



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

September 7, 2016

RE: HCS Contact Information

DHDTC DAL: 16-16

DHCBS DAL: 16-08

NH DAL: 16-06

DAL DAL: 16-20

Dear Facility/Agency CEO, Administrator or Operator:

The New York State Department of Health (the Department) is committed to assuring the reliability of its critical communications with healthcare providers, for conveying important information throughout the year, and especially during emergencies. The NYSDOH depends upon two tools on its Health Commerce System (HCS) to enable these essential communications; the Integrated Health Alerting and Notification System (IHANS), and the Communications Directory (the Directory) which houses the contact information used to send alerts, advisories and informational messages. The effectiveness of these communications is significantly dependent upon each provider or their HCS Coordinators maintaining the completeness and accuracy of this contact information in the Directory per 10 NYCRR §§ 400.10, 763.11(f), 766.9(o), and 793.1(n), as well as, 18 NYCRR §§ 487.12(k), 488.12(m), and 490.12(k).

In practice, and through review of response data, the Department has determined it is imperative to improve the quality and completeness of contact information in the Directory for Chief Executive Officers, Administrators and Operators which, if not addressed, jeopardizes your receipt of crucial information. We request your immediate action to review and update your business and emergency contact information on the HCS no later than close of business **Friday, October 7, 2016** (see brief instructions attached). The Department will verify that the contact information has been reviewed, and if necessary, updated, as of that date. The privacy of any personal emergency contact information you provide, such as cell or home phone numbers, is not viewable by the general HCS user community, and can only be used by the IHANS tool, or by the Department Executive staff at their discretion for urgent communications.

In the near future, the Department will be taking several steps to facilitate maintenance of your contact information. First, a function will be implemented on the HCS that will require users to update or attest to the accuracy of their business and emergency contact information as it is listed in the Directory upon login in to the HCS every three months.

Additional efforts will include streamlining the number of “roles” that a facility/agency must maintain in the Directory. Roles are key positional titles or responsibilities of users that allow the targeting of essential communications to the appropriate staff person(s) at each facility/agency. Roles also provide access to specific HCS applications used by facilities/agencies. Drills to confirm the accuracy and completeness of provider contact information will be conducted. These drills will

occur during business hours, please refer to attached instructions on the contact information needed to enable us to validate we can reach you during both business and non-business hours.

We appreciate your timely response and your cooperation in ensuring effective communication between the department and your organization.

Sincerely,

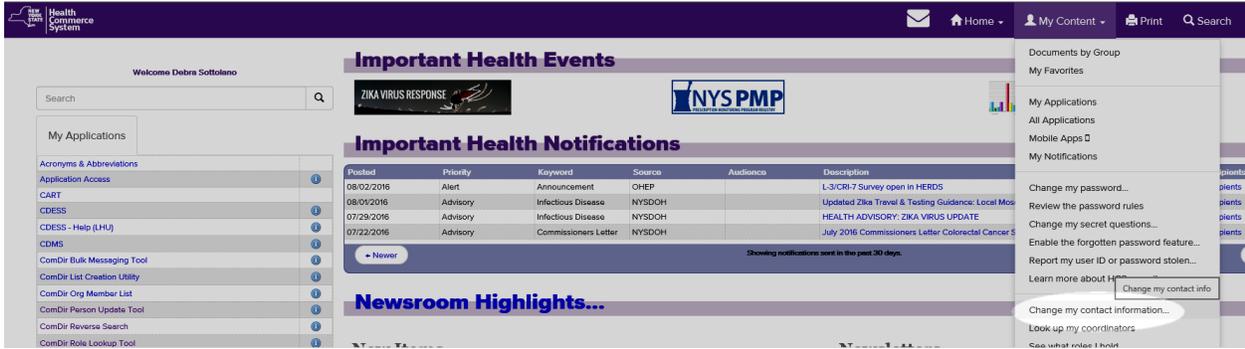
A handwritten signature in black ink, appearing to read "Sally Dreslin". The signature is written in a cursive style with a prominent loop at the end.

Sally Dreslin
Executive Deputy Commissioner
New York State Department of Health

Attachment: Instructions
cc: Dr. Zucker
Dan Sheppard
Keith Servis
Jennifer Treacy
Michael Primeau
Mark Hennessey
Shelly Glock
Ruth Leslie
Rebecca Gray
Valerie Deetz

Attachment: Instructions for updating personal contact information on the Health Commerce System (HCS)

1. This is accomplished easily when logging into the HCS homepage by clicking on the “My Content” tab in the purple menu bar, and then scrolling down to the choice labeled, “Change my contact information” (see screen picture below). If you have trouble with your HCS account login, please contact: 866-529-1890 for assistance.



2. Alternatively, your HCS Coordinator can update this information on your behalf.
3. When updating your contact information on the “Emergency Contact Information” tab (highlighted in blue below), we are requesting that you enter the phone number of the device at which you can most reliably be reached, e.g., your cell phone, in the Phone 1 field for Business Hours contacts, and also in the Phone 1 field for the Non-Business Hours Contacts. This information will work best with the way the HCS Notification System functions and will give us the best result in contacting you whenever it may be necessary.

The information in this section comes from the user's account profile and can only be changed by CAMU - please call 866-529-1890

First Name : **Your first name** Middle Name : Last Name : **Your last name** HCS User ID : **Your HCS User ID**
 Primary Organization : **Your primary facility or medical license type**

Important instructions for filling out this form:
 (1) Be sure to enter all information for required fields in both the Business and Emergency sections on this screen.
 (2) * Indicates required information.

Business Contact Information **Emergency Contact Information** Profession Information MFA Information

Do you want your coordinator to be able to update this information? (default is yes) Yes No

In the event of an emergency (Drill or Notification) we will attempt to contact you at all six numbers
 Phone 1 is called first, Phone2 is called second, then Phone3.

Business Hours (8 AM - 5 PM, Monday to Friday)		Non-Business Hours (5 PM - 8 AM, Monday to Friday and Weekends)	
Phone 1 * <input type="text" value="###-###-####"/>	Type <input type="text" value="mobile device"/>	Phone 1 <input type="text" value="###-###-####"/>	Type <input type="text" value="mobile device"/>
Phone 2 <input type="text"/>	Type <input type="text" value="Please Pick"/>	Phone 2 <input type="text"/>	Type <input type="text" value="Please Pick"/>
Phone 3 <input type="text"/>	Type <input type="text" value="Please Pick"/>	Phone 3 <input type="text"/>	Type <input type="text" value="Please Pick"/>
Fax * <input type="text" value="###-###-####"/>		Fax <input type="text"/>	
Email = <input type="text" value="primary email address"/>		Email <input type="text" value="secondary email address"/>	

NOTE : SMS messages can only be sent to mobile phones. Your normal billing rates will apply.

SMS Number Network Provider

Submit **Reset**

4. Please also be sure to provide redundant phone numbers in the Phone 2 and Phone 3 fields for both Business and Non-Business Hours if available, and complete the fields for email address, SMS text (which is your cell phone number and the service provider/carrier, e.g. AT&T Wireless).