Instructions for Accessing and Completing Post Secondary Immunization Survey 2024- 2025

Please log on to the Health Commerce System (HCS) at:

https://commerce.health.ny.gov/

to verify that your account is active.

When you click the above link it will take you to a screen that looks like this:

NEW YORK STATE | Health Commerce System

User ID

User ID

Password

·

Forgot Your User ID or Password   ☐ Remember User ID

LOGIN

Don't Have An Account? Sign Up Here

Having trouble logging in? Report a problem here
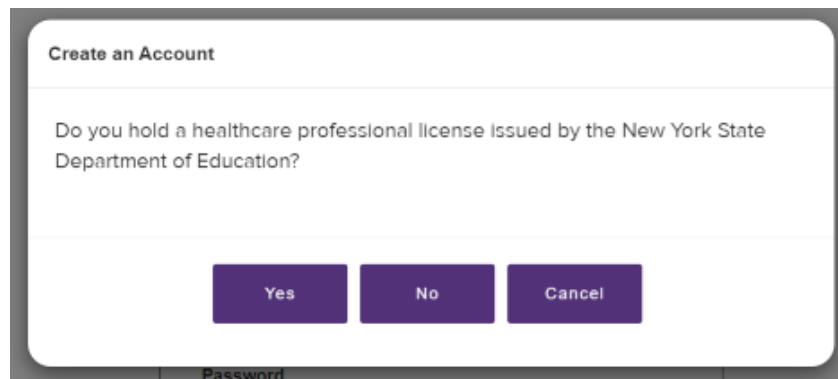
Enter your user ID and Password in the appropriate boxes and <u>LOGIN</u> if you have an account.

If you already have an account in HCS and can log in without any issues, skip to Page <u>10</u> for survey instructions.

Can not log into HCS and Need to Create a New User Account?

NEW YORK STATE | Health Commerce System

User ID

User ID

Password

Forgot Your User ID or Password ☐ Remember User ID

LOGIN

Don't Have An Account? Sign Up Here

Having trouble logging in? Report a problem here

And Click Sign Up Here
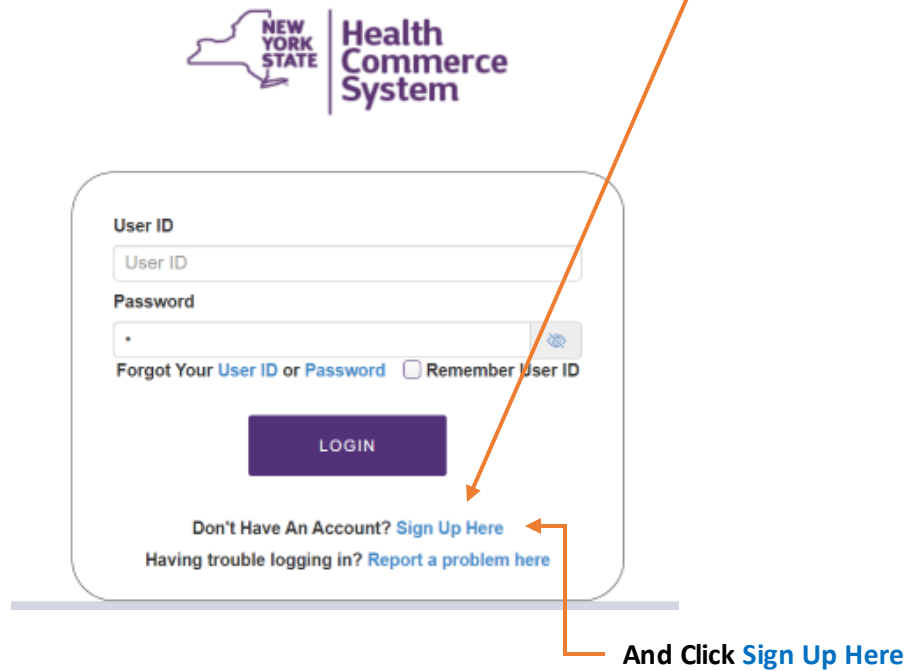
When you click the Sign Up Here hyper link it will take you to a screen that looks like this:

Create an Account

Do you hold a healthcare professional license issued by the New York State Department of Education?

Yes   No   Cancel

Password

Answer the question as appropriate.

Click the Hyperlink to show you how the two-step process works:

New HCS Account (ny.gov)

The Hyperlink will take you to a page that looks like this:

New HCS User Account

Need a Health Commerce System (HCS) account? Follow these steps (Register only once):

A. Create your unique User ID and set up Security Questions.
B. Go to your HCS Coordinator with your user ID and valid photo ID for verification.
C. Set your password and login.

FIRST—The New User will...

A. Create User ID & Set Up Security Questions

1. Go to https://commerce.health.state.ny.us
2. Click **Sign Up Here**
3. Click **No** (I do not hold a healthcare professional license issued by the NYS Department of Education)
4. **Click here to register for an account (for non medical professionals)**
5. Create/Enter a unique User ID
6. Enter your First Name, Last Name and Email Address
   NOTE: Name is same as it is on your Photo ID
7. Click the **User Security and Use Policy** link and review
8. Check the box to confirm you read and understand the Security and Use Policy
9. Click **Continue**
10. Answer six (6) Security Questions and click **Save**
11. Confirm: Step 1 Success message
    You will receive two emails from camu@health.ny.gov:
    "HCS Self Registration Account Created for <user ID>" and
    "HCS security questions and answers have been changed for <user ID>."
    Check junk mail if not received.
12. **Go to your organization's HCS coordinator** with your <user ID> and a valid photo ID e.g. NYS DMV Driver's License, NYS DMV Non-driver Photo ID, Passport, Unexpired Foreign Passport, US Driver's license (out-of-state users), etc.

SECOND—The HCS Coordinator will...

B. Affiliate you with the organization

1. Login the HCS
2. Click **Coord Account Tools - HCS** under My Applications
3. Scroll down to **Request an account for a... User**
4. Click **User**
5. Select your organization from the list
6. Enter the user's HCS ID and click **Next**
7. Select option: **NYS Photo ID** or **Non NYS Photo ID**
   NOTE: The information must match exactly. If the ID is not a NYS driver license, please enter the **out-of-state ID** number in the Non NYS ID Value field.
8. Complete user's information based on photo ID and click **Next**
9. Enter the user's business contact information and click **Submit** Confirm confirmation message "**Registration Success**" displays
10. Instruct the *newly* enrolled user to look for "Congratulations! You are enrolled on the HCS" email. This contains their link to set their password. *Existing users do not need to reset password.*

User Sets Password & Logs in...

C. Set your password upon receipt of "Congratulations! You are enrolled on the Health Commerce System (HCS)" email:

1. Click the link in your email Note: Only newly enrolled users will receive an email; existing users will not.
2. Enter your user ID
3. Click **Continue**
4. From the Forgot your Password? screen, click one option e.g.
   Reset my password using my NYS Driver License or NYS Non-Driver Photo ID or
   for out-of-state users: Reset my password using my security question answers
5. Enter your user ID and NYS DMV or security questions info, etc. and **Login** to HCS.

* 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)   Revised Oct 2023

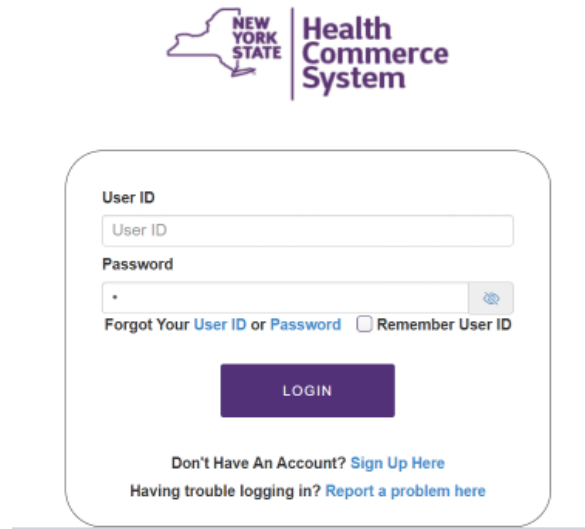**Your job as a new user is to set up a new user account.**

Once your new user account is set up, it's up to the HCS Coordinator to request your account to be activated and assign your role or roles.

Assigning Roles by the HCS Coordinator:

Log onto the HCS.
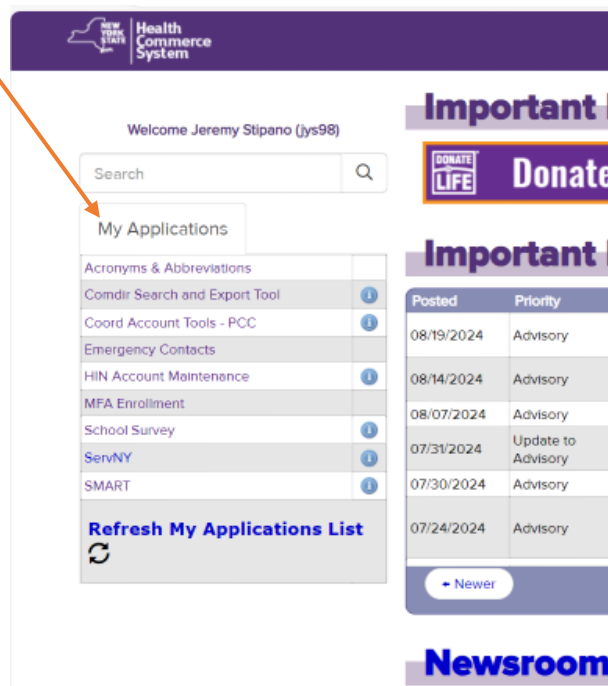**https://commerce.health.ny.gov/**

When you click the above link above it will take you to a screen that looks like this:

Enter your user ID and Password in the appropriate boxes and LOGIN.

Once you're logged in to HCS look to the left side of the computer screen. You're looking for a header that says My Applications. From there you need to scroll down the list and find a hyper link titled Coordinator's Update Tool.

Scroll down that list you're looking for the Coordinator's Update Tool

To go to the next screen, click on this icon [ⓘ] to far right.

My Applications

Acronyms & Abbreviations	
Application Access	ⓘ
Cancer Data Entry - Physicians	ⓘ
Comdir Search and Export Tool	ⓘ
Contact Tracing Perm Granting	
Content Submission Tool	ⓘ
Coord Account Tools - HCS	ⓘ
Coord Account Tools - PCC	ⓘ
Coordinator's Update Tool	ⓘ
COVID-19 Vaccine Enrollment	ⓘ
ECLRS	ⓘ
Emergency Contacts	
Form Builder	ⓘ
HIN Account Maintenance	ⓘ
IHANS	ⓘ
MFA Enrollment	
NYSIIS - Production	ⓘ
NYSIIS - Training	ⓘ
NYSIIS-Development	ⓘ
Person Update Tool	ⓘ
School Survey	ⓘ
ServNY	ⓘ
SMART	ⓘ

The next screen you will see looks like the image below:

Coordinator's Update Tool

Main Menu

Please select an organization
for which you are a coordinator

⊙ [Your Institution]

Select

- OR -

Please select a proxy organization
for which you are a coordinator

○ Emergency Volunteers - County
○ Fire Districts
○ Multi-County Coordinated Applications
○ Account access - Limited
○ EMS Services
○ Early Intervention Provider

Select

Send questions or comments to
Communications Directory Help

name.
Step 4

==Choose Your Institution and click on Select.==

Please select an organization
for which you are a coordinator

⊙ [Your Institution]

Select

Enlargement of Above Picture to show details.

When you click on select the next screen you will see is this one. You will want to find the tab at the top of the screen in blue titled Manage Role Assignments.

Next: Click on Manage Role Assignments.

Coordinator's Update Tool

Main Page	Location	Manage People	Organizational Offices	Manage Role Assignments	Reports	Add a New Person	Special Accounts

Form Name:
Location Information for *NYSDOH Center for Community Health*

Primary ID: 6307	Secondary ID: NYSDOH	Org Type:	NYSDOH CCH	
Name	NYSDOH Center for Community Health			
*Addr. Line 1	Corning Tower, 1415			
Addr. Line 2	Empire State Plaza			
*Town or City	Albany		Albany County	Not NYS / Albany
*State or Province	NY	*Country	USA	
Postal Code	12237			
Phone	518-402-5382	Fax	518-486-1455	
Changed On	04/05/2022	Changed By	rxs14	* required field(s)

Modify   Reset

Click here to Modify Role Assignments

Step 5

Role Assignments

Select a Role to Assign/Modify
for *NYSDOH Center for Community F*

Role Description	Person in Role?	Modify Role Assignments	
CCH Director	Yes	Modify	CCH Finance Ch
CCH Logistics Chief	No	Modify	CCH Operations
CCH/DCDPAH Logistics Chief	Yes	Modify	CCH/DCDPAH C
CCH/DEPI Logistics Chief	No	Modify	CCH/DEPI Oper
CCH/DFH Finance Chief	No	Modify	CCH/DFH Logist
CCH/DFH Operations Chief	No	Modify	CCH/DON Finan
CCH/DON Logistics Chief	No	Modify	CCH/DON Logis
CCH/DON Operations Chief	No	Modify	CCH/DON Oper:
CCH/OIT Logistics Chief	No	Modify	CCH/OIT Opera
CCH/OMH Logistics Chief	No	Modify	CCH/OMH Oper
CCH/OPHP Finance Chief	Yes	Modify	CCH/OPHP Logi
CCH/OPHP Logistics Chief, Alternate	Yes	Modify	CCH/OPHP Ope
CCH/OPHP Operations Chief, Alternate	Yes	Modify	CCH/PHIG Oper
CCH/PHIG Operations Chief, Alternate	Yes	Modify	Central Office H
Countermeasure Data Management System (CDMS) Data Operator	Yes	Modify	Countermeasure
Countermeasure Data Management System (CDMS) NYSDOH Administrator	Yes	Modify	Countermeasure
Countermeasure Data Management System (CDMS) Registration Support	No	Modify	Countermeasure
Directory Coordinator	Yes	Modify	ECLRS Alert Sta
HERDS Survey Reader	Yes	Modify	HERDS System /
HPN Coordinator	DOH Assigned	Modify	NORA Administr:
NORA Closeout Reporter	Yes	Modify	NORA Viewer
NYLEADS Epidemiologist	Yes	Modify	NYS PVS Data E
NYS PVS Manager	Yes	Modify	On-line School S:
Regional Epidemiologist	Yes	Modify	Regional Epidem
Regional Epidemiology Program Manager	Yes	Modify	Regional School S
SDF Analyst	Yes	Modify	School Survey As
School Survey Coordinator	Yes	Modify	School Survey M
Smallpox Vaccination Coordinator/Liaison	No	Modify	Transplant/Trans
VHOC User	Yes	Modify	Vaccination Clini
Vaccination Logistics Coordinator	No	Modify	Vaccination Medi
Vaccination Medical Screener	No	Modify	Vaccinator
Vaccine Adverse Event, Site and Take Coordinator	No	Modify	Vaccine Clinic M
Vaccine Educator	No	Modify	

Steps 6-9 (also edited this one so it didn't have names on it)

A pop-up list will be displayed of the individuals affiliated with your school district/school who have HCS accounts.

Role Assignments

**Choose from the options below to select a person for *School Survey Manager*
at *NYSDOH Center for Community Health***

Users already assigned to this role. <mark>To remove one or more users from this role, check next to their name and click Remove Role Assignments.</mark>

Role Assignments

Choose from the options below to select a person for *School Survey Manager*
at *NYSDOH Center for Community Health*

1) Users already assigned to this role. To remove one or more users from this role, check the checkbox next to their name and click Remove Role Assignments.

Sample A, Test – abc01	☐
Sample B, Test – abc02	☐
Remove Role Assignments	

- OR -

<mark>To Add Roles</mark>

2) Select names from the drop down list of the persons you wish to assign to this role, then click on the Add Role Assigments button to add them (Use Ctrl/left click for multiple selections or to unselect). Avoid assigning a role to a "na" account. This does not give user any permissions.

Note: This list is limited to the users in your Manage People, that is, users with a primary organization of this facility or agency.

Sample A, Test – abc01
Sample B, Test – abc02
Sample C, Test – abc03
Sample D, Test – abc04
Sample E, Test – abc05
Sample F, Test – abc06
Sample G, Test – abc07
Sample H, Test – abc08

Add Role Assignments

Select names from the drop-down list of the persons you wish to assign this role, then click on the Add Role Assignments button to add them (use ctrl left mouse click for multiple selections or to unselect). Avoid assigning a role to a "na" account. This does not give users any permissions.

NOTE: This list is limited to the users in your Manage People, that is, users with a primary organization of this facility or agency.

-- OR --

Search for Person(s) by Name [   ]

Submit

If user does not appear in your Manage People List, and you know this user has an HCS ID, then search by user's last name or first few letters of the last name only. This will search all active users. Click Submit. Scroll down the results on the next page to find the person and their user ID. Select the user and click Add Role Assignment.

**If your account is not active, contact CAMU (Commerce Account Management Unit) at 1-866-529-1890**

If you are the HCS Coordinator you do not have to assign yourself to any roles to take the survey.

Any other staff NEEDS to be assigned the role of Data Reporter to access the survey.

Accessing the Post Secondary Immunization Survey

Click this link - https://smartforms.health.ny.gov/home

(This is also the page after you click "SMART" on the HCS homepage)
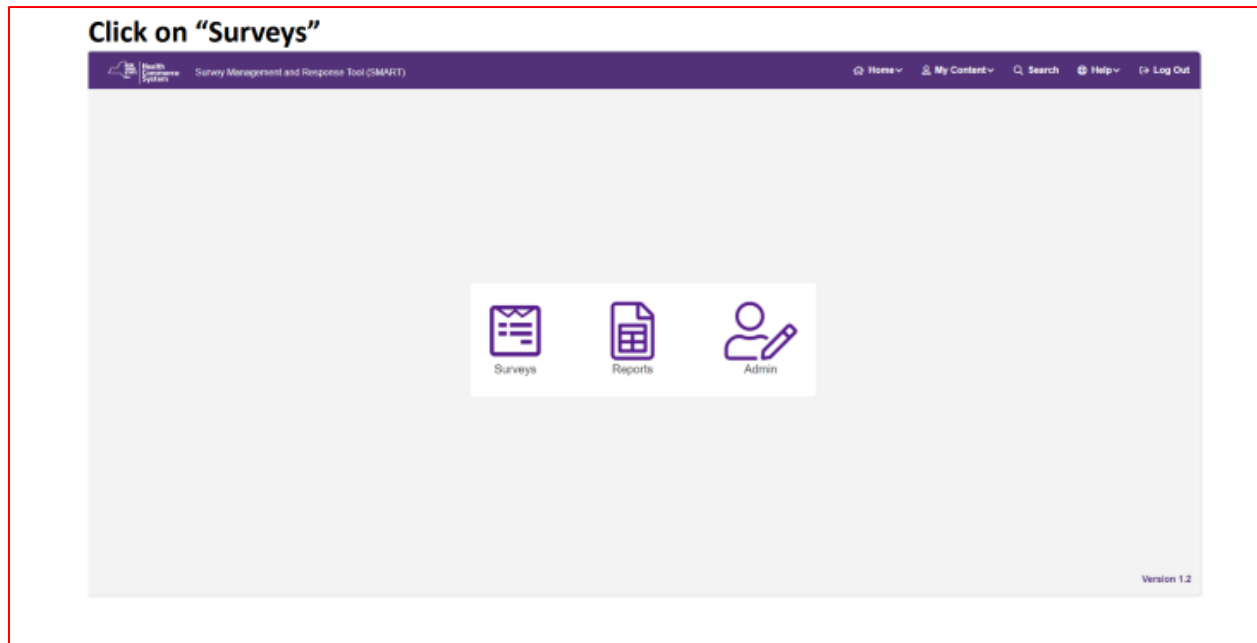
The next screen you will see is this:
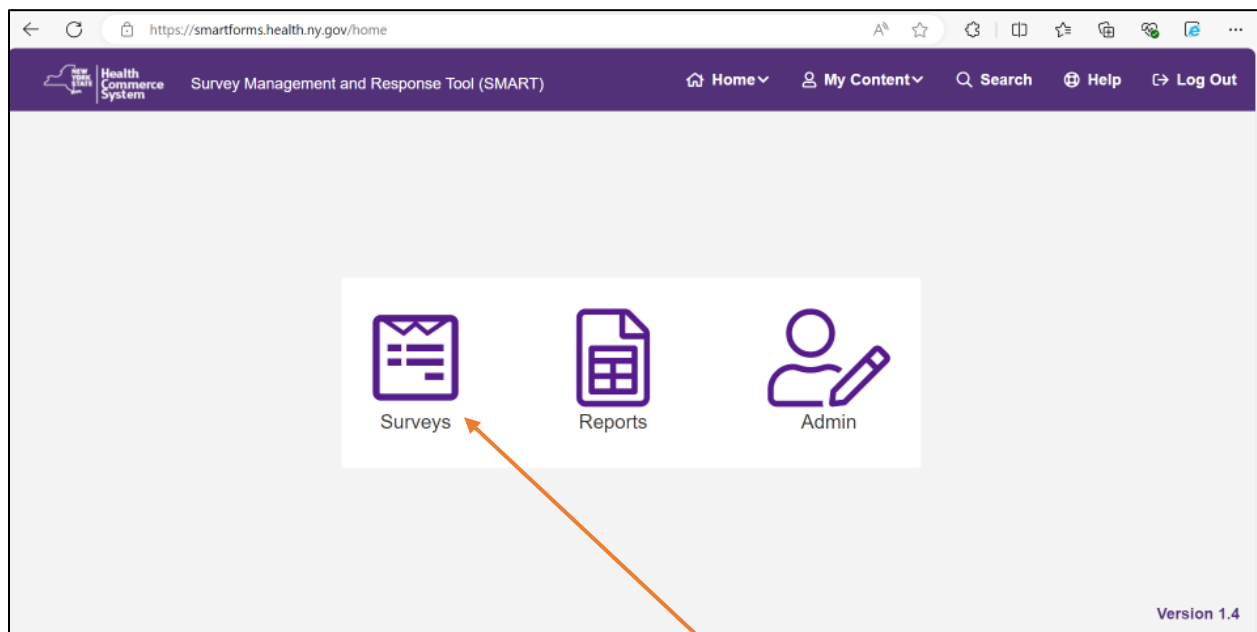
Click the first icon that is labeled Surveys

The next screen you will see is:

Find "Post Secondary Immunization Survey 2024-2025.

Click the yellow open box **located on the right side of the screen to open the titled Post-Secondary Immunization Survey 2024 – 2025.**

Then for "Access Level" choose *Facility Level Access*

For "Organization Type" choose whether your organization is *Public, Private, etc*

For "Organization" choose your **School**

The next screen you will see will look like this:

Enter your institution's full name and Health Commerce System ID.

Institution Name

Health Commerce System ID Number

Enter your institution's Primary Contact's Name, Title, Email address, and Phone number. Additional contact information is encouraged but not required.

Primary Contact Name and Title *

Primary Contact Email *

Primary Contact Phone Number with Area Code *

Additional Contact Name and Title

Additional Contact Email

Additional Contact Phone Number with Area Code

Enter the total number of students enrolled for 6 or more semester hours (credits). This number will be used for both the MMR and the Meningococcal sections.

Total number of students enrolled in 6 or more semester hours ❓

Hovering over the question mark symbol will provide information about the information required in that section.

Total number of students enrolled in 6 or more semester hours ❓

All students born on or after January 1, 1957 and enrolled in 6 or more semester hours as defined by both PHL § 2165 and PHL § 2167.

Enter total number of students vaccinated for Measles with 2 doses.

Students Vaccinated for Measles (2 doses) ❓ *

Enter total number of students vaccinated for Mumps.

Students Vaccinated for Mumps (1 dose) ❓ *

Enter total number of students vaccinated for Rubella.

Students Vaccinated for Rubella (1 dose) ❓ *

An error message wil appear in red in the numbers listed do not compute correctly.

Students Vaccinated for Measles (2 doses) ❓ *

⊙

Students Vaccinated for Measles (2 doses) is required

Students Vaccinated for Mumps (1 dose) ❓ *

⊙

Students Vaccinated for Mumps (1 dose) is required

Students Vaccinated for Rubella (1 dose) ❓ *

⊙

Students Vaccinated for Rubella (1 dose) is required

Enter total number of students completely immune (completely vaccinated for Measles (2), Mumps (1), Rubella (1).

Total Number Completely Immune ❓ *

Enter total number of religious exemptions.

Religious Exemption ❓ *

Enter total number of medical exemptions.

Medical Exemption ❓ *

Enter total number of students without documented MMR vaccines.

Total Number of Students without Records *

Enter total number of students in the process completing MMR vaccination.

Students in Process ❓ *

Choose one based on your school's written policy; if there is not a policy, please create one.

Does the institution exclude students who are not in compliance with Public Health Law § 2165? ❓ *

☐ Yes
☐ No

Only comments about the MMR section.

Measles, Mumps, Rubella Comments

Meningococcal Meningitis

Enter total number students vaccinated for Meningococcal Meningitis.

Number of students vaccinated for Meningococcal Meningitis ❓

Enter total number of students who have submitted the Meningococcal Meningitis form but are not vaccinated.

Unvaccinated but Meningococcal Meningitis Response Form Submitted

Enter total number of students without any record for Meningococcal Meningitis

Number of students without records

Choose one based on your school's written policy; if there is not a policy, please create one.

Does the institution exclude students who are not in compliance with PHL § 2167? ❓ *

☐ Yes
☐ No

Only comments about Meningococcal Meningitis
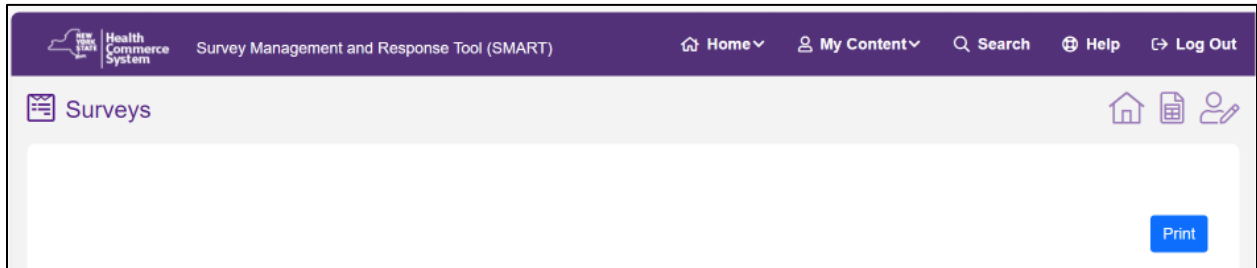
Meningococcal Meningitis Comments

Only comments about Meningococcal
Meningitis section.

Click "Draft" to save and "Submit" once completed.

Draft Submit

You can download a PDF at any point by clicking "Print" either before or after submitting.

New York State | Health Commerce System   Survey Management and Response Tool (SMART)   ⌂ Home ⌄   ⚇ My Content ⌄   🔍 Search   ⊕ Help   ↪ Log Out

▦ Surveys   ⌂ ▤ ✍

Print

Enter your data and submit!