Paperless HCS User Account

NEW! Paperless HCS User Accounts for non medical professionals OR all those needing access to UAS. The Health Commerce System (HCS) user account request has gone paperless! No more signatures and notary. Applying for an HCS user account is as simple as filling out an online form and having a valid Photo ID, such as a NYS DMV Driver License, NYS DMV Non-driver Photo ID, Passport, etc. People that do not have a valid Photo ID can still apply for an HCS user account using the existing process which requires signatures and a notary. Please see your HCS Coordinator to apply.*

A. User steps...

What are the steps?

To obtain an account, you must:
1. Register for an account
2. Enroll your account on the HCS. This step must be done with your HCS Coordinator

Where do I register?

1. Open your web browser and enter this web address in the address bar: **https://commerce.health.state.ny.us**
2. On the HCS log in page, click **All Others**
3. Click '**Register** for an account'

Register only once!

HCS Login

User ID
[User ID]
Password
[Password]

The sharing of user accounts is strictly forbidden. Repeat offenses may result in the permanent removal of your account.

[Sign In]

Forgot your password? ❓   Forgot your user ID?
Or sign up for an account:
Lic. Med. Prof.   All Others

How do I register?

1. Complete the Name, Address and Policy Statement sections, and click **Continue**
   NOTE: Your name must match what is on your Photo ID
2. Create a user ID and password, click **Continue**
3. Answer at least six of the 27 secret questions, click **Register**
4. Verify your account information, and click **Confirm**
5. Print your Account Registration Completion information, click **OK**
6. Print your confirmation email that your user ID was created
7. See your *HCS Coordinator with your Account Registration Completion email printout and your Photo ID

HCS Password Management System

Register for an Account
Page 1 of 4 - User and Account Use Information

Account Use Details
    Account Type: HCS

Name
    First Name: [ ] First Name must match your NYS Driver License
    Middle Name: [ ]
    Last Name: [ ] Last Name must match your NYS Driver License

Address
    Address Line 1: [ ]
    Address Line 2: [ ]
    Country: UNITED STATES
    City: [ ]
    State: NY
    Postal Code: [ ]
    Email: [ ]

Privacy Statement
    Privacy Statement: The New York State Department of Health is strongly committed to protecting personal information collected through this website against unauthorized access, use or disclosure. Consequently the New York State Department of Health limits employee access to personal information collected through this website to only those employees who need access to the information in the performance of their official duties.

    [ ] I have read and understand the terms of the privacy policy.

* indicates a required field

[Continue] [Cancel]

B. Coordinator steps...

How do I enroll a user with the paperless process?

1. Log on the HCS
2. Click **Coord Account Tools - HCS** under My Applications
3. Click **User** under 'Request an account for a…'
4. Select **Yes, they have a Valid Photo ID**

Does the User have a Valid Photo ID, such as a NYS DMV Driver's License, NYS DMV Non-Driver Photo ID, Passport, etc.?

• **Yes, they have a Valid Photo ID**
If using a NYS DMV Driver's License or NYS DMV Non-Driver Photo ID, their name must match their Photo ID exactly. If it does not match, you may click "No, they do not have..." link and complete the paper document OR the user can create another ID using the correct name.

Quick Reference Guide

• **No, they do not have a Valid Photo ID**
This process is by hardcopy and can take up to seven business days to obtain an HCS account.

5. Select your organization in the list
6. Enter the user's HCS ID, click **Submit**
   NOTE: This information must be supplied by the user when they registered for an HCS account
7. Enter the user's information from the Photo ID, click **Submit**
   NOTE: The information must match exactly. If the ID is not a NYS driver license, please enter the ID number in the Comments field.

HCS Enrollment Form for a User

Congratulations

Congratulations! Your user is enrolled on the HCS and has an account. Please instruct them to use their ID and Password, created when they registered and sign in to the Health Commerce System (HCS).

8. Enter the user's contact information (fields marked with an asterisk are required, click **Submit**
9. Your user is enrolled on the HCS. Please instruct them to use their user ID and password they created and sign in the HCS (**https://commerce.health.state.ny.us**)

C. User steps...

How do I sign on the HCS?

Important Information!

Newly enrolled users will receive an email.
Existing users will not receive an email.

Once your HCS Coordinator completes their steps above, you will be enrolled on the HCS and receive a congratulations email. Do the following:
1. Read the 'Document 2 SAUP' for rules and responsibilities
2. Click the HCS website link (or copy and paste it in your browsers address bar), and enter your useri ID and password that you created when registering

---

* If you do not know your HCS Coordinator, please call the Commerce Accounts Management Unit (CAMU) at 1-866-529-1890 option 1 (M-F 8am-4:45pm)

For users who are in the roles assigned to the application, once you click on the link you will be directed to the HCS login screen (unless you are already logged in) and then after login, you will be redirected to application. You can also get to the application under the My Applications section on the HCS Home Screen or under the top Menu item 'My Content->All Applications' and clicking on the 'C' set of applications.

Questions can be addressed to Commerce Accounts Management Unit (CAMU) camu@its.ny.gov or by phone at 1-866-529-1890 option 1.

NEW YORK STATE | Health Commerce System

Search 🔍

My Applications

Acronyms & Abbreviations	
Advantage Dual Eligible MC	ⓘ
Application Access	ⓘ
CFCA Cost Report	ⓘ
CHHA Cost Rpt	ⓘ
CHHA Rate Sheets	ⓘ
CHHA Telehealth Letters	ⓘ
CHPlus FE Integrity	ⓘ
CHPlus KIDS Data System	ⓘ
ComDir Role Lookup Tool	ⓘ
Coord Account Tools - HCS	ⓘ
Coord Account Tools - LHD	ⓘ
Coord Account Tools - PCC	ⓘ
Coordinator's Update Tool	ⓘ
COVID-19 Medical Prof Request	
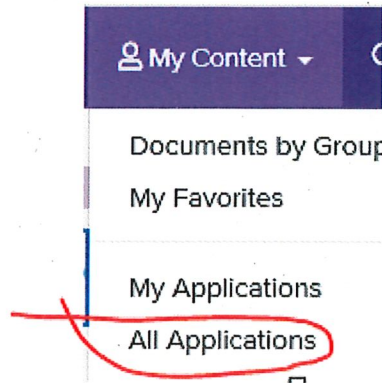
To make a request through the HCS application, enter the date that you are requesting the volunteers to start, the County(s) that you need them to work in, the type of Facility(s) they will be working in and Profession Type(s) that you are looking for by entering the number of needed volunteers on the appropriate line. Once you click 'Submit Request' you will be directed to a new page letting you know that you will be receiving an email with the list of volunteers shortly.

COVID-19 Medical Professional Request

Requester

Organization: All

*Note: To change your email address, use this Link to update your email address in your HCS Profile.

Requested Start Date [   ] 📅

Location

Select the counties (boroughs) and type of Facility for which you are requesting Medical Professionals to work in.

Counties (Boroughs)

Albany
Allegany
Bronx
Broome
Cattaraugus
Cayuga

Facility Type

Adult Care Facility/Assisted Living
Clinic
EMS
Hospital
Medical
Nursing Home

Medical Profession

Enter the number of professionals needed for each Medical Professional being requested:

Profession	Number
Certified Home Health Aid (CHHA)	
Certified nursing assistant (CNA)	
EMS Professional	
Licensed practical nurse (LPN)	
Occupational Therapist	
Other	
Pharmacist	
Phlebotomist	
Physical Therapist	
Physician (MD)	
Physician - nephrologist	
Physician Assistant (PA)/Nurse Practitioner	
Registered Nurse (RN)	
Respiratory Therapist	
Speech Pathologist	

Submit Request