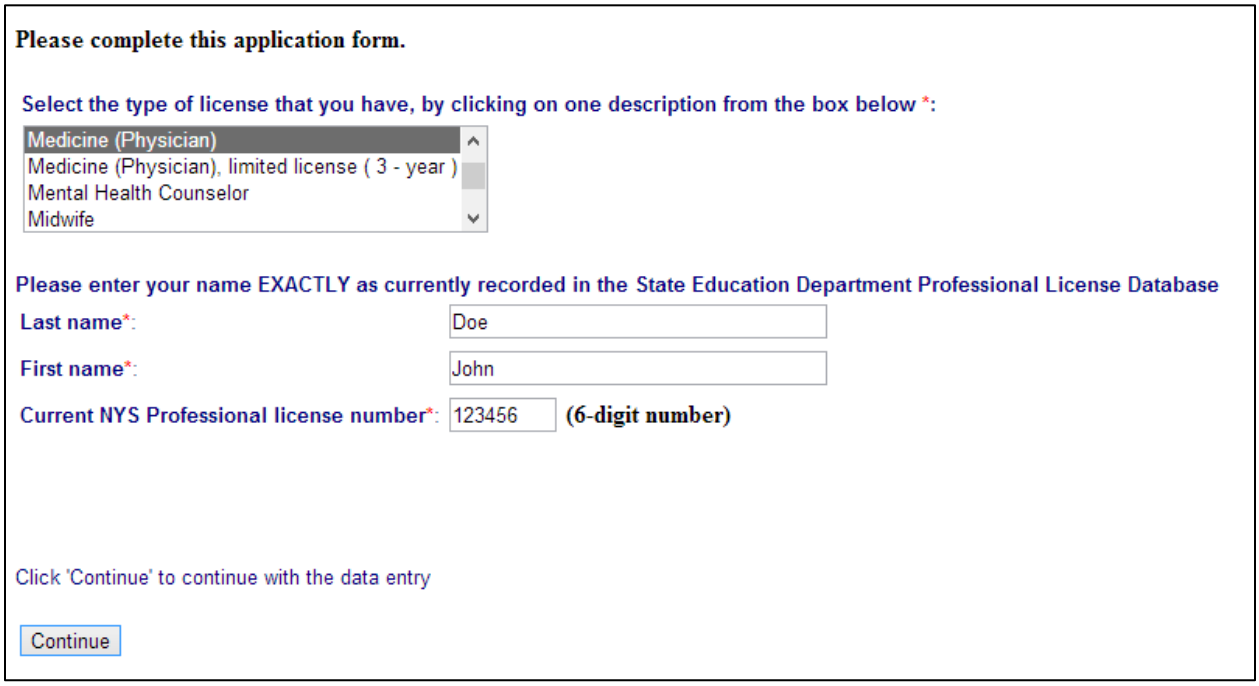
Obtaining a Health Commerce System (HCS) Account for *LICENSED* Medical Professionals
Practitioners, Pharmacists, Nurses

Note: Do you already have a HCS account? Contact the Commerce Account Management Unit (CAMU) at 1-866-529-1890 (Option 1) to see if you already have a HCS account.

1. Go to the web site below to fill out the application to request a HCS account.
   https://hcsteamwork1.health.state.ny.us/pub/top.html
2. Click the first option – "Apply for an HCS Medical Professions account".

3. Complete Page 1 of the application.
   3.1. Select your medical profession from the drop-down list.
   3.2. Enter your name and 6-digit license number as recorded with the NY State Education Department (SED).
   3.3. Click “Continue”.

Note: If a request was already submitted for the same profession and license number or we cannot find your record in the SED database, you will receive an error message. Follow the instructions to correct the error.



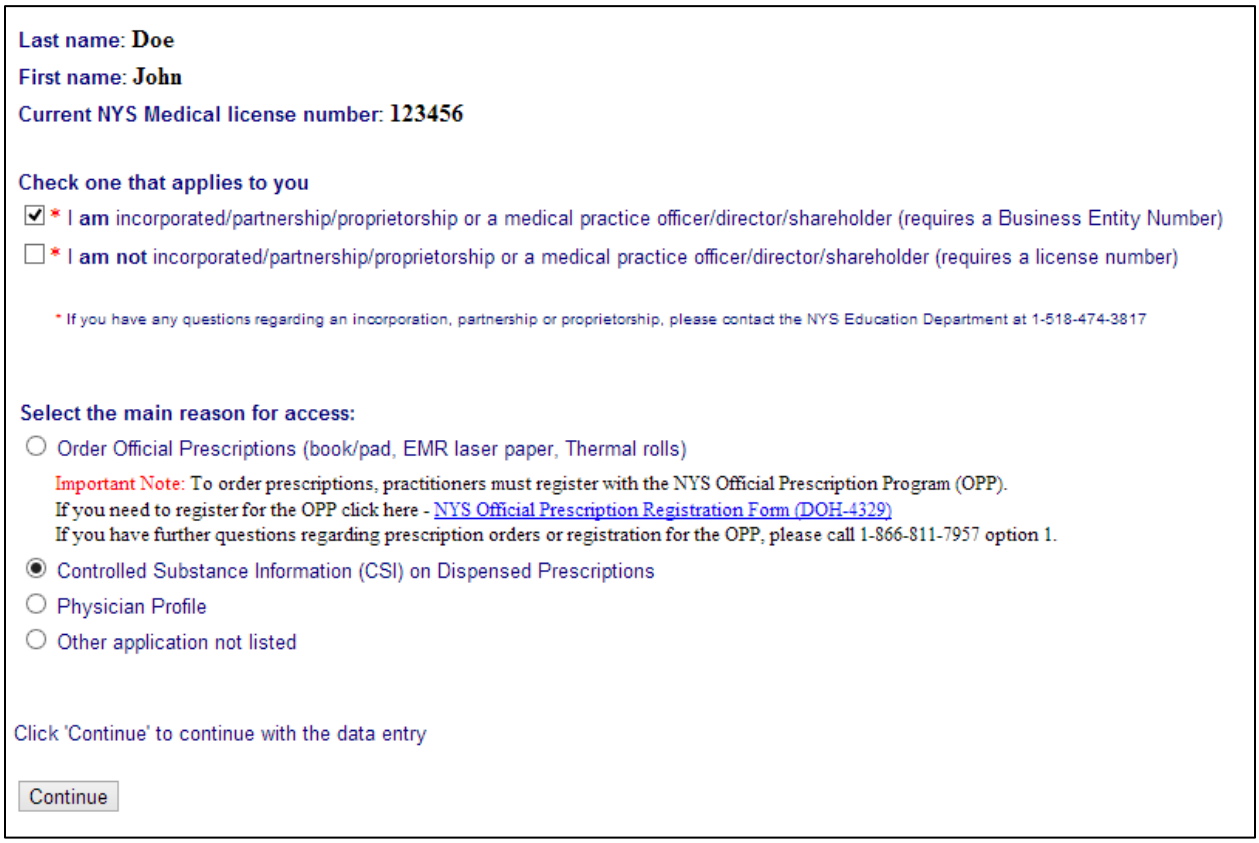
4. Complete Page 2 of the application.
   4.1. Select whether or not you practice as part of a corporation, partnership, or proprietorship.

Note: If you select Option 1, you must provide on Page 3 of the application your **Business Entity Number that is different from your medical license number**. If you do not know your business entity number or are unsure if you are incorporated, please contact the NYS Education Department at 1-518-474-3817, or visit http://www.op.nysed.gov/opsearches.htm, scroll to the bottom of the page, select your profession, and fill in your business entity name.

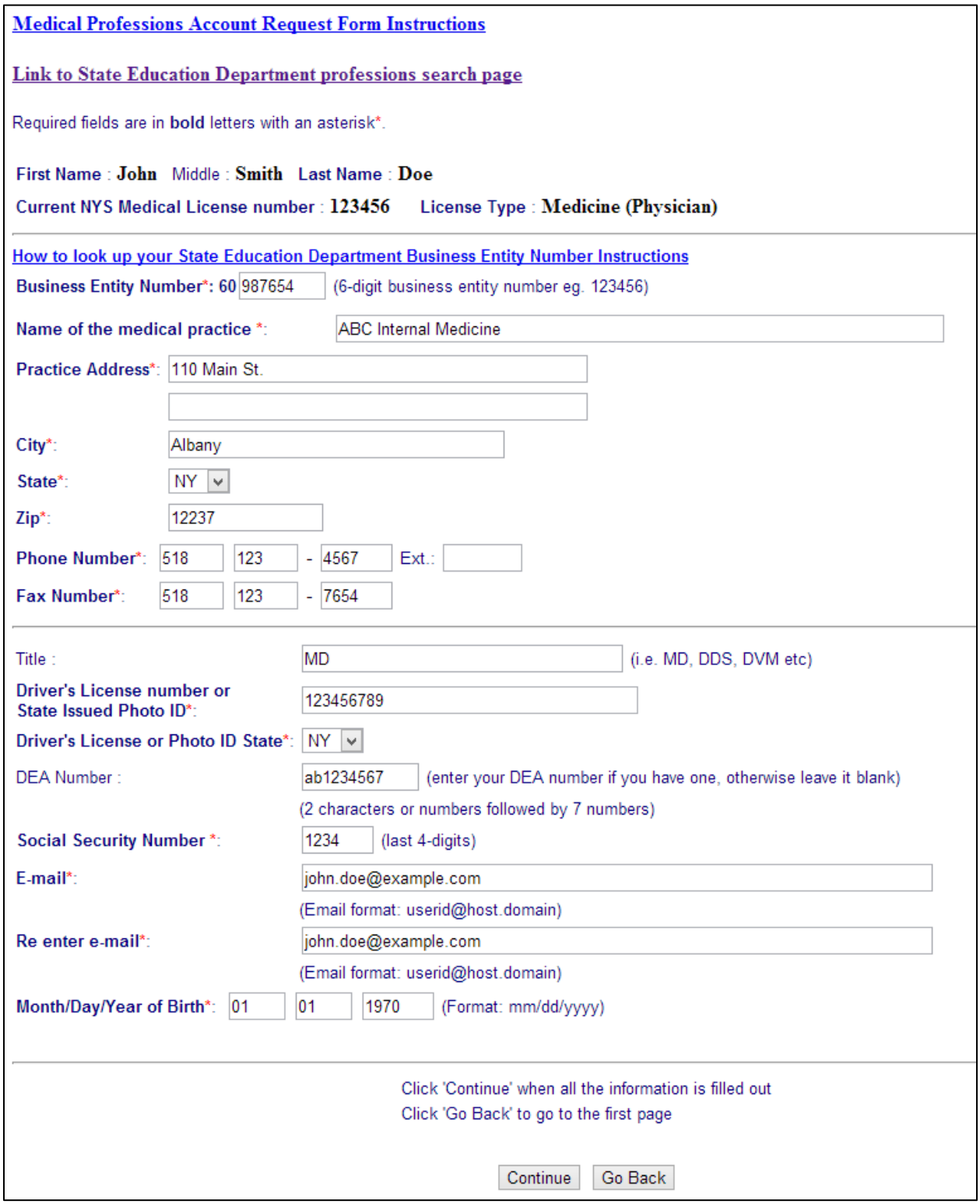
   4.2. Select the main reason you want access to the Health Commerce System.

Note: For access to the Prescription Monitoring Program Registry (PMP), select Controlled Substance Information (CSI) on Dispensed Prescriptions.

   4.3. Click "Continue".



5. Complete Page 3 of the application; fill in all of the required fields, and click “Continue” to submit the form.



Medical Professions Account Request Form Instructions

Link to State Education Department professions search page

Required fields are in **bold** letters with an asterisk*.

First Name : **John** Middle : **Smith** **Last Name** : **Doe**

Current NYS Medical License number : **123456** **License Type** : **Medicine (Physician)**

How to look up your State Education Department Business Entity Number Instructions

Business Entity Number*: 60 987654 (6-digit business entity number eg. 123456)

Name of the medical practice *: ABC Internal Medicine

Practice Address*: 110 Main St.

City*: Albany

State*: NY

Zip*: 12237

Phone Number*: 518 123 - 4567 Ext.:

Fax Number*: 518 123 - 7654

Title : MD (i.e. MD, DDS, DVM etc)

Driver's License number or State Issued Photo ID*: 123456789

Driver's License or Photo ID State*: NY

DEA Number : ab1234567 (enter your DEA number if you have one, otherwise leave it blank)

(2 characters or numbers followed by 7 numbers)

Social Security Number *: 1234 (last 4-digits)

E-mail*: john.doe@example.com

(Email format: userid@host.domain)

Re enter e-mail*: john.doe@example.com

(Email format: userid@host.domain)

Month/Day/Year of Birth*: 01 01 1970 (Format: mm/dd/yyyy)

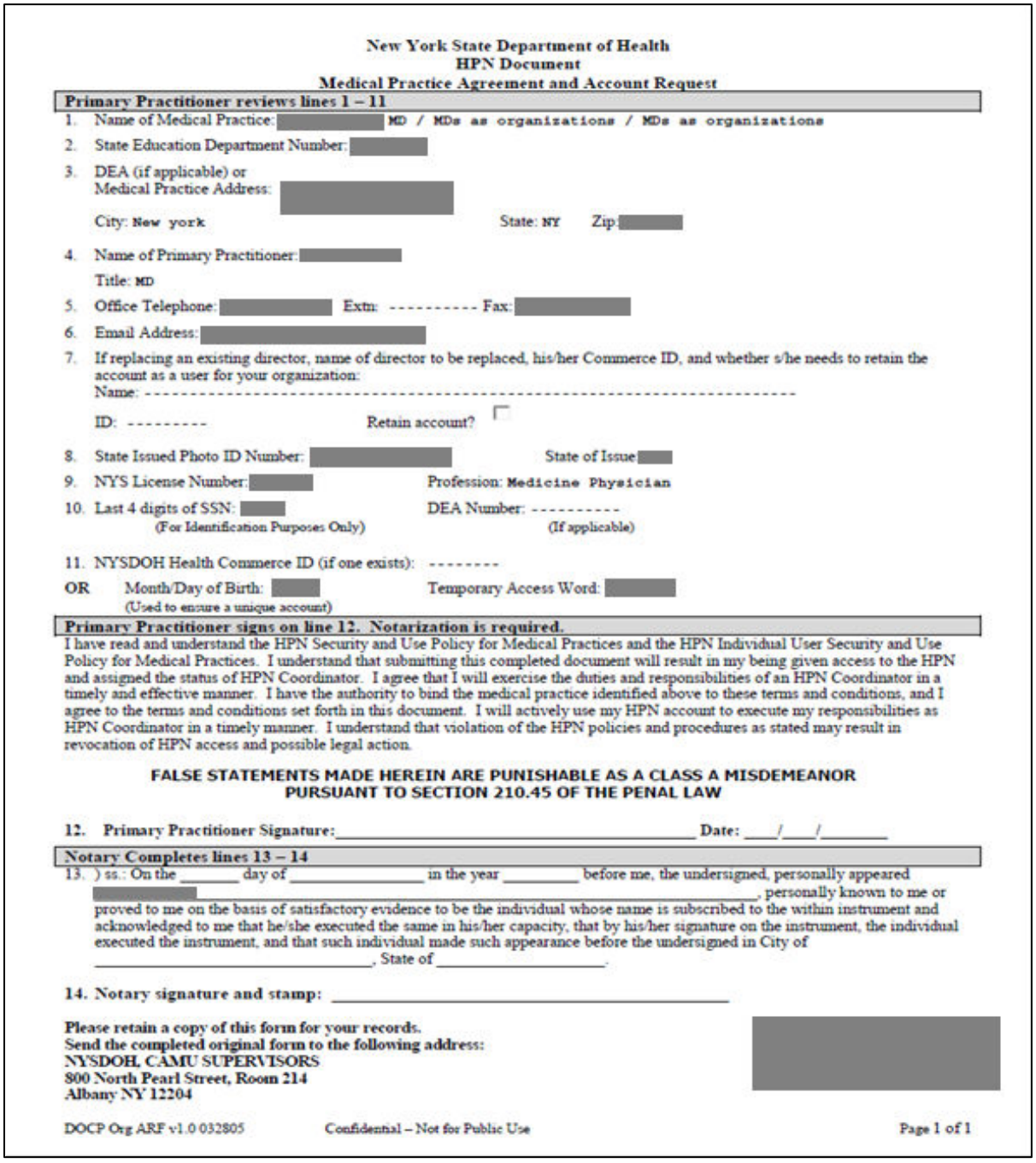
Click 'Continue' when all the information is filled out

Click 'Go Back' to go to the first page

Continue Go Back

6. Your application is being processed.

7. If your application is accepted, you will receive an email from the NYS Health HPN RX BML within 3 days.
   7.1. Print HCS (HPN) document.
   7.2. Sign document and have it notarized.
   7.3. Make a copy of the HCS (HPN) document because it will contain your "Temporary Access Word", which is needed to activate your on-line account.
   7.4. Mail the original notarized HCS (HPN) document back to CAMU (address in lower left corner).
   7.5. You will also receive a document describing the security and use policies that all users must agree with in order to use the HCS (SAUP).



New York State Department of Health
HPN Document
Medical Practice Agreement and Account Request

Primary Practitioner reviews lines 1 – 11

1. Name of Medical Practice: [redacted] MD / MDs as organizations / MDs as organizations
2. State Education Department Number: [redacted]
3. DEA (if applicable) or Medical Practice Address: [redacted]
   City: New york State: NY Zip: [redacted]
4. Name of Primary Practitioner: [redacted]
   Title: MD
5. Office Telephone: [redacted] Extn: ---------- Fax: [redacted]
6. Email Address: [redacted]
7. If replacing an existing director, name of director to be replaced, his/her Commerce ID, and whether s/he needs to retain the account as a user for your organization:
   Name: ----------
   ID: --------- Retain account? ☐
8. State Issued Photo ID Number: [redacted] State of Issue [redacted]
9. NYS License Number: [redacted] Profession: Medicine Physician
10. Last 4 digits of SSN: [redacted] DEA Number: ----------
    (For Identification Purposes Only) (If applicable)
11. NYSDOH Health Commerce ID (if one exists): --------
    OR Month/Day of Birth: [redacted] Temporary Access Word: [redacted]
    (Used to ensure a unique account)

Primary Practitioner signs on line 12. Notarization is required.

I have read and understand the HPN Security and Use Policy for Medical Practices and the HPN Individual User Security and Use Policy for Medical Practices. I understand that submitting this completed document will result in my being given access to the HPN and assigned the status of HPN Coordinator. I agree that I will exercise the duties and responsibilities of an HPN Coordinator in a timely and effective manner. I have the authority to bind the medical practice identified above to these terms and conditions, and I agree to the terms and conditions set forth in this document. I will actively use my HPN account to execute my responsibilities as HPN Coordinator in a timely manner. I understand that violation of the HPN policies and procedures as stated may result in revocation of HPN access and possible legal action.

FALSE STATEMENTS MADE HEREIN ARE PUNISHABLE AS A CLASS A MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW

12. **Primary Practitioner Signature:** _____ **Date:** ____/____/_____

Notary Completes lines 13 – 14

13.) ss.: On the _____ day of _____ in the year _____ before me, the undersigned, personally appeared [redacted], personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity, that by his/her signature on the instrument, the individual executed the instrument, and that such individual made such appearance before the undersigned in City of _____, State of _____.

14. **Notary signature and stamp:** _____

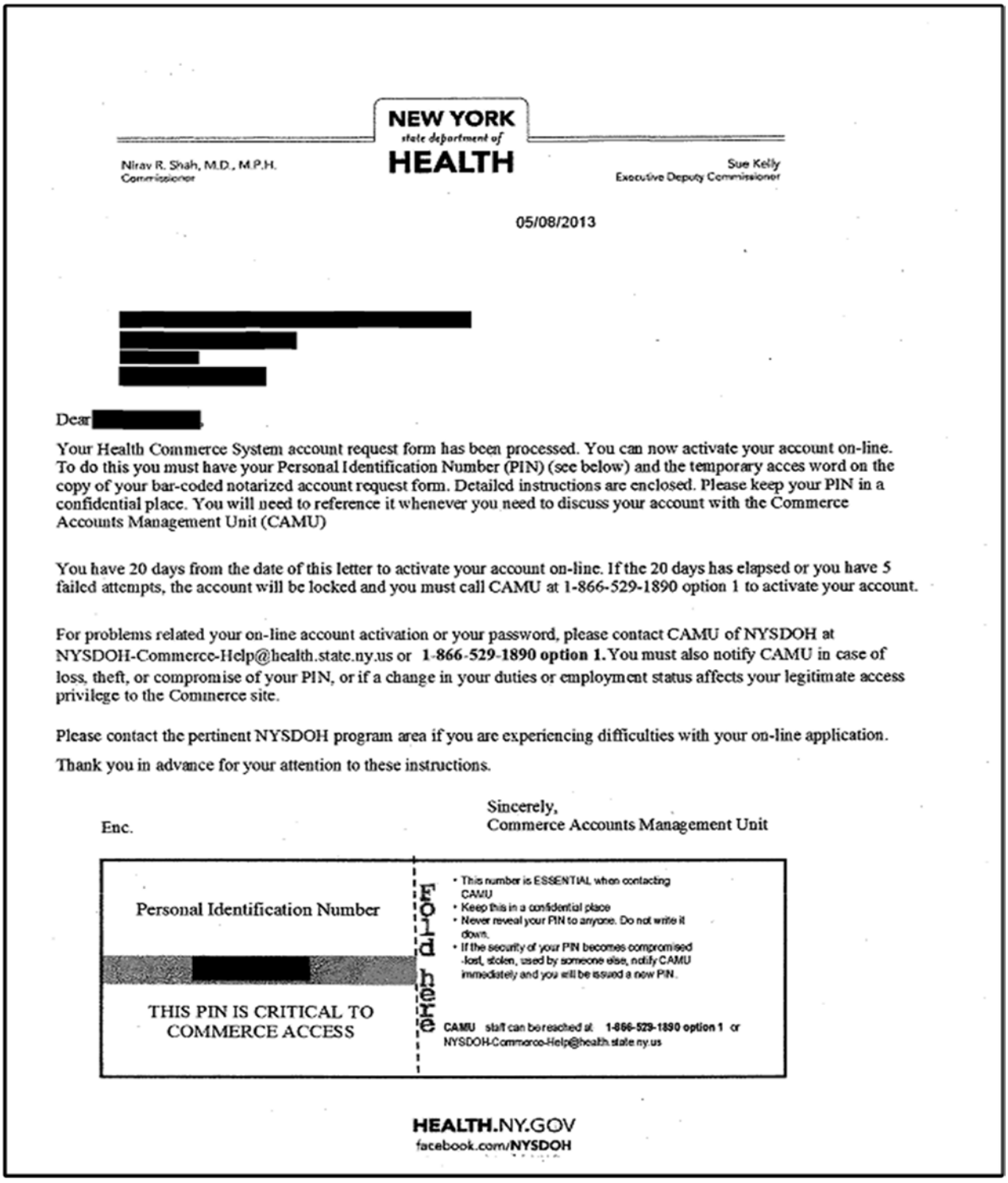
Please retain a copy of this form for your records.
Send the completed original form to the following address:
NYSDOH, CAMU SUPERVISORS
800 North Pearl Street, Room 214
Albany NY 12204

[redacted]

DOCP Org ARF v1.0 032805 Confidential – Not for Public Use Page 1 of 1

8. Within 2 weeks after mailing in your notarized HCS (HPN) document, 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 CAMU at 1-866-529-1890 (Option 2).



NEW YORK
state department of
HEALTH

Nirav R. Shah, M.D., M.P.H.
Commissioner

Sue Kelly
Executive Deputy Commissioner

05/08/2013

[redacted]

Dear [redacted],

Your Health Commerce System account request form has been processed. You can now activate your account on-line. To do this you must have your Personal Identification Number (PIN) (see below) and the temporary acces word on the copy of your bar-coded notarized account request form. Detailed instructions are enclosed. Please keep your PIN in a confidential place. You will need to reference it whenever you need to discuss your account with the Commerce Accounts Management Unit (CAMU)

You have 20 days from the date of this letter to activate your account on-line. If the 20 days has elapsed or you have 5 failed attempts, the account will be locked and you must call CAMU at 1-866-529-1890 option 1 to activate your account.

For problems related your on-line account activation or your password, please contact CAMU of NYSDOH at NYSDOH-Commerce-Help@health.state.ny.us or **1-866-529-1890 option 1.** You must also notify CAMU in case of loss, theft, or compromise of your PIN, or if a change in your duties or employment status affects your legitimate access privilege to the Commerce site.

Please contact the pertinent NYSDOH program area if you are experiencing difficulties with your on-line application.

Thank you in advance for your attention to these instructions.

Sincerely,
Commerce Accounts Management Unit

Enc.

Personal Identification Number

[redacted]

THIS PIN IS CRITICAL TO COMMERCE ACCESS

Fold here

- This number is ESSENTIAL when contacting CAMU
- Keep this in a confidential place
- Never reveal your PIN to anyone. Do not write it down.
- If the security of your PIN becomes compromised -lost, stolen, used by someone else, notify CAMU immediately and you will be issued a new PIN.

CAMU staff can be reached at 1-866-529-1890 option 1 or NYSDOH-Commerce-Help@health.state.ny.us

HEALTH.NY.GOV
facebook.com/NYSDOH

9. Once you have your PIN Number and Temporary Access Word you may activate your account.
   9.1. 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/olaa/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** (remember to bookmark it)

For HCS training (Coordinator or Introduction to HCS), please email the Commerce Trainers at hcsoutreach@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.