Obtaining a Health Commerce System (HCS) Account for UNLICENSED Professionals
Residents, Limited Permit Physicians, Medical Assistants, Pharmacy Interns, and Administrative Staff

Note: To be completed by HCS Director or HCS Coordinator (e.g., Facility Administrator or Prescribing Practitioner)

1) Login to the Health Commerce System (https://commerce.health.state.ny.us).
2) Click on “Coord Account Tools – HCS” under My Applications.

3) Under Account Requests, click “User”.

ACCOUNT REQUESTS

*** IMPORTANT *** -- By executing an account request, prospective users of the Health Commerce System are agreeing to abide by the terms of the Security and Use Policy. Account request forms constitute a binding agreement between the NYSDOH and the prospective user, therefore anyone executing an account request should be sure to read and understand terms of the these policies before executing the account request.

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4) Gather the information required by Steps 1-9 under “Information Needed to Complete the Form”.

5) Click Continue when ready.

6) Fill in the user’s information, and click “Continue”.

User Account Request Form

Information Needed to Complete the Form

Please have the following User information BEFORE continuing:

1. Organization
2. Full first name (DO NOT use nicknames), full middle name (not just the initial), and full last name. (For example: Elizabeth Ann Doe).
3. Month and day of birth
4. NYSDOH Health Commerce System (HCS) ID (if one exists)
5. Job title
6. Work address
7. Office telephone number
8. Office fax number
9. E-mail address

5) Click Continue when ready.

New York State Department of Health
HPN Electronic Document 2 - Individual Account Request Form
Data Entry for Schedule 2.A

SEARCH Screen

See Electronic Document 2 Instructions

Be sure that you are able to print from your PC before completing this document. This is a printable only Adobe Acrobat PDF document. If you don't have Adobe Acrobat Reader Version 5.0 or later, please download the Reader software (free) from the Adobe Acrobat web site link.

This screen searches against our database to check for names that match your request. If a match is NOT found, a partially filled form will appear. If a match IS found, a list of names will display for you to check and see if your employee already appears on the HPN.

(NOTE: ALL FIELDS MARKED WITH AN ASTERISK (*) ARE REQUIRED)

Participant Organization Type: Z Test Pharmacy 1/Pharmacy

User’s information:

First name: John
Middle name: Smith
Last name: Doe
NYSDOH Health Commerce ID (if known): 

CONTINUE

START OVER

HPN Home Page
7) Fill in all of the required fields, and click “Continue”.

[Image of the DATA ENTRY Screen form]

INSTRUCTIONS: Enter data and select from drop down lists

(NOTE: ALL FIELDS MARKED WITH AN ASTERISK (*) ARE REQUIRED)

User's First Name: John
Middle: Smith
Last: Doe

User's title:

Participant Organization Type: Z Test Pharmacy 1/Pharmacy

Mailing Address: Corning Tower 2345

City: Albany
State: NY
Zip: 12237

Telephone Area: 518 123-4567 Ext:

Fax Area: 518 123-7654

Enter the User's e-mail address in the following format: userid@host.domain

User's e-mail: John.Doe@example.com

Month/Day of Birth: 01 / 01

For documentation purposes. If the user requires access to an HCS application, please select from the limited list of applications below. If the application you need is not listed or the user needs access for another reason, you may skip this section.

- Adult Cystic Fibrosis Assistance Program
- Authorized Training Agencies (ATA)
- Bureau of Sanitary Enforcement Official NYS Prescription System
- Cancer Registry
- Cardiac Services Program Access Initiative
- Certified Home Health Agency Cost Report

Coordinator Name: Jane Smith
Coordinator ID: jxs01
Coordinator Phone: 518-123-4567 Ext:

"CONTINUE" -- when all data is entered, 'START OVER' -- go to first page for different account

CONTINUE START OVER
8) If you made an error filling out the information, you may correct the data and click “MODIFY DATA”. Otherwise, click “CREATE DOC2”.

New York State Department of Health
HPN Electronic Document 2 - Individual Account Request Form
Data Entry for Schedule 2.A

MODIFY DATA or CREATE DOC2 Screen

INSTRUCTIONS: To make changes, enter data and then click MODIFY DATA. When all the data is correct, click CREATE DOC2. (NOTE: ALL FIELDS MARKED WITH AN ASTERISK (*) ARE REQUIRED)

User’s First Name*: John  Middle: Smith  Last*: Doe

Participant Organization Type: Z Test Pharmacy 1/Pharmacy

Mailing Address*: Corning Tower 2345

City*: Albany  State*: NY  Zip*: 12237

Telephone Area*: 518  123-4567  Ext.: 

Fax Area*: 518  123-7664  Ext.: 

Enter the User’s e-mail address in the following format: user.end@host.domain

User’s e-mail*: john.doe@example.com

Month/Day of Birth*: 01/01

For documentation purposes: If the user requires access to an HCBS application, please select from the limited list of applications below. If the application you need is not listed or the user needs access for another reason, you may skip this section.

Adult Cystic Fibrosis Assistance Program
Authorized Training Agencies (ATA)
Bureau of Narcotic Enforcement Official NYS Prescription System
Cancer Registry
Cardiac Services Program Access Initiative
Certified Home Health Agency Cost Report

Coordinator Name: Jane Smith
Coordinator Id: jks01
Coordinator Phone: 518-123-4567 Ext.: 

‘MODIFY DATA’ -- to modify the data entered, ‘START OVER’ -- go to first page for different account.
‘CREATE DOC2’ -- to print the PDF document.

MODIFY DATA  START OVER

CREATE DOC2

You must click CREATE DOC2 to complete the account request.
9) Read the instructions in the on-screen prompt, and click “OK”.

After clicking “OK”, the HCS (HPN) document will load.

The HCS (HPN) document will be rejected by NYSDOH/CAMU if it does not contain the following:

- User’s signature (#8 - Account Requestor Signature)
- Coordinator’s signature (#7 – HPN Coordinator Signature)
- User’s signature is notarized
- Notary can’t be an interested party
- Notary section must be complete (city, state where taken)
Note: Ensure that you retain a copy of the HCS (HPN) form. You will need this to activate your account.
10) Within two weeks after mailing your notarized HCS (HPN) document to NYSDOH/CAMU, you will receive a letter in the mail with your PIN number and instructions on how to activate your account.

Note: If you do not receive a letter within two weeks, please contact the Commerce Account Management Unit at 1-866-529-1890 (Option 2).
11) Once you have your PIN Number and Temporary Access Word you may activate your account.

Go to the website: https://hcsteamwork1.health.state.ny.us/pub/cgi-bin/applinks/pubforms/olaa/activate and enter in your information. You will be prompted to change your password at this time. Please use the “Forgotten Password” function to allow you
to reset your password at any time in case you forget your password in the future. Please login
to your HCS account every 90 days to keep your account active.

**Steps to activate your Health Commerce System (HCS) account on-line**

To activate your account on-line you must have your personal identification number (PIN) letter and temporary access word, found on your copy of the bar-coded notarized account request form. You have 20 days from the date of the PIN letter to complete this process. If the 20 days has elapsed or you have 5 failed attempts, the account will be locked and you must call 1-866-529-1890 option 1 to activate your account.

Activate your HCS account:
- Enter the following address in your browser’s address bar to start the “On-Line Account Activation”.
  https://hcsteamwork1.health.state.ny.us/pub/cgi-bin/applinks/pubforms/ola/activate
- Enter your last name in the “Last name” field.
- Enter your PIN in the “PIN number” field (located on the PIN letter you received with these instructions).
- Enter your temporary access word in the “temporary access word” field (located on the bar-coded notarized form).
- Click **CONTINUE**.

Congratulations! You have activated your User ID:
- Make note of your User ID on top in blue (you will need it for all future HCS access)

Change your password (temporary access word):
- Enter your User ID in the “User ID” field.
- Enter your temporary access word in the “Password” field.
- Click **Sign In**.
- Enter your temporary access word in the “Password” field
- Click **Next**.
- Enter a new password in the “New Password” field.
- Enter the new password in the “Confirm Password” field.
- Click **Change Password**.

Activate your Self-Service Forgotten Password Feature:
- Enter six of the 27 questions (you will be required to answer three when using the feature)
- Click **Save**.

Your account is active!

For all future HCS access, go to this website -  [https://commerce.health.state.ny.us](https://commerce.health.state.ny.us) (remember to bookmark it)

For HCS training (Coordinator or Introduction to HCS), please email the Commerce Trainers at hcsoureach@health.state.ny.us.

For both security and quality of service, logs and audit trails are kept of all HCS accesses. Refer to your SAUP for details. Violation of the SAUP (e.g. sharing your confidential account information) will result in the suspension of your account privileges until executives at your organization take required remedial action. Repeat offenses may result in the permanent removal of the account.