for administrative expenses of the recipient or subrecipient. Any additional interest earned on Federal funds must be returned annually to the Department of Health and Human Services Payment Management System (PMS) through either the Automated Clearing House (ACH) network or a Fedwire Funds Service payment. All interest in excess of $500 per year must be returned to PMS regardless of whether the recipient or subrecipient was paid through PMS. Instructions for returning interest can be found at https://pms.psc.gov/grant-recipients/returning-funds-interest.html.

Entire Guideline can be found at **https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/section-200.305**

Requesting a Payment *(from the dashboard)*

1. Select Menu (top left)
2. Select Payment
3. Select Request for Payment

Payment Request – Search Accounts

Payment Request - Search Accounts

*Payee Account Number (PAN):   Available Funds: All Funds

Subaccount (optional):   All Subaccounts...

* required   Clear Form   Search   Cancel

Payment Request – Search Accounts (cont.)

Payment Request - Search Accounts

*Payee Account Number (PAN):	[▼]
Subaccount (optional):	[All Subaccounts...]

Available Funds: [All Funds ▼]

* required

[Clear Form]　[**Search**]　[Cancel]

🟠 Expired Funds　🚚 In Transit Funds　☎ No Active Banking　⚠ FFR Delinquent　💲 Pending Payment Requests

Search Results (1)　　　　　　　　　　　　　　　　　👥 Group Payment Actions ▾

	Payee Account Number	Subaccount	Bank Account Number	Payment Type	Unexpired Funds (A)	Expired Funds (B)	Pending Requests (C)	In-Transit Payments (D)	Total Available Funds (A+B-C-D)	Subaccount Status	Actions
☐		25H80CS24173		ACH Payment	$ 1,181,118.00	$ 0.00	$ 0.00	$ 0.00	$ 1,181,118.00		💲

|◀ ◀◀ [1] ▶▶ ▶|　Records per page [100 ▼]　Displaying 1 to 1 of 1 items

[Request Payment on Selected]

Payment Request – Submit Request

Payment Request - Submit Request

| PAYMENT WORKFLOW: | **Payment Request** | Approve Request | Confirm Request | Release Request | Justification Approval | Request Completed |

Payment Request | Documents

PAYMENT DETAILS

Payee Account Number: .P1

UEI: L924BA1SEN75

Payment Type: ACH Payment

*Payment Due Date: (yyyy-mm-dd)
2025-08-04 📅   The due date will auto populate

*Expected Disbursement Amount ($):   This is the amount needed to pay invoices, payroll, etc.

*Cash on Hand ($):   This is the amount remaining from a previous payment request (not your grant)

*Payment Request Amount ($):   This is the amount you are expected to receive in your bank account.

Payment Request – Submit Request (contd.)

SUBACCOUNTS

The following list of Subaccounts are associated with the account above. Enter the requested amount for each Subaccount you want included in the request. Click the Continue button to proceed to the next screen.

⚠ Expired Funds   🚚 In Transit Funds   🚫 No Active Banking   💲 Pending Payment Requests   Ⓜ Medicaid   Ⓝ Non-discretionary

Subaccount Number	Bank Account Number	Status	Unexpired Funds (A)	Expired Funds (B)	Pending Requests (C)	In-Transit Payments (D)	Total Available Funds (A+B-C-D)	Subaccount Amount Requested ($)	Payment Justification (Maximum 1000 characters)
25H80CS24173			$1,181,118.00	$0.00	$0.00	$0.00	$1,181,118.00	20,000.00	Provide detailed justification on why you are
					Total Subaccount Amount Requested:			20,000.00	

Payment Request – Missing Justification

SUBACCOUNTS

The following list of Subaccounts are associated with the account above. Enter the requested amount for each Subaccount you want included in the request. Click the Continue button to proceed to the next screen.

⚠ Expired Funds   🚚 In Transit Funds   🚫 No Active Banking   💲 Pending Payment Requests   Ⓜ Medicaid   Ⓝ Non-discretionary

Subaccount Number	Bank Account Number	Status	Unexpired Funds (A)	Expired Funds (B)	Pending Requests (C)	In-Transit Payments (D)	Total Available Funds (A+B-C-D)	Subaccount Amount Requested ($)	Payment Justification (Maximum 1000 characters)
25H80CS24173			$1,181,118.00	$0.00	$0.00	$0.00	$1,181,118.00	20,000.00	
						Total Subaccount Amount Requested:		20,000.00	

Error

✕

Payment Justification is required.

OK

Documents *(Submitting Supporting Documentation)*

Payment Request - Submit Request

PAYMENT WORKFLOW:	Payment Request	Approve Request	Confirm Request	Release Request	Justification Approval	Request Completed

Payment Request	Documents

DOCUMENTS

Please upload required documents using the attachment fields below.

File Attachment: [Choose File] No file chosen

File Attachment Name: [_____]

File Attachment Type: Supporting Documentation ▼

[Upload]

File Attachment ▲	File Attachment Name ⇕	File Attachment Type ⇕	Uploaded Date ⇕	Action
		No files.		

|◀ ◀◀ ▶▶ ▶| **Records per page** 10 ▼ Showing 0 to 0 of 0 entries

Important Note: Select the document tab to upload supporting documentations "<u>BEFORE</u>" you certify and submit payment request.

Certification Statement

*☐ Declaration and Certification to the U.S. Department of Health & Human Services as to this Payment/Drawdown Request. I declare the following to the U.S. Department of Health & Human Services (HHS), under penalty of perjury: (1) I have authority to make this certification on behalf of the award recipient; (2) I have conducted (or have had conducted for the award recipient) a review of the terms and conditions of this award; all certifications and assurances for this award; and all statutory and regulatory requirements applicable to this award; and (3) I also have conducted (or have had conducted for the award recipient) a review as to all other matters represented in this declaration and certification. On behalf of myself and the award recipient, I certify to HHS, under penalty of perjury, that the following are true: (1) The award recipient is in compliance with all applicable laws, regulations, certifications, and assurances, including all terms and conditions of the award as to the obligation, expenditure, and drawdown of award funds, and all related statutory and regulatory requirements included in the certifications and assurances for this award; (2) If this request is for reimbursement: the request is accurate and complete; all obligations, expenditures, and cash receipts are supported by the requisite accounting records; and all costs included in the request are reasonable, allowable, and allocable to the award; (3) If this request is for an advance: the request is accurate; all obligations, expenditures, and cash receipts will be supported by the requisite accounting records; and (absent a specific statute that provides otherwise) the recipient will disburse the funds for costs that are reasonable, allowable, and allocable to the award within 3 business days, or immediately return the funds to HHS; (4) any and all information provided with this request for cash disbursement is accurate; and (5) there have been no changes to the award recipient's representations as to eligibility for the award that could affect the recipient's eligibility for continued disbursements under the award. I understand that, in making payment pursuant to this request, HHS will rely upon this declaration and certification to determine whether to disburse funds, and that its accuracy is a condition of payment. I also understand that a false, fictitious, or fraudulent statement in this declaration and certification or otherwise in connection with this payment/drawdown request (or concealment or omission of a material fact as to either) may be the subject of criminal prosecution (including under 18 U.S.C. §§ 1001 and/or 1621), and also may subject me and the award recipient to civil and administrative penalties and other remedies, including under the federal False Claims Act (31 U.S.C. §§ 3729-3730), Program Fraud Civil Remedies Act (31 U.S.C. §§ 3801-3812), Civil Monetary Penalties Law (42 U.S.C. § 1320a-7a), or otherwise.

If your drawdown request exceeds the unexpired funds amount, DPM must obtain awarding agency approval which may delay the processing of your request. Requests for payment submitted after 5:00 p.m. ET will be processed as if received on the next business day.

| Clear | Submit Request ▶ | Cancel |

Important Note: Select the document tab to upload supporting documentations "BEFORE" you certify and submit payment request.

Payment Request – View Request

Payment Request - View Request

| PAYMENT WORKFLOW: | Payment Request | Approve Request | Confirm Request | Release Request | Justification Approval | Request Completed |

Your Payment Request was submitted. Your Payment Request is subject to further review. The Transaction Number for Future Reference is 2052318307

Close

View Request | Documents | All Details

PAYMENT DETAILS

Payee Account Number:	
UEI:	
Payment Type:	ACH Payment
Payment Request Date:	2025-07-31
Payment Due Date:	2025-08-04
Payment Request Amount ($):	$20,000.00

SUBACCOUNTS

Subaccount Number	Bank Account Number	Subaccount Amount Requested ($)	Payment Justification
25H80CS24173		$20,000.00	Provide detail justification about your request

Close ▶

Return to Dashboard *(Recall a Payment)*

PMS USER ACCOUNT NOTIFICATIONS

	Expired		Will Expire within 5 days		Will Expire within 10 days

	Notification	Count	By	Actions
1	FFR Delinquent Reports	21 reports		
2	FFR Ready for Prepare/Certify	62 reports		
3	Number of Days until Recertification Required	165 days	2026-01-13 12:00:00 AM	
4	Payee Accounts	57 accounts		

⏮ ⏪ 1 ⏩ ⏭ Records per page 5 Displaying 1 to 4 of 4 items

MY PAYMENT REQUESTS (1)

	Transaction Number	Payee Account	Payment Type	Request Amount	Request Date	Due Date	Request Status	Actions
1	2052318307		ACH Payment	$ 20,000.00	2025-07-31 06:00:50 PM	2025-08-04	Pending Review	

⏮ ⏪ 1 ⏩ ⏭ Records per page 5 Displaying 1 to 1 of 1 items

⊙ **REQUEST HISTORY (12)**

⊙ **REQUESTS REQUIRING ACTION (2)**

Cancel Payment Request

Cancel Payment Request - Transaction #

*Provide the reason for cancelling the payment request:

Enter reason for cancelling your payment

Maximum 950 characters.

Cancel Request   Close

Cancel Payment Request (contd.)

Cancel Payment Request - Transaction #

Your Payment Request was successfully cancelled.

Enter reason for cancelling your payment

Close

Return to Dashboard *(Payment no longer showing)*

PMS USER ACCOUNT NOTIFICATIONS

| | Expired | | Will Expire within 5 days | | Will Expire within 10 days |

	Notification		Count	By	Actions
1	FFR Delinquent Reports		21 reports		
2	FFR Ready for Prepare/Certify		62 reports		
3	Number of Days until Recertification Required		165 days	2026-01-13 12:00:00 AM	
4	Payee Accounts		57 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

⊙ **REQUEST HISTORY (12)**

⊙ **REQUESTS REQUIRING ACTION (2)**

Types of Payment Requests
Advanced Requests

You have invoices, bills, etc. that are ready to be paid

*Payment Due Date: (yyyy-mm-dd)	
*Expected Disbursement Amount ($):	25,000.00
*Cash on Hand ($):	0.00
*Payment Request Amount ($):	25,000.00

Types of Payment Requests
Reimbursable Requests

You have already paid your invoices, bills, etc. using some of means of funds and now you wish to reimburse your program

*Payment Due Date: *(yyyy-mm-dd)*	
*Expected Disbursement Amount ($):	0.00
*Cash on Hand ($):	-25,000.00
*Payment Request Amount ($):	25,000.00

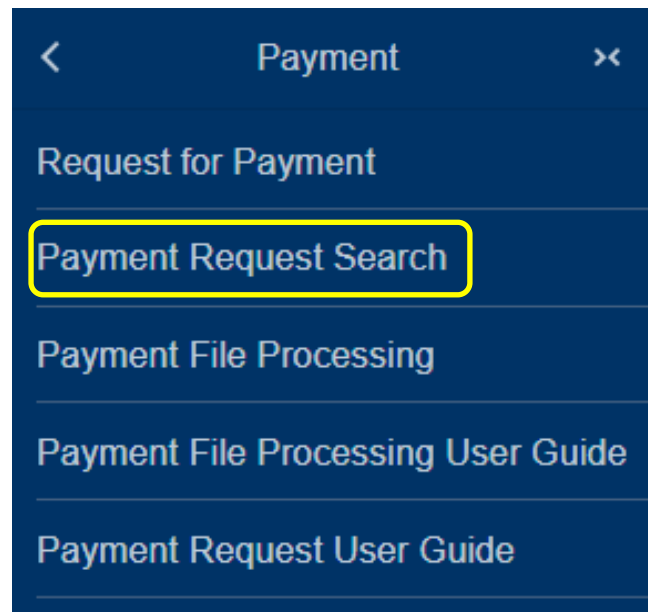# Types of Payment Requests
Combination Requests

You have a combination of invoices, bills that needs to be paid and you are requesting a reimbursement for invoices, bills already paid.

*Payment Due Date: *(yyyy-mm-dd)*	
*Expected Disbursement Amount ($):	15,000.00
*Cash on Hand ($):	-5,000.00
*Payment Request Amount ($):	25,000.00

Payment Request Search

1. Select Menu (top left)
2. Select Payment
3. Select Payment Request Search

Payment Request Search

Payment Request Search

To search for a Payment Request for a specific PAN, Subaccount or Organization enter the specific value. Those fields can be searched for partial matches by using an asterisk (*). Select other optional fields to refine your search.

Payee Account Number (PAN):

Subaccount Number:

Total Payment Request Amount:

Payment Request Date:
(yyyy-mm-dd)

Payment Request Number:
(starts w/ 2)

Payment Transaction Number:
(starts w/ 4)

Clear Form   Search   Cancel

⬇ Download

Payee Account Number ▲	Subaccount	Trans Code	Total Payment Request Amount	Subacct Payment Request Amount	Payment Request Date	Payment Due Date	Payment Request Number	Payment Transaction Number	Payment Request Status	Actions
				Press Search to display results.						

Records per page 10 Showing 0 to 0 of 0 entries

Payment Request Search - Search

Payee Account Number	Trans Code	Total Payment Request Amount	Payment Request Date	Payment Due Date	Payment Request Number	Payment Transaction Number	Payment Request Status	Actions
	Z27	$ 20,000.00	2025-07-31	2025-08-04	2052318307		Payment Request Cancelled	
	927	$ 36,386.13	2025-03-28	2025-03-31	2052144204	4040511268	Payment Request Approved	
	927	$ 59,115.79	2025-02-06	2025-02-07	2052066445	4040437965	Payment Request Approved	
	927	$ 1,118,302.08	2025-01-29	2025-01-30	2052049682	4040428111	Payment Request Approved	
	927	$ 1,181,118.00	2024-04-03	2024-04-04	2051618846	4040001886	Payment Request Approved	
	927	$ 56,966.60	2023-06-16	2023-06-20		4039602630	Payment Request Approved	
	927	$ 198,252.19	2023-06-13	2023-06-14	2051215108	4039597438	Payment Request Approved	
	927	$ 393,623.29	2023-03-30	2023-03-31	2051114423	4039493280	Payment Request Approved	
	927	$ 802,584.20	2023-03-28	2023-03-29	2051109463	4039487511	Payment Request Approved	
	927	$ 540,707.26	2023-01-12	2023-01-13	2051004985	4039378783	Payment Request Approved	

Records per page 10   Displaying 1 to 10 of 52 items

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1 2 3 4 5 6

GENERAL INFORMATION

Updated Payment Management System Access Process (ID.me)

In response to the recent incidents of fraudulent activity, PMS is changing its login process to implement improved identity assurance in conjunction with multi-factor authentication. Starting February 10, 2024, grant recipients MUST register and enable multi-factor authentication with ID.me in order to log in.

The only option for logging in to the Payment Management System (PMS) is to create an ID.me account. Health and Human Services (HHS) has implemented a new dashboard (XMS) to access all their different applications, which includes PMS, and you must link your ID.me account with the XMS dashboard before you can access PMS.

1. Create an ID.me account
   ✓ The primary email on ID.me must match your PMS email (please note that your ID.me account email for PMS needs to match the email that you registered with your PMS user access)
        https://pmsapp.psc.gov/pms/app/login
   ✓ If you already have an ID.me account, go to your profile and add your PMS email and set as primary
        https://help.id.me/hc/en-us/articles/19679310213271-Setting-up-your-ID-me-account-for-work

2. Link your ID.me account with XMS dashboard
   ✓ Access https://xms.hhs.gov
   ✓ Go to "My Profile" on the XMS dashboard

ID.me has a No Identity Left Behind mission. If you get stuck along the way, you will see a screen inviting you to connect with an ID.me team member via video call who will verify your identity in moments. If you need assistance with sign-on issues, please submit a support request to XMSHelp@hhs.gov

BRIEF GLOSSARY

Cash Receipts – Cumulative total of drawdowns from HHS/PMS through reporting period end date

Cash Disbursement – Cumulative total of federal disbursements reported on last certified FCTR.   If you are not required to submit the quarterly FCTR, this will be same amount as cash receipts on the Federal Financial Report (FFR).

Cash on Hand – The amount of Federal cash received by the recipient less the Federal share of disbursements as reported on the PMS automated PSC 272. This balance must not include unpaid amounts for such items as accruals, accounts payable, etc. This amount may be positive to reflect the actual cash balance or negative to reflect reimbursement for funds already spent.

Disbursement – Amounts paid for goods and services. Normally, federal funds are considered disbursed when funds have been released to pay for program and/or project costs.

Expired Payment – Funding requested 90 or 120 days after the award authorization ending date

Grant Number – Grant, Contract, or Award Number used to obligate funds in PMS. This number may not be the same as the Subaccount which is entered on the Payment Request screen, and it may not be the same obligation number as it appears on your Notice of Grant Award.

Subaccount – For HHS, A 2–10-digit code in The Payment Management System designation of a major program within a payee account; accounts are subdivided into subaccounts for accounting and cash control. For non-HHS, the 2–10-digit subaccount code may or may not be a designation of a major program within a payee account. It can also be the grant award.

Unexpired Payment Request – Funding requested within the award start and end date

Updating Entity Information

Effective February 11, 2019, all grantees must have an ***active status*** in SAM.GOV for awarding agencies to register new grantees or make changes to existing grantee's information in PMS. SAM.GOV requires a yearly renewal to stay active.

1. Review the information in SAM.GOV, verify the accuracy and make any necessary updates.

2. After review of your SAM.GOV information, please contact your grants officer and inform them of the change (Organization Name, Address, EIN, and/or UEIs).

3. The Awarding Agency (Grants Officer) will submit the request in PMS

4. Once submitted by the awarding agency, the request will route to PMS for final review and release.

For Assistance

PMS HELP DESK
1-877-614-5533 or PMSSupport@psc.hhs.gov
Support is available Monday – Friday from 7 a.m. to 9 p.m. ET (except Federal Holidays).

ONLINE ASSISTANCE
You can submit a ticket online and access more services using the Self-Help Web Portal at
https://gditshared.servicenowservices.com/hhs_pms.

Benefits include:

- Access to solutions at your own convenience through Frequently Asked Questions (FAQs)
- Use of a knowledge database to search for answers to your questions
- Track status of online service request ticket via the Web Portal
- ONE-DHHS Help Desk utilizes a comprehensive trouble ticket software package that facilitates troubleshooting and detecting problem trends.

ASSIGNED PMS LIAISON ACCOUNTANT
Looking for your PSC PMS Representative? Select this link: https://pms.psc.gov/find-pms-liaison-accountant.html
Under the section titled *Grants Awarded By U.S. Department of Health and Human Services*, select your organization type and then select GO.

Internet Access
Payment Management Services
Home Page
https://pms.psc.gov

Hours of Operation
Monday through Friday:
5:00 a.m. until 11:00 p.m. EST

Saturday and Sunday:
9:00 a.m. until 9:00 p.m. EST

Help Desk Number
Telephone #: 877/614-5533
E-Mail: PMSSupport@psc.hhs.gov

PMS Federal Holidays
Payment Management Services is considered an Essential Government Office due to the nature of its business activities. This means generally, PMS remains open for business year-round except Federal Holidays and Bank Holidays.

Payment Management Services is closed on the following Federal holidays

New Year's Day
Martin Luther King, Jr. Day
President's Day
Memorial Day
Juneteenth Day
Fourth of July
Labor Day
Columbus Day
Veteran's Day
Thanksgiving Day
Christmas Day