North Carolina COVID-19 Vaccine Program
Provider Enrollment

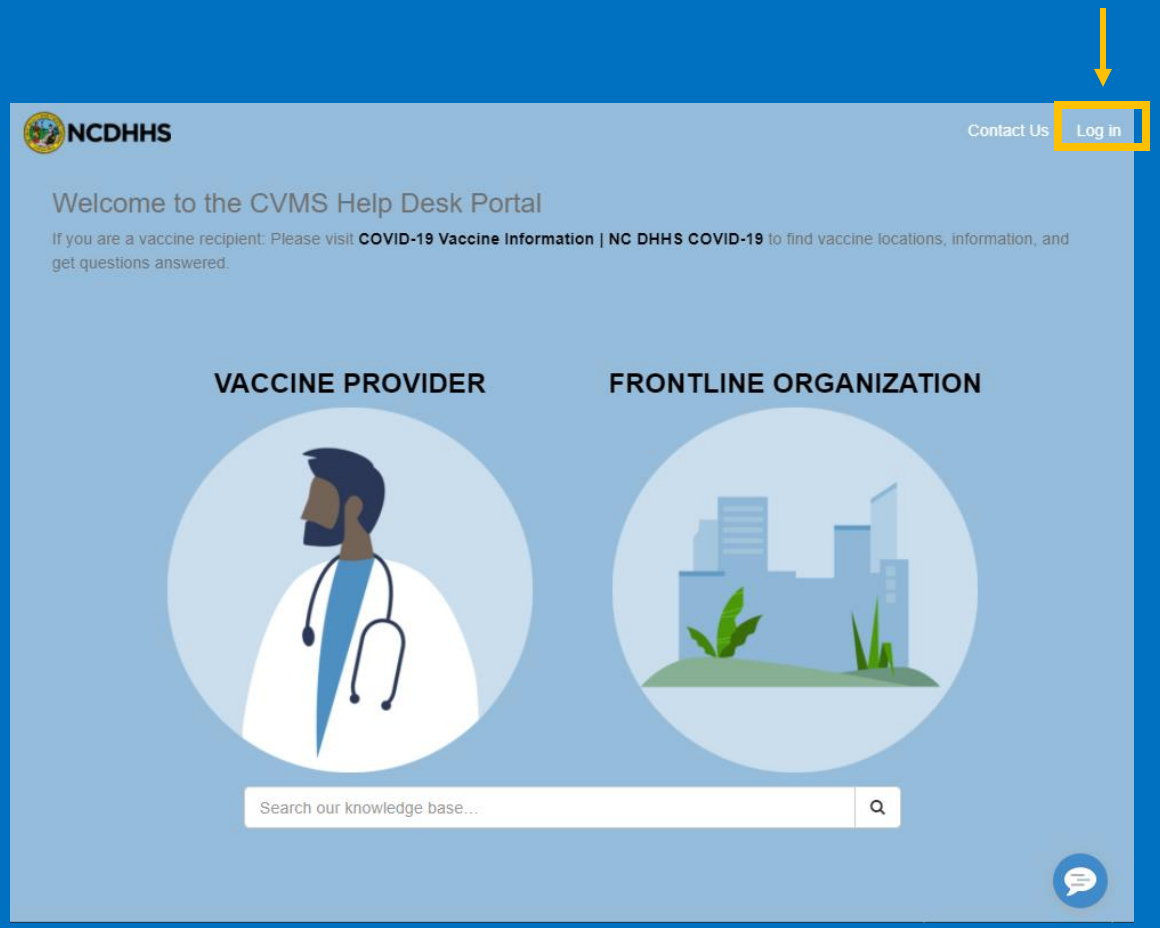
Part B – Register each vaccine location and all prescribing providers who will administer vaccine

User Guide

Version 13

October 26, 2021

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES



If you have any questions, issues or requests, please go to the CVMS Help Desk Portal* at **https://ncgov.servicenowservices.com/csm_vaccine**

You can also call the COVID-19 Vaccine Provider Help Desk at **(877) 873-6247** and select option 1.
The COVID-19 Vaccine Provider Help Desk is available during the following hours:

Monday to Friday: 7 am – 7 pm ET
Saturday: 8 am – 4 pm ET
Sunday: Closed

* On the home page of the CVMS Help Desk Portal, select **Login** at the top right-hand corner, then select the "**Vaccine Provider**" option to submit your question, issue, or request.

Providers that are first time users of the CVMS Help Desk Portal will have to follow the steps below:

1. Register for an account by clicking '**Login**' then **'Register'** on the left side of the screen
2. Populate your first name, last name, and business e-mail
3. You will receive an e-mail with your username and temporary password to log into the portal

Table of Content

	Pages
Overview	**4 – 6**
Complete Section B	**7 – 46**
Complete Responsible Officer Review & Sign Process	**23 – 30**
Other Operations Available	**31 – 46**
Editing Section B	32 – 38
Resubmitting Section B	39 – 41
Practice Provider Bulk Upload	42 – 46
Appendix	**47 – 55**
Reset Password	48 – 52
Next Steps	53 – 53

Overview

Overview

Section B

Welcome to the Locations page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your COVID-19 vaccination location.

As a Vaccine Coordinator, you are about to complete Section B (Provider Profile) of the CDC COVID-19 Vaccination Program Provider Agreement. This section gathers specific information on your location. If you serve as Vaccine Coordinator for multiple locations within your organization, **you must complete this section for each respective location**. To complete this section, you will be asked for:

- Location details
- Primary and Back-up Vaccine Coordinator contact information
- Shipment availability
- Provider type and setting
- Population(s) served
- Storage capacity and storage unit specifications (including brand, model, type, and interior and exterior pictures)
- List of providers, including license numbers, with prescriptive authority

If you also serve as CEO and/or CMO for your organization, click on the "CEO Review/Sign" and/or "CMO Review/Sign" at the top menu bar after you have completed Section B to review the conditions for enrollment and provide your signature.

Don't Show this Again ☐ Close

In this user guide, we will discuss system selection, how the Vaccine Coordinator will complete Section B of the Provider Enrollment process, and then how the CEO and CMO will be able to sign the agreement(s).

The content included in this user guide is for the following roles: **Organization Administrator, Primary Vaccine Coordinator, the Chief Executive Officer and the Chief Medical Officer.**

Additionally, you will need to:

- Use the latest version of Chrome, Firefox, Edge Chromium, or Safari browsers
- Log into the CVMS Provider Enrollment Portal at https://covid-enroll.ncdhhs.gov/

Now, let's get started!

There are Four User Profiles Available, and this User Guide Focuses on the last three Profiles

The COVID-19 Vaccination Program Provider Enrollment Process takes place in the **CVMS PROVIDER ENROLLMENT PORTAL** in five steps:

Start
- Create your User Account

→

The Organization Administrator completes Section A
- Enter Organization Details
- Add Vaccine Location(s) Contact Information
- Add your CEO and CMO Contact information

→

System Selection
- Select which system (NCIR or CVMS) your organization will be using

→

The Vaccine Coordinator(s) completes Section B

Enter Location Details
Enter Practicing Provider(s) Details
Enter Vaccine Shipping/Storage Details

→

CEO & CMO Submit
- E-sign the agreement(s)

→

NCDHHS Reviews
- Review, Approve or Decline

Additional Resources

- CVMS Provider Enrollment Portal - https://covid-enroll.ncdhhs.gov/
- Vaccine Readiness Checklist - https://covid19.ncdhhs.gov/covid-19-vaccine-readiness-checklist-download/download
- Learning Materials: https://covid19.ncdhhs.gov/vaccines/providers/covid-19-vaccine-management-system-cvms-steps-providers

Complete Section B

Provider Enrollment Role Checklist

COMPLETE THE CHECKLIST below for **EACH ROLE** that you serve in your organization

Organization Administrator

- ❑ **Create** your user account
- ❑ Mark if your organization is a **Redistribution Participant**
- ❑ **Add** all locations and enter for each location the vaccine coordinator(s) contact information
- ❑ Add your organization's **CEO**
- ❑ Add your organization's **CMO**

Vaccine Coordinator

- ❑ **Register** for a Provider Enrollment account via the link in the welcome email
- ❑ **Upload pictures** of the interior and exterior of your **storage units**
- ❑ **Input all practicing providers** at your location
- ❑ Review and sign the **CDC COVID-19 Vaccination Program Provider Agreement**
- ❑ Review and sign the **Storage and Handling Attestation**

For locations with at least 25 practicing providers, return completed **Practicing Provider Bulk Upload Template** to the CVMS Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine

Chief Executive Officer (CEO)

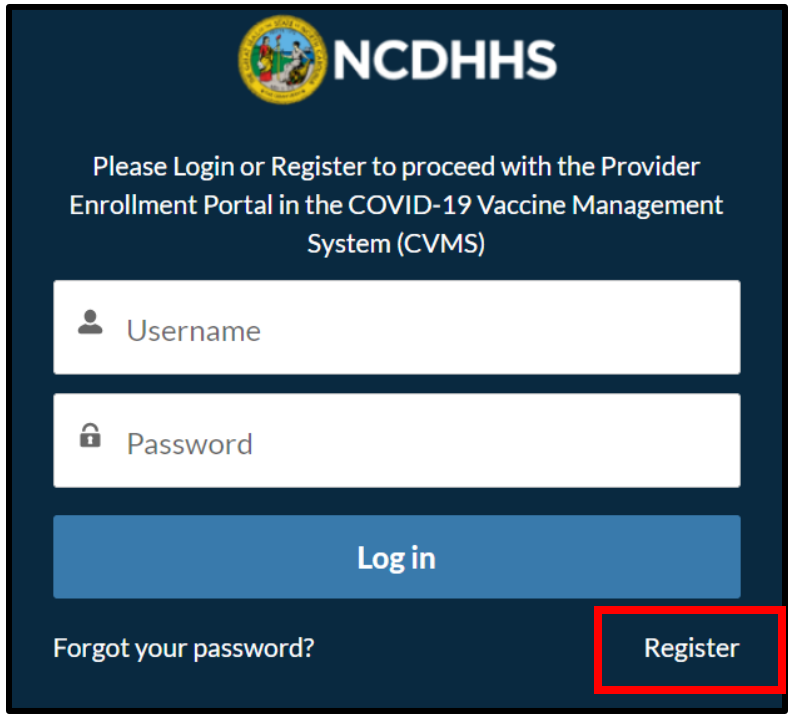
- ❑ **Register** for a Provider Enrollment account via the link in the welcome email
- ❑ Review and sign the **CDC COVID-19 Vaccination Program Provider Agreement**
- ❑ If applicable, review and sign the **CDC Supplemental COVID-19 Vaccine Redistribution Agreement**

Chief Medical Officer (CMO)

- ❑ **Register** for a Provider Enrollment account via the link in the welcome email
- ❑ Review and sign **the CDC COVID-19 Vaccination Program Provider Agreement**
- ❑ If applicable, review and sign the **CDC Supplemental COVID-19 Vaccine Redistribution Agreement**

Note: A single user can assign themselves all four profiles above if applicable and complete the enrollment process.

Step 1 of 13: Log into the CVMS Provider Enrollment Portal



You will receive an email from COVIDenroll@dhhs.nc.gov inviting you to register for an account. **DO NOT** register before you receive this email.

1. Click the link in the email
2. Click **REGISTER** on the CVMS Provider Enrollment homepage
3. Enter your **NAME AND EMAIL**
4. Create your **PASSWORD**
5. Click **SIGN UP**
6. You will be directed to **COMPLETE SECTION B**

Audience

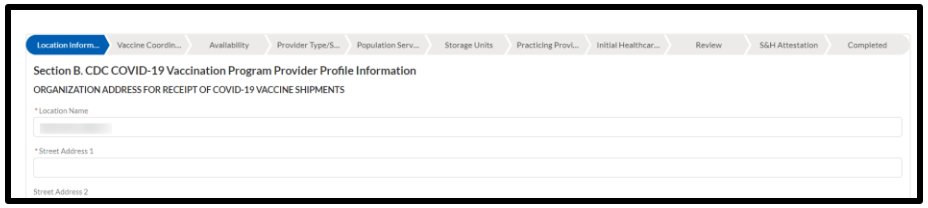
Vaccine Coordinator

Tips

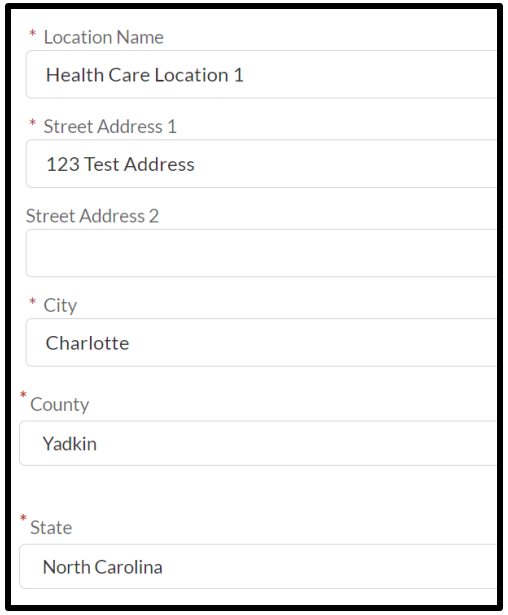
Link to the portal included in the email inviting you to register.

If you are also the Organization Administrator, you can skip this step.

Step 2 of 13: Provider Location Information



You will be directed to complete the **LOCATION INFORMATION** page. On this page, you will be able to provide additional details for your location.



1. Enter the address where your location will receive COVID-19 vaccine shipments
2. Please indicate if the address for vaccine shipments differs from the vaccine administration locations
3. Please indicate if another organization will order COVID-19 vaccine for this location
4. Click **NEXT** once all information is complete

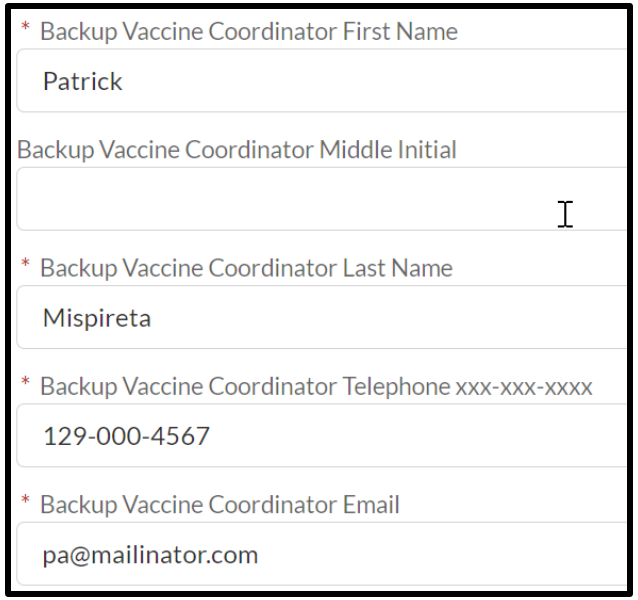
Audience

Vaccine Coordinator

Tips

The Location Name field will be populated from details entered in Section A.

Step 3 of 13: Provide Vaccine Coordinator Details



After providing the location details, you will be prompted to enter additional Vaccine Coordinator Details. As the **PRIMARY VACCINE COORDINATOR**, your information will be **PREPOPULATED** for you.

You will be asked to provide **BACKUP VACCINE COORDINATOR** contact details. The Backup Vaccine Coordinator is typically the **LEAD PHYSICIAN** signing the agreement on behalf of your organization.

1. Enter the **BACKUP VACCINE COORDINATOR DETAILS**
2. Click **NEXT**

Audience

Vaccine Coordinator

Tips

The Backup Vaccine Coordinator can be any representative from your location.

The Backup Vaccine Coordinator will <u>not</u> have access to the CVMS Provider Enrollment Portal.

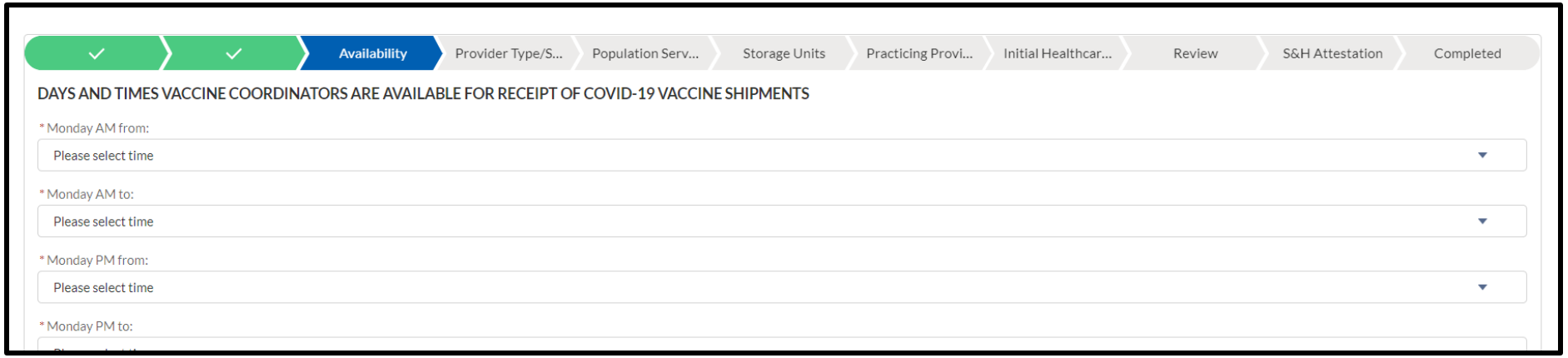
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Step 4 of 13: Enter Availability to Receive COVID-19 Vaccine Shipments

You will be asked to provide your **AVAILABILITY TO RECEIVE COVID-19 VACCINE SHIPMENTS.**

You have the option specify when you can receive shipments during a **MORNING AND EVENING TIMESLOT FOR EACH DAY** of the traditional work week.

1. Provide the **AVAILABILITY TO RECEIVE** COVID-19 vaccine shipments
2. If you are **NOT AVAILABLE TO RECEIVE** shipments during a timeslot, select **NA** for both the **FROM AND TO FIELDS**
3. Click **NEXT**



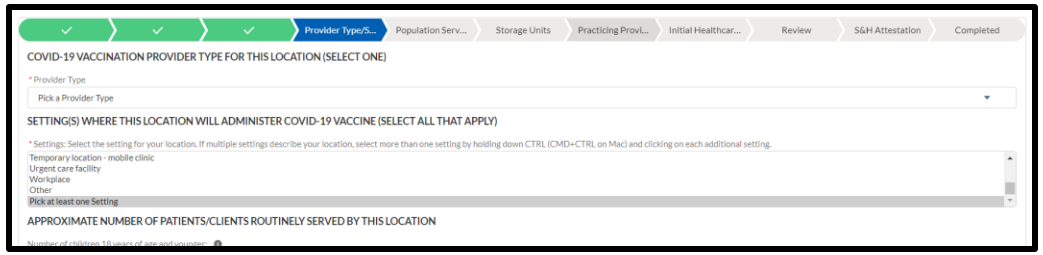
Audience

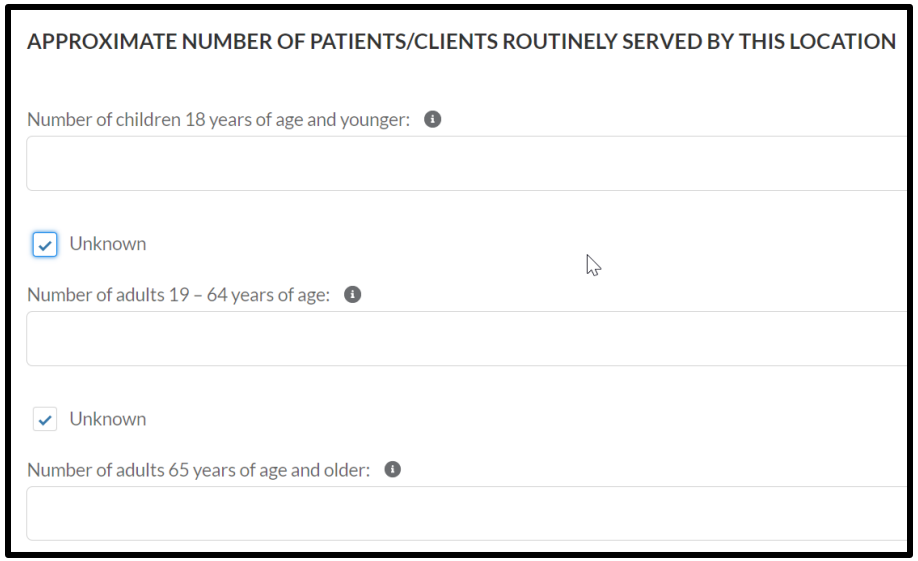
Vaccine Coordinator

Tips

Your location must have at least a four-hour continuous window of availability between Tuesday and Friday to receive shipment (excluding transfers or redistributions)

Step 5 of 13: Enter Provider Type & Key Vaccination Details





Next, you will be directed to the **PROVIDER TYPE/SETTINGS** page. In this section, you will provide more information about your provider type and other key details.

1. Select a **PROVIDER TYPE**
2. Select **ALL THE SETTINGS** that apply
3. Enter the **ANNUAL NUMBER OF PATIENTS** served for **EACH AGE DEMOGRAPHIC**. If you do not know, select **Unknown**
4. Enter the **AVERAGE NUMBER OF PATIENTS** seen per week
5. Enter the **PEAK INFLUENZA VACCINES ADMINISTERED**
6. Click **NEXT**

Audience

Vaccine Coordinator

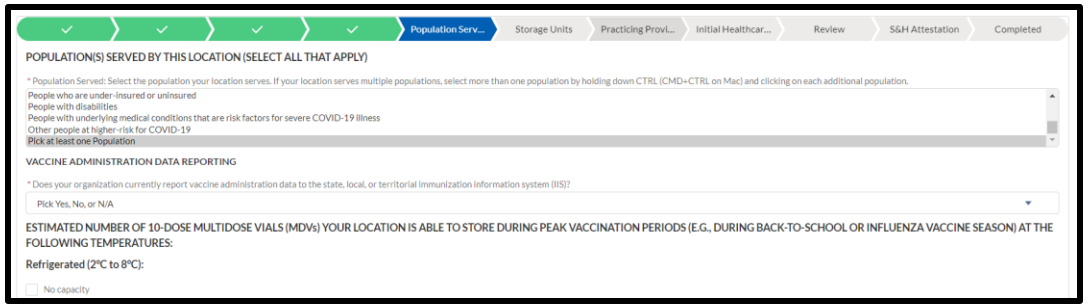
Tips

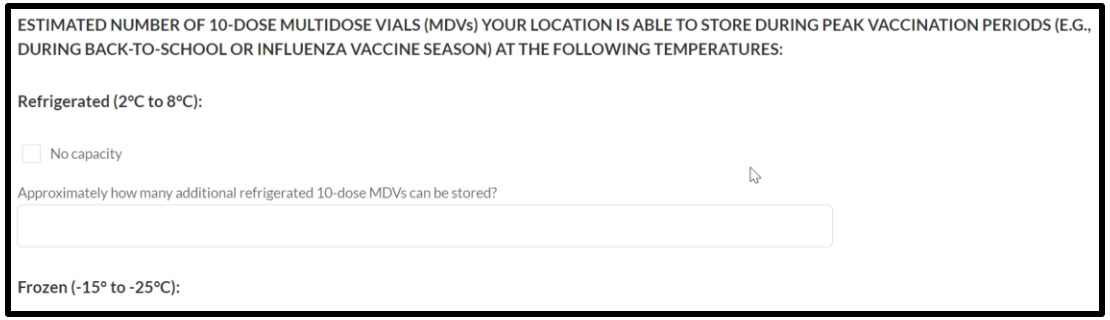
To select more than one setting, click CTRL on your KEYBOARD and all values that apply.

If you have Mac, CONTROL + COMMAND and select all values that apply.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Step 6 of 13: Enter Population Type / # of 10-Dose MDVs





Next, you will be directed to the **POPULATION TYPE / # OF 10-DOSE MDVS** page. On this page, you will provide additional information about the **POPULATION(S) YOU SERVE** and some **STORAGE DETAILS.**

1. Select **ALL THE POPULATIONS SERVED** by your locations
2. Enter your location's **REPORTING STATUS / IIS NUMBER**.
3. Enter your location's **STORAGE CAPACITY DETAILS**
4. If your location does not have any storage capacity, select **NO CAPACITY**
5. Click **NEXT**

Audience

Vaccine Coordinator

Tips

Pharmacies can call 1-877-873-6247 to determine their IIS number. All other types of providers can enter their NCIR number.

If you do not know your IIS number, leave this blank.

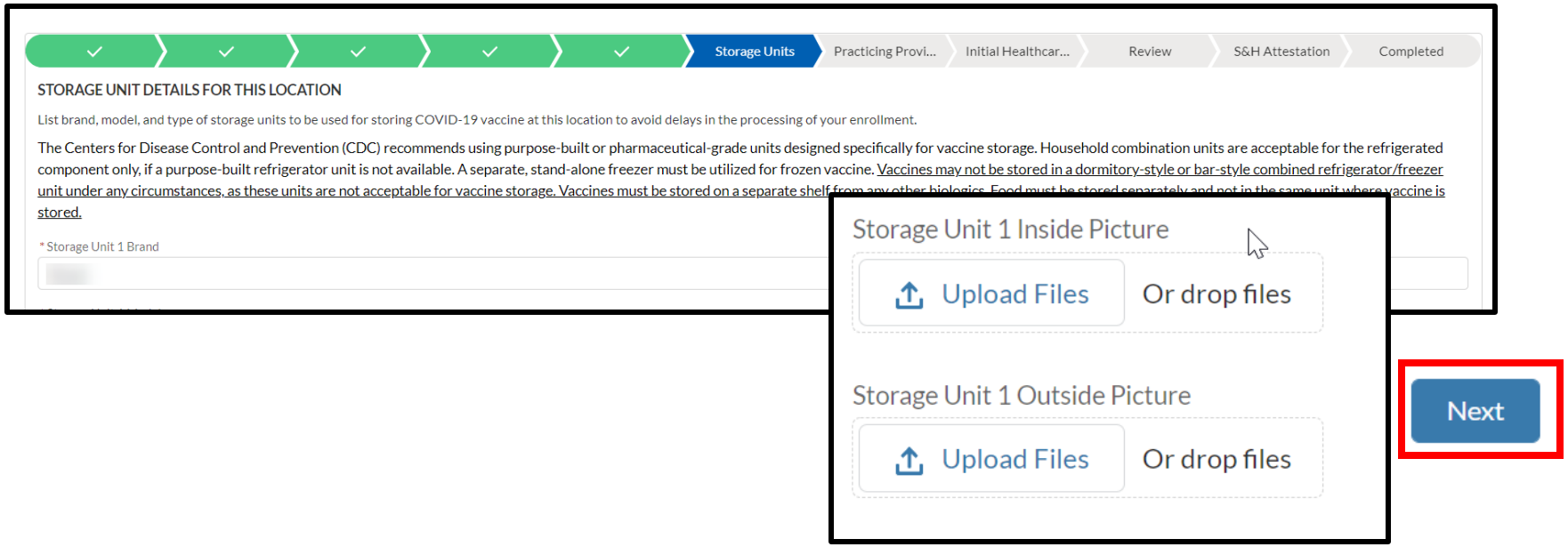
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Step 7 of 13: Provide Additional Storage Unit Information

Next, you will be asked for more information on your **LOCATION'S STORAGE UNITS**. You may enter up to a **MAXIMUM OF FIVE STORAGE UNITS**.

You **MUST UPLOAD INSIDE AND OUTSIDE PHOTOS** of your storage units.

1. Enter the **BRAND, MODEL, AND TYPE** for each storage unit
2. **UPLOAD INSIDE AND OUTSIDE PHOTOS** of each storage unit
3. Select **N/A** for any remaining storage unit fields you will not use
4. Click **NEXT**



Audience

Vaccine Coordinator

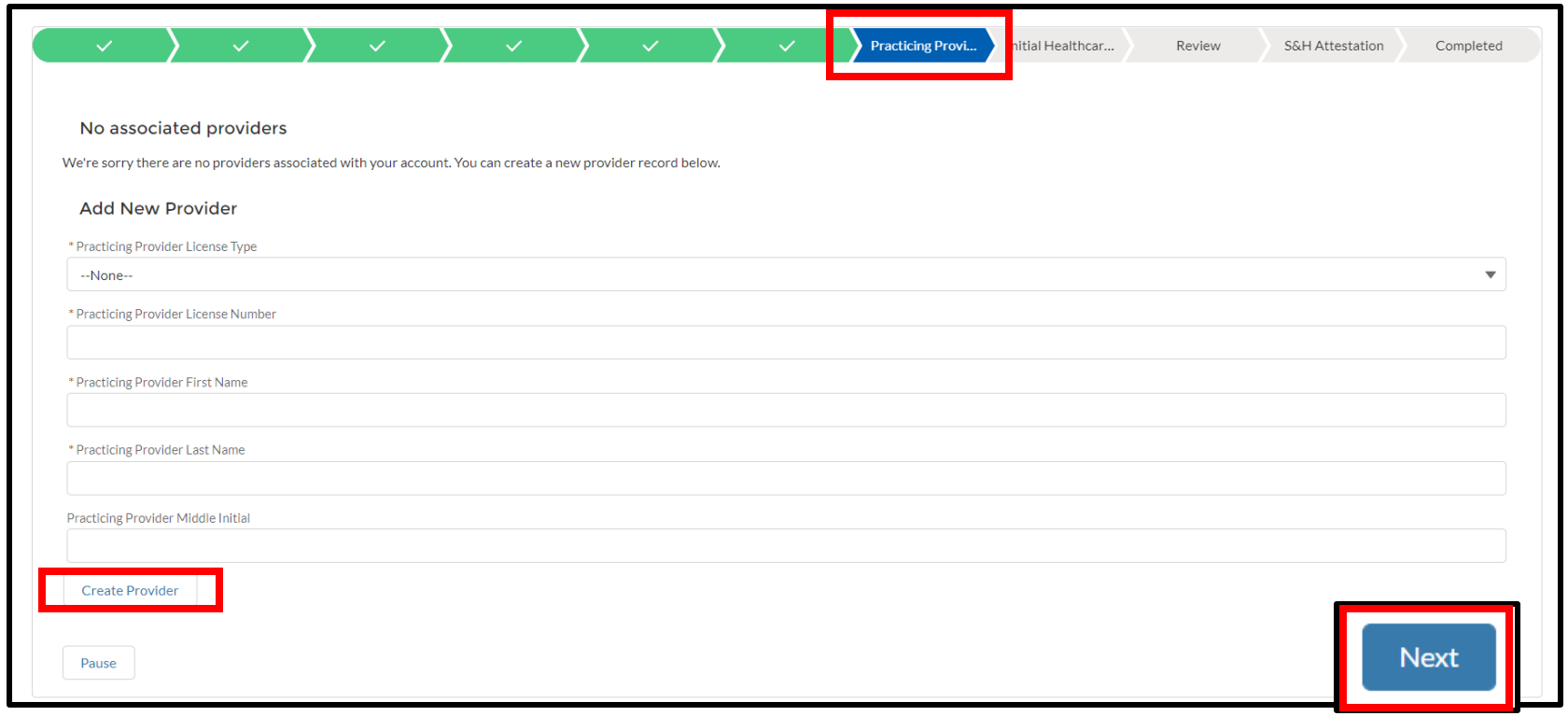
Tips

You must upload actual pictures of your storage units, not stock photos. Failure to upload actual photos will prevent your submitted application from being approved.

Step 8 of 13: Enter Your Practicing Providers Information

Next, you will be asked to **ENTER ALL PRACTICING PROVIDERS** with prescribing authority (i.e., MD, DO, NP, PA, RPh, DDS, DMD) for the COVID-19 vaccine at your location.

1. For each practicing provider, enter their information as it **APPEARS ON THEIR MEDICAL LICENSE**
2. Click **CREATE PROVIDER**
3. The practicing provider will be added to the list



Audience

Vaccine Coordinator

Tips

The practicing provider's name entered must match exactly how the practicing provider's name appears on the practicing provider's medical license.

If you represent a location with **25 or more practicing providers**, please reference the subsection labeled Practice Provider Bulk Upload in this user guide.

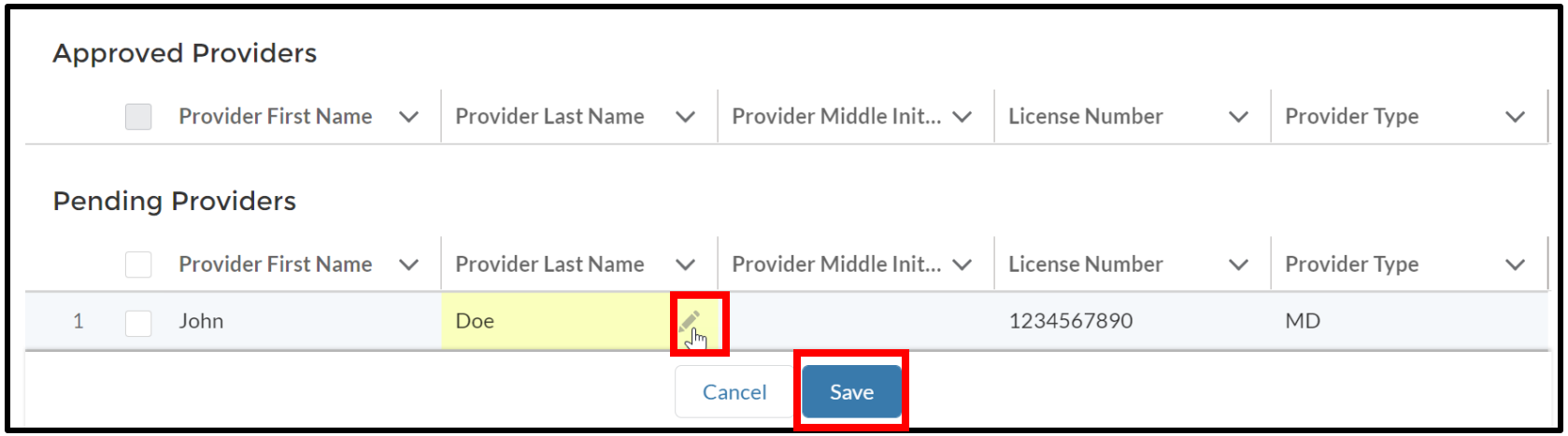
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Step 9 of 13: Edit Your Practicing Providers Details

Once you enter all your practicing providers, **REVIEW THE PROVIDER LIST**. You can update or deactivate practicing providers that you entered.

To **UPDATE THE INFORMATION** for a practicing provider:

1. Locate the **CORRECT PROVIDER**
2. Click on the **PENCIL** next to the field you wish to update
3. Click outside of the field
4. Click **SAVE**



Audience

Vaccine Coordinator

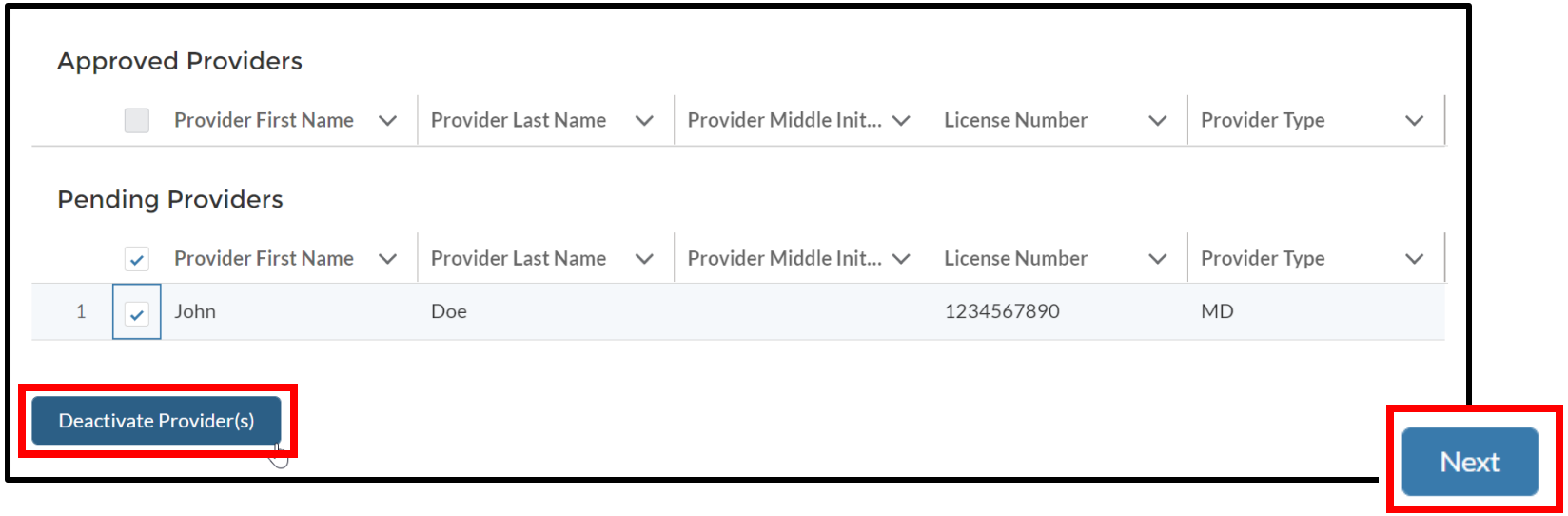
Step 10 of 13: Deactivate a Practicing Provider

Before you move to the next section, you can also deactivate any practicing providers you added to your providers list. It is **IMPORTANT THAT YOU REVIEW ALL PROVIDER DETAILS** before navigating to the next section.

To **DEACTIVATE A PROVIDER**:

1. Select **ONE OR MORE PROVIDERS** you wish to deactivate
2. Click **DEACTIVATE PROVIDER(S)**

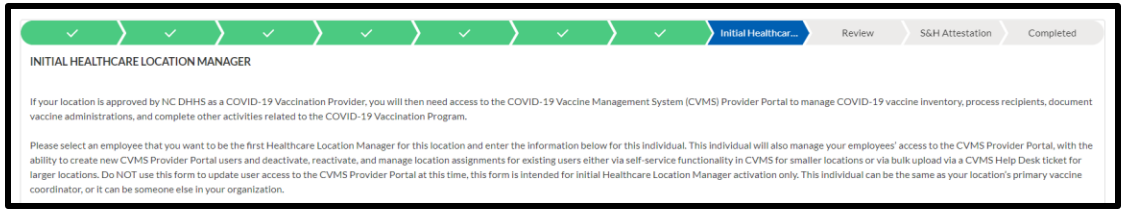
Once you confirm that all practicing provider details are correct, click **NEXT**

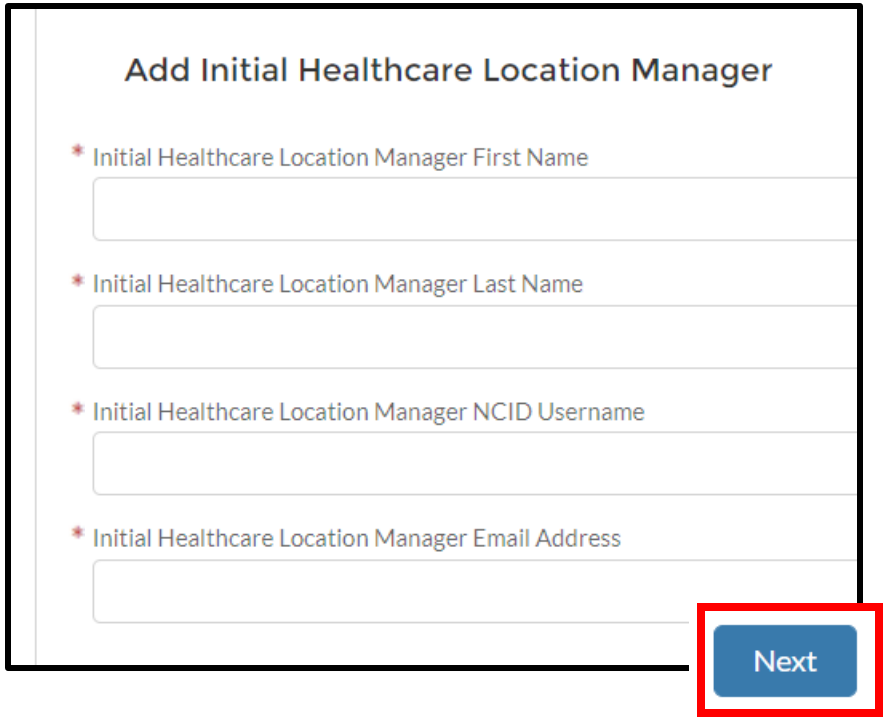


Audience

Vaccine Coordinator

Step 11 of 13: Add Initial Healthcare Location Manager





After clicking next, you will be asked to **ADD YOUR INITIAL HEALTHCARE LOCATION MANAGER** to help support onboarding activities in the CVMS Provider Portal.

If your location is approved, the initial Healthcare Location Manager will be the first person for your location to receive access to the CVMS Provider Portal.

1. Review the instructions
2. Enter all **REQUIRED INFORMATION**
3. Click **NEXT**

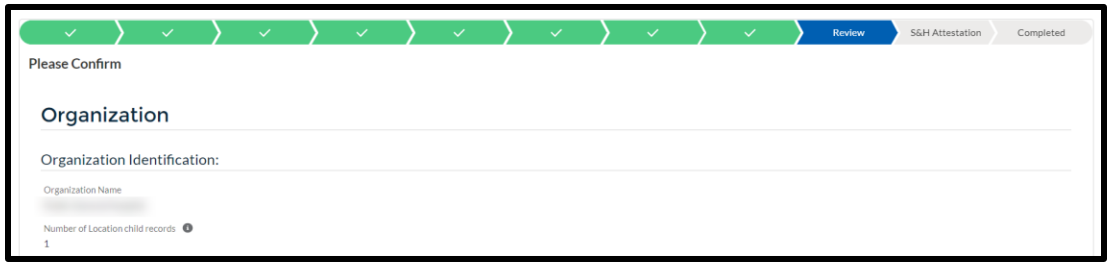
Audience

Vaccine Coordinator

Tips

Entering your initial Healthcare Location Manager in the CVMS Provider Enrollment Portal is required. **Once the location is approved by NCDHHS**, this initial Healthcare Location Manager will be added to the CVMS Provider Portal, be sent a welcome email with instructions on how to access the CVMS Provider Portal, and then be able add additional HCP users for this location in the CVMS Provider Portal.

Step 12 of 13: Review & Sign the CDC COVID-19 Vaccination Program Provider Agreement



After clicking next, you will be able to review the information you provided and **SIGN THE CDC COVID-19 VACCINATION PROGRAM PROVIDER AGREEMENT.**

It is **IMPORTANT** that you confirm that everything you entered for **SECTION B IS ACCURATE AND COMPLETE.**

1. Review the information you entered in Section B
2. Use the **PREVIOUS** button to correct errors
3. **DRAW YOUR SIGNATURE**
4. Click **ADOPT AND USE**
5. Click **NEXT**

Audience

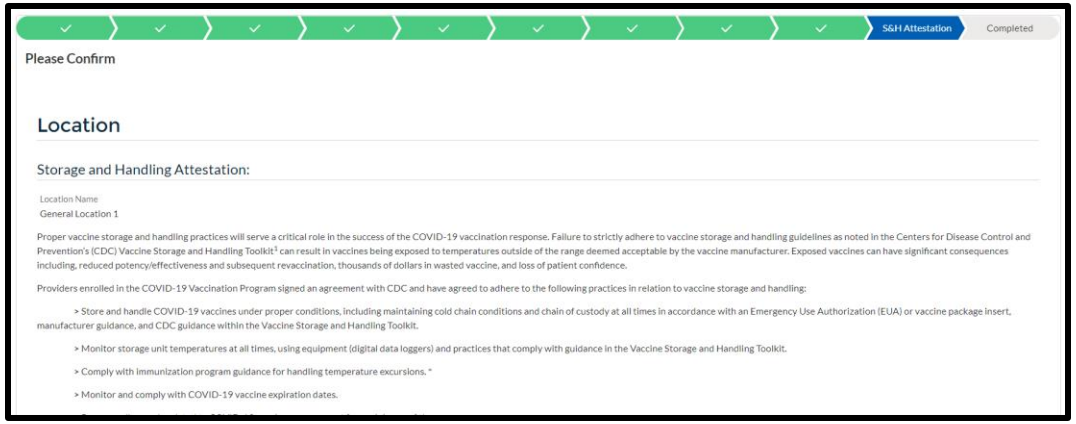
Vaccine Coordinator

Tips

If you wish to redo your signature, click the CLEAR button.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Step 13 of 13: Review & Sign the Storage and Handling Attestation



Next, you will **REVIEW AND SIGN** the **STORAGE AND HANDLING ATTESTATION.**

It is **IMPORTANT** to know that this **SIGNATURE IS CONSIDERED** on behalf of **YOU AND THE BACKUP VACCINE COORDINATOR.**

1. Read the **STORAGE AND HANDLING ATTESTATION**
2. **DRAW YOUR SIGNATURE**
3. Click **ADOPT AND USE**
4. Click **NEXT**
5. Section B is now **COMPLETE**

Audience

Vaccine Coordinator

Tips

You and your Organization Administrator will be notified via email when your location is approved for the first time if your Organization was approved first (this only applies to organizations with more than one location).

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Email Notification After 7 Days of Inactivity

If you have not updated Section B for your location after 7 calendar days while it is in the New status, you will receive an email notification reminding you to complete Section B. It is important to complete Section B as soon as possible for your location to be reviewed by the NCDHHS Immunization Branch.

Audience

Vaccine Coordinator

Dear

Cc:

We are writing to inform you that your application as a CDC COVID-19 Vaccination Provider in CVMS is incomplete and has not yet been submitted to the North Carolina Immunization Branch for review. Based on our records, Section B of the application for the location is still incomplete. Please ensure that as the vaccine coordinator, you log into the CVMS Provider Enrollment Portal and fully complete all information required to submit your application.

Enrolling COVID-19 vaccination providers must fully complete both Section A (Organization Information completed by your organization administrator) and Section B (Provider Profile for each location where COVID vaccine will be stored and administered completed by the location's primary vaccine coordinator) in order for your application to be reviewed.

Guidance and training on how to complete all sections of the application can be found on the NC DHHS website: Click Here

If you have decided not to proceed with the application for this location, please have your organization's administrator deactivate this location in the CVMS Provider Enrollment Portal

Please submit cases/inquiries regarding COVID-19 vaccines as well as any CVMS technology issues to the CVMS Help Desk Portal

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Complete the Responsible Officer Review & Sign Process

Provider Enrollment Role Checklist

COMPLETE THE CHECKLIST below for **EACH ROLE** that you serve in your organization

Organization Administrator

- ❑ **Create** your user account
- ❑ Mark if your organization is a **Redistribution Participant**
- ❑ **Add** all locations and enter for each location the vaccine coordinator(s) contact information
- ❑ Add your organization's **CEO**
- ❑ Add your organization's **CMO**

Vaccine Coordinator

- ❑ **Register** for a Provider Enrollment account via the link in the welcome email
- ❑ **Upload pictures** of the interior and exterior of your **storage units**
- ❑ **Input all practicing providers** at your location
- ❑ Review and sign the **CDC COVID-19 Vaccination Program Provider Agreement**
- ❑ Review and sign the **Storage and Handling Attestation**

For locations with at least 25 practicing providers, return completed **Practicing Provider Bulk Upload Template** to the CVMS Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine

Chief Executive Officer (CEO)

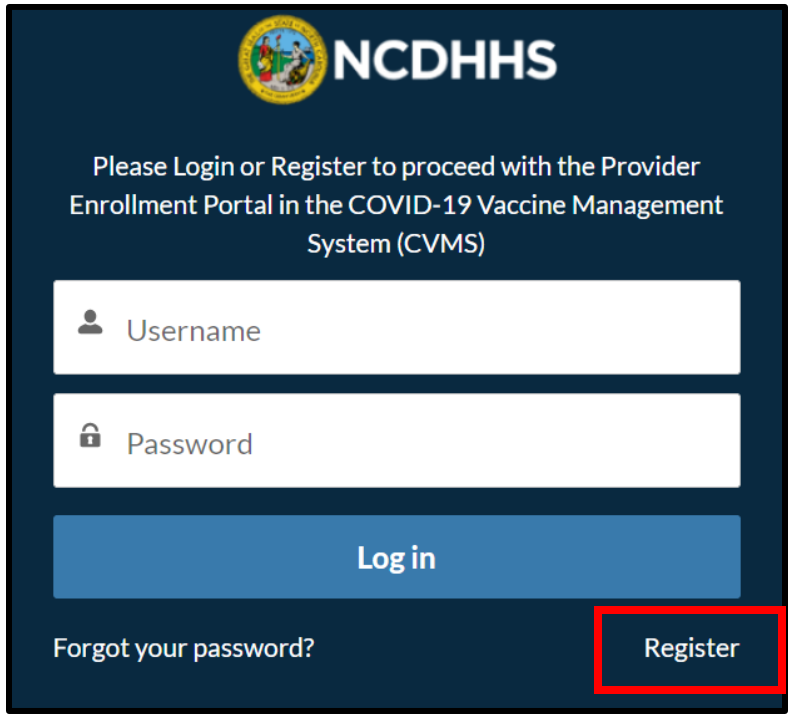
- ❑ **Register** for a Provider Enrollment account via the link in the welcome email
- ❑ Review and sign the **CDC COVID-19 Vaccination Program Provider Agreement**
- ❑ If applicable, review and sign the **CDC Supplemental COVID-19 Vaccine Redistribution Agreement**

Chief Medical Officer (CMO)

- ❑ **Register** for a Provider Enrollment account via the link in the welcome email
- ❑ Review and sign **the CDC COVID-19 Vaccination Program Provider Agreement**
- ❑ If applicable, review and sign the **CDC Supplemental COVID-19 Vaccine Redistribution Agreement**

Note: A single user can assign themselves all four profiles above if applicable and complete the enrollment process.

Step 1 of 6: Log into the CVMS Provider Enrollment Portal



You will be sent an email from COVIDenroll@dhhs.nc.gov inviting you to register for an account. **Do not** register before you receive this email.

1. Click the link in the email
2. Click **REGISTER** on the CVMS Provider Enrollment Portal login page
3. Enter your **NAME AND EMAIL**
4. Create your **PASSWORD**
5. Click **SIGN UP**
6. You will be directed to **COMPLETE SECTION B**

Audience

CEO
CMO

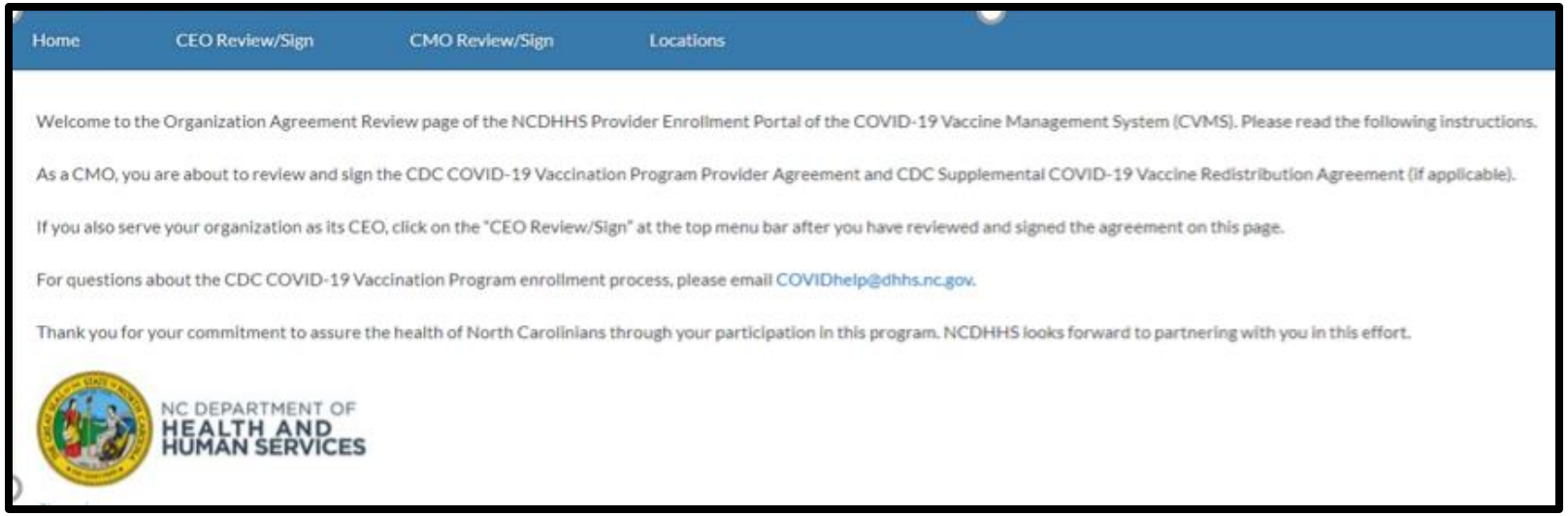
Tips

The link to the CVMS Provider Enrollment Portal will be included in the email inviting you to register.

Step 2 of 6: Review the Organization Agreement Review Process

After logging in, you will see a message appear with a few **IMPORTANT REMINDERS** about the **ORGANIZATION AGREEMENT REVIEW PROCESS.** The Organization Agreement Process will work similarly for **BOTH CMOs** and **CEOs.**

1. Read the **REVIEW**
2. **CLOSE** the window



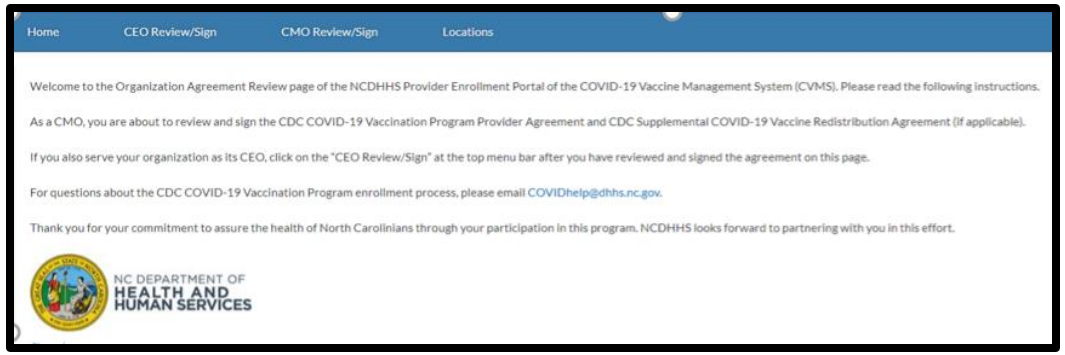
Audience

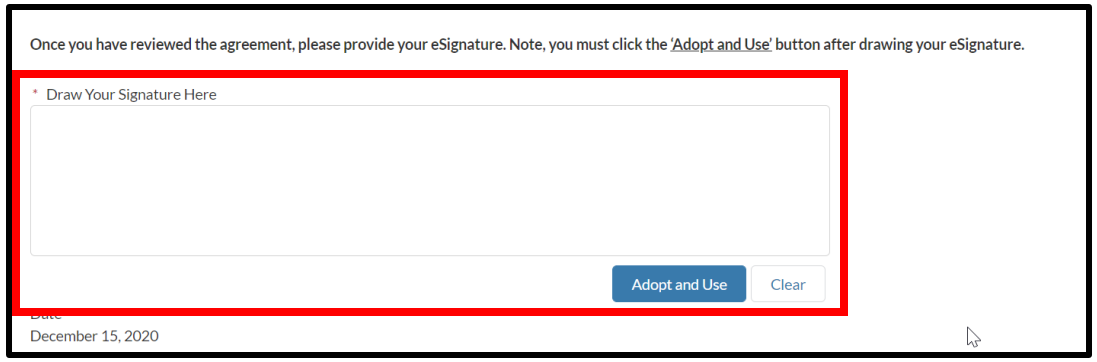
- CEO
- CMO

Step 3 of 6: Provide an e-Signature - CDC COVID-19 Vaccination Program Provider Agreement

After closing the message, you will be able to review the **CDC COVID-19 VACCINATION PROGRAM PROVIDER AGREEMENT** and your **ORGANIZATION INFORMATION.** After reviewing the agreement and all provided details, you can **E-SIGN THE DOCUMENT.**

1. **REVIEW** the agreement and organization details
2. **DRAW YOUR SIGNATURE HERE**
2. Click the **ADOPT AND USE**
3. Click **NEXT**





Audience

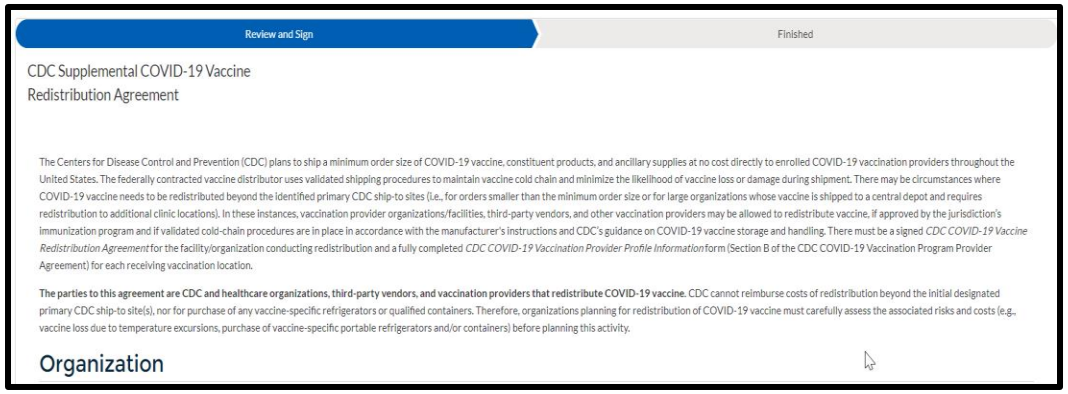
- CEO
- CMO

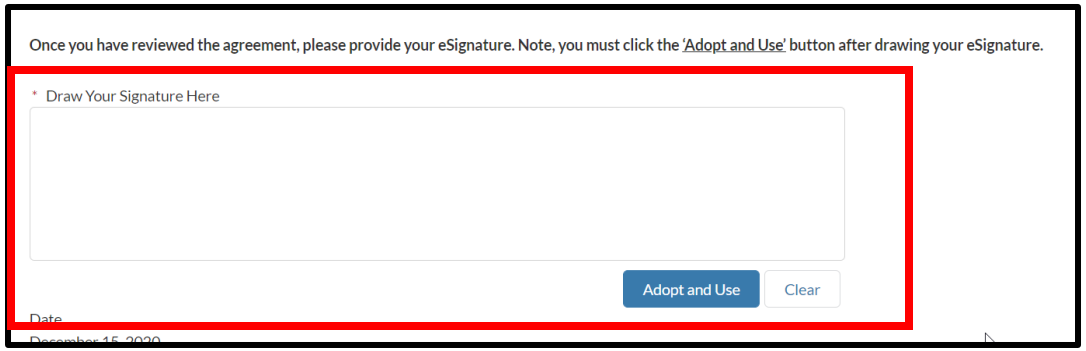
Step 4 of 6: Provide an e-Signature - CDC Supplemental COVID-19 Vaccine Redistribution Agreement

If your Organization Administrator indicated that your **ORGANIZATION IS A REDISTRIBUTION PARTICIPANT**, you will see the **CDC SUPPLEMENTAL COVID-19 VACCINE REDISTRIBUTION AGREEMENT**.

If you are not a redistribution participant, continue to the next step.

1. **REVIEW** the agreement and organization details
2. **DRAW YOUR SIGNATURE HERE**
2. Click the **ADOPT AND USE**
3. Click **NEXT**





Audience

- CEO
- CMO

Tips

This agreement will not appear if your organization is not a redistribution participant.

If you are not a redistribution participant, continue to the next step.

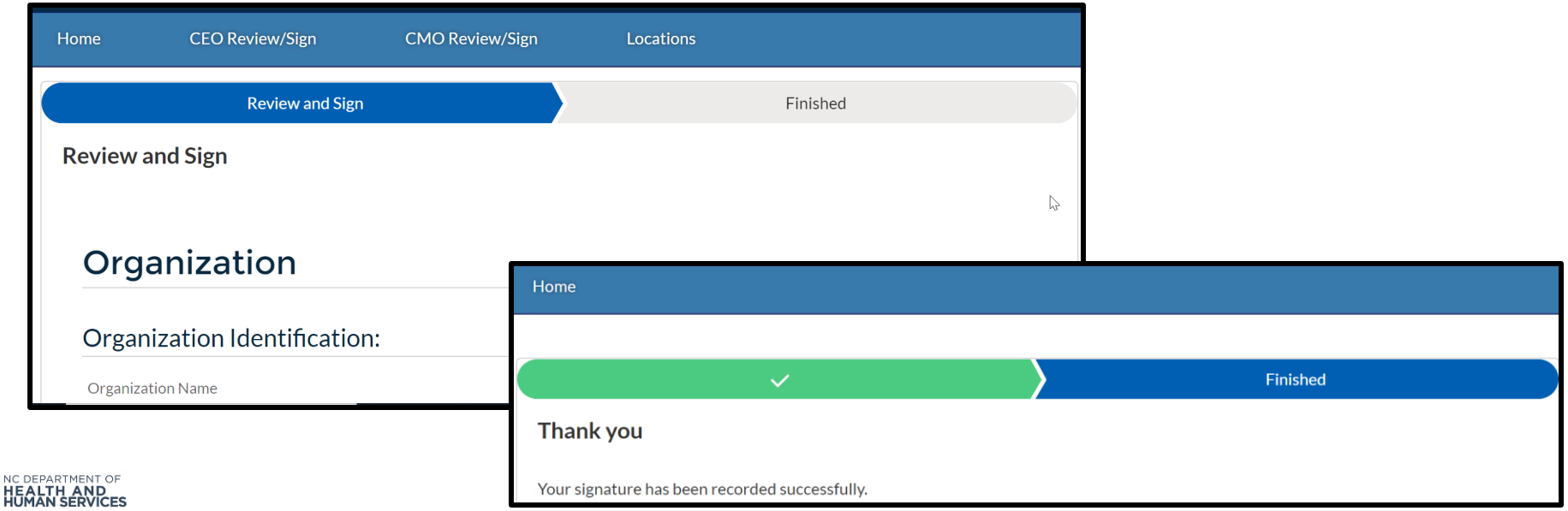
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Step 5 of 6: Review & Signature Complete

Once you are **DONE REVIEWING AND SIGNING** the appropriate agreement for your organization, the provider enrollment **PROCESS IS COMPLETE**.

If any changes are made to Section A after your organization is approved and the CEO / CMO signatures are provided, the organization must be re-approved and signatures will be required again.

If **YOU ARE BOTH THE CEO AND CMO**, continue to the **NEXT STEP**.



Audience

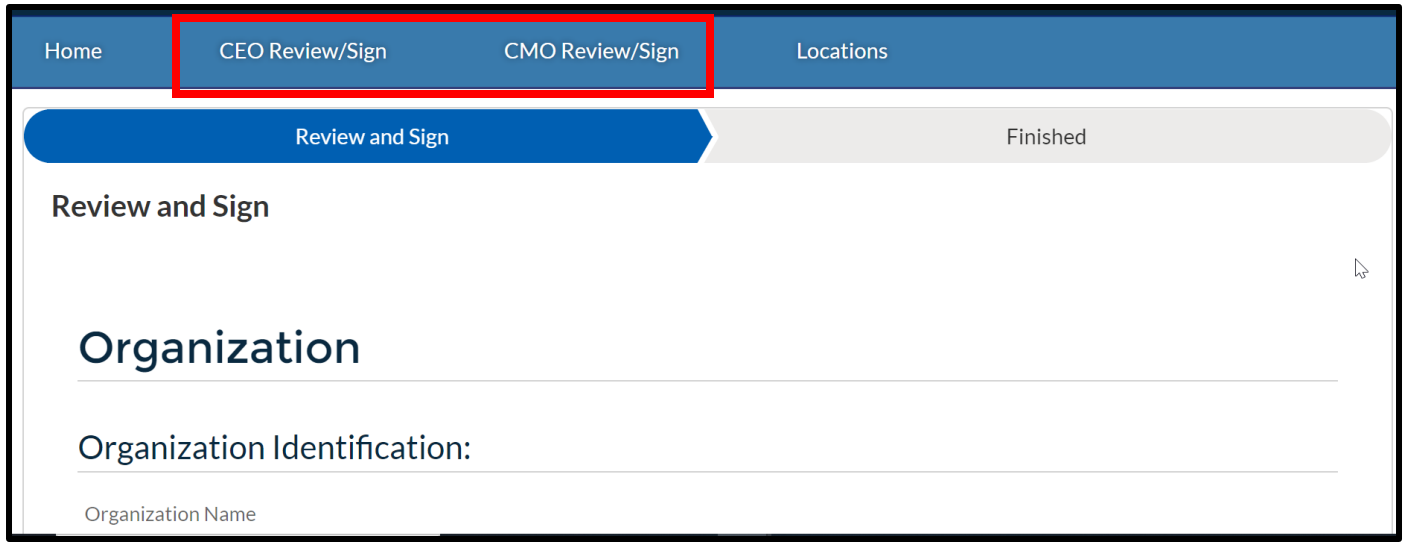
- CEO
- CMO

Step 6 of 6: Complete CMO / CEO Review & Signature

If **YOU ARE BOTH THE CEO AND CMO**, you can **COMPLETE ALL THE SAME STEPS** for the **REMAINING ROLE**.

You will be able to complete the remaining steps using the navigation bar the top of your page.

1. If you completed the CMO review / signature, click **CEO REVIEW/SIGN** at the top of your page
2. If you completed the CEO review / signature, click **CMO REVIEW/SIGN** at the top of your page



Audience

- CEO
- CMO

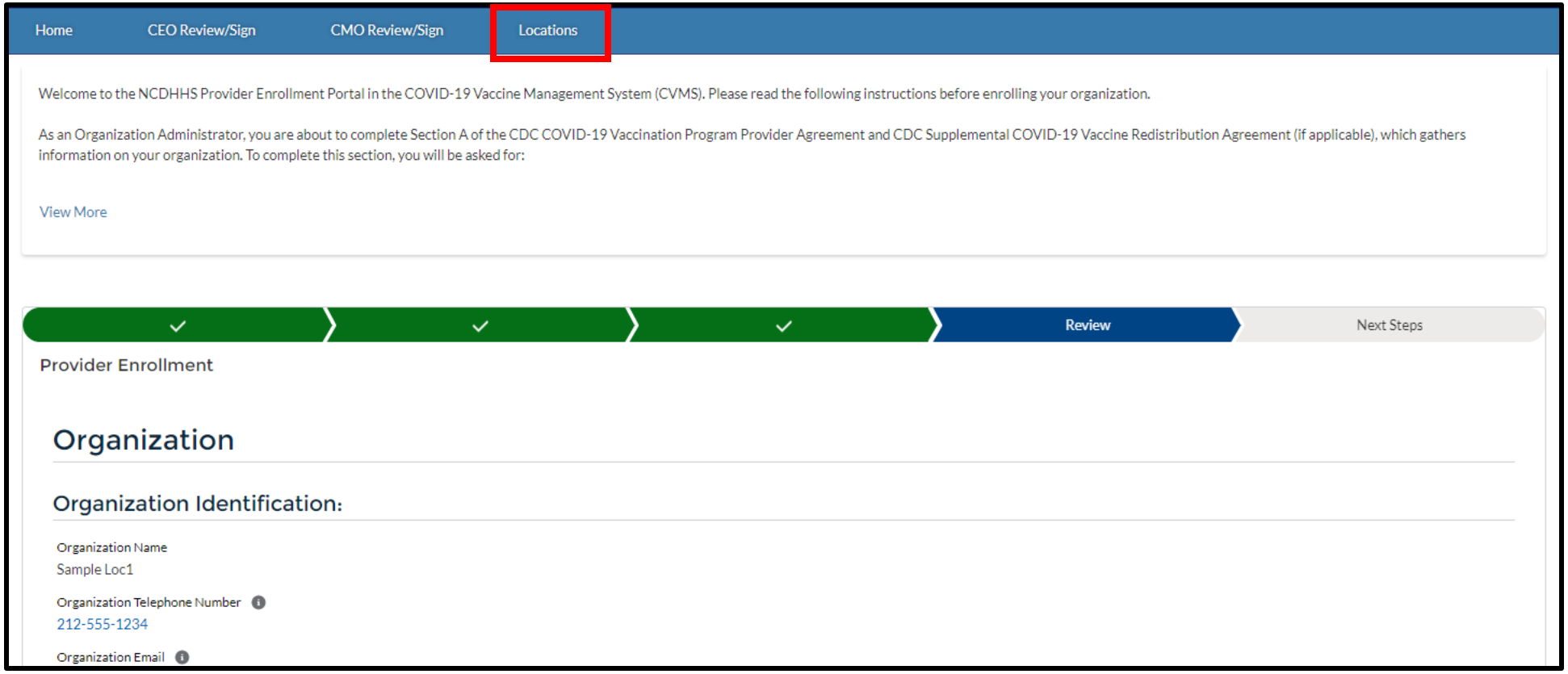
Other Operations Available

Editing Section B

Step 1 of 5: Navigate to Section B

All changes to information recorded in Section B (e.g., a location installs a new refrigerated storage unit, a new practicing provider joins the team) are **REQUIRED TO BE ENTERED** into Section B of the CVMS Provider Enrollment Portal. Follow these steps to access, edit, and resubmit Section B.

1. If you are the CEO, CMO, or Organization Administrator, you will need to navigate to Section B through the **LOCATIONS** tab (Vaccine Coordinators may skip to Step 2)



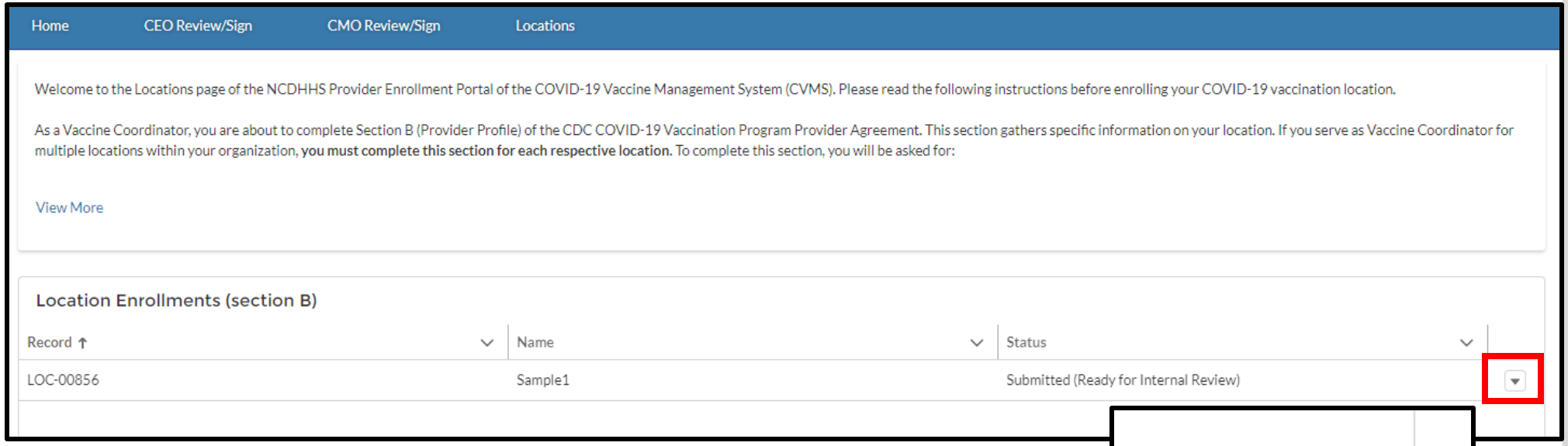
Audience

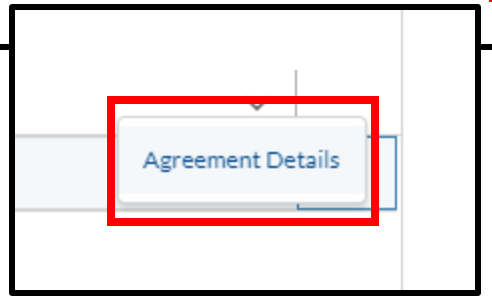
- Vaccine Coordinator
- CEO
- CMO

Step 2 of 5: Open Section B

1. Click on the arrow on the right of the location that requires editing
2. Click on **AGREEMENT DETAILS**

NOTE: If you are the Vaccine Coordinator, this screen will be your home page





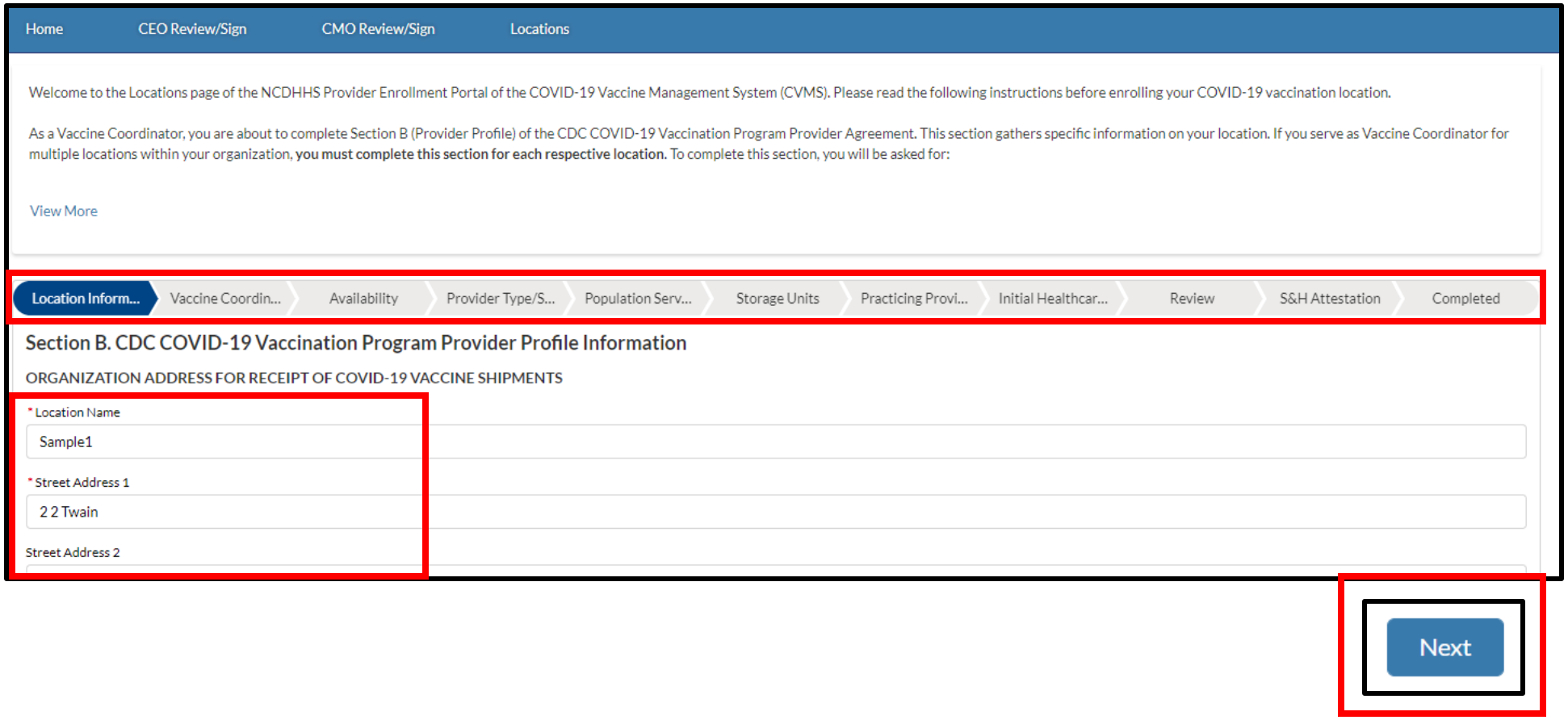
Audience

- Vaccine Coordinator
- CEO
- CMO

Step 3 of 5: Review and Edit Information

The information in Section B is auto-populated with the previously entered information.

1. Review and edit the information under each tab
2. Click **NEXT** to navigate to the next tab



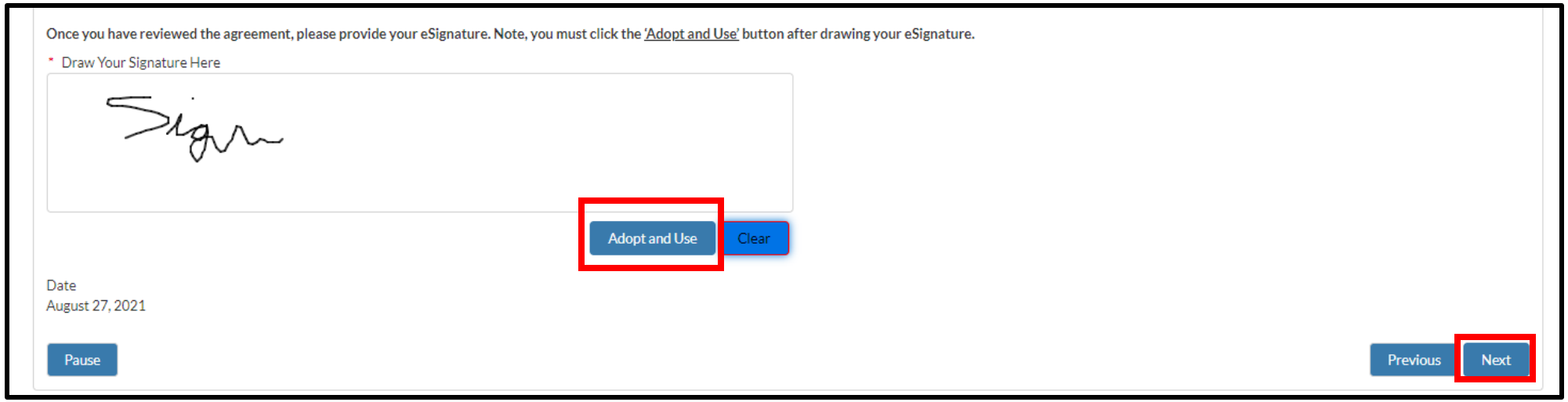
Audience

- Vaccine Coordinator
- CEO
- CMO

Step 4 of 5: Review and Sign

After completing all tabs, all information entered will display under the **REVIEW** tab. Confirm the accuracy of all information entered.

1. Draw your signature using your mouse
2. Click **ADOPT AND USE**
3. Click **NEXT**

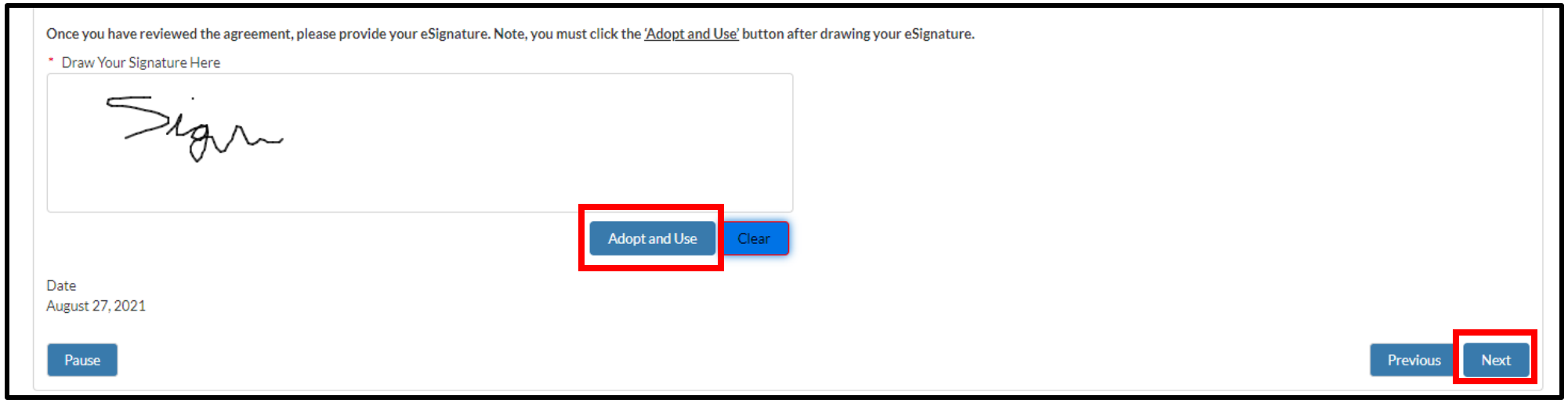


Audience

- Vaccine Coordinator
- CEO
- CMO

Step 5 of 5: Accept and Sign the Shipping and Handling Attestation

1. Review the Shipping and Handling Attestation
2. Draw your signature using your mouse
3. Click **ADOPT AND USE**
4. Click **NEXT**



Audience

- Vaccine Coordinator
- CEO
- CMO

Section B Completed

Section B is now complete and will be reviewed by the NCDHHS Immunization Branch for approval.

Home | CEO Review/Sign | CMO Review/Sign | Locations

Welcome to the Locations page of the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Please read the following instructions before enrolling your COVID-19 vaccination location.

As a Vaccine Coordinator, you are about to complete Section B (Provider Profile) of the CDC COVID-19 Vaccination Program Provider Agreement. This section gathers specific information on your location. If you serve as Vaccine Coordinator for multiple locations within your organization, **you must complete this section for each respective location.** To complete this section, you will be asked for:

View More

Completed

Finished

Your organization location has been submitted to the NCDHHS Provider Enrollment Portal of the COVID-19 Vaccine Management System (CVMS). Once all locations within your organization have completed their enrollment, the CMO and CEO will be notified for review and signature. Once the CMO and CEO signatures have been obtained, the enrollment process is considered complete and will be submitted to NCDHHS for review and approval.

Organizations who successfully meet all the enrollment requirements will be sent an approval notification via email within ten business days of completion of a fully executed agreement. Incomplete agreements, organizations listing inactive/suspended prescribers, and those with inappropriate storage units will not be approved for enrollment and will also be notified via email within ten business days.

For questions about the CDC COVID-19 Vaccination Program enrollment process, please contact the CVMS Help Desk Portal at https://ncgov.servicenowservices.com/csm_vaccine

Thank you for your commitment to assure the health of North Carolinians through your participation in this program. NCDHHS looks forward to partnering with you in this effort.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Audience

- Vaccine Coordinator
- CEO
- CMO

Resubmitting Section B

Receiving Rejection Email Notification

After your location is reviewed, the NCDHHS Immunization Branch will either approve or reject your location. If your location is rejected, you will be sent an email notification with the **REASON FOR REJECTION in the subject line as well as the body of the message**. You will be able to resubmit your Section B for your location.

1. **LOG IN** to the Provider Enrollment Portal

Public Message > Sandbox Location does not meet licensing eligibility

Back to Inbox

To

From covidenroll@dhhs.nc.gov

Sending IP 96.43.152.77

Received 2021-03-08 11:38:16

Delete

HTML TEXT JSON RAW LINKS ATTACHMENTS

Dear

Cc:

Thank you for your interest in the CDC COVID-19 Vaccination Program in North Carolina. The purpose of this email is to inform you that your application for the location cannot be approved at this time. Vaccinating providers must have active, valid licensure/credentials to possess and administer vaccine in NC. This licensure verification is needed for those with prescribing authority [e.g., MD, DO, RPh, NP, PA] who will oversee COVID-19 vaccine administration to be qualified under the CDC agreement under the appropriate NC licensing authority.

Your application remains in CVMS and can be revised at any time for reconsideration. If you would like to update any part of the application, please log in to the CVMS Provider Enrollment Portal to do so.

Please submit cases/inquiries regarding COVID-19 vaccines as well as any CVMS technology issues to the CVMS Help Desk Portal for the most timely responses.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Audience

Vaccine Coordinator

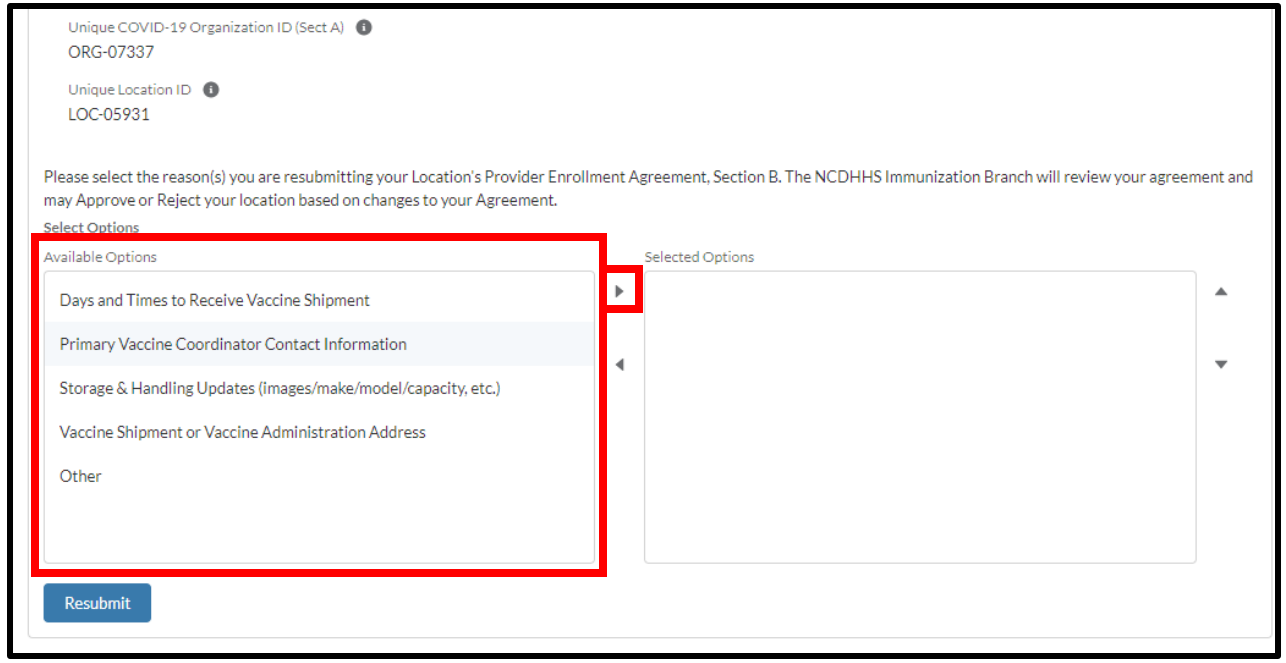
Tips

You and your Organization Administrator will be notified via email when your location is approved for the first time if your Organization was approved first (this only applies to organizations with more than one location).

Resubmitting Section B

You will be asked if you would like to resubmit your Section B. Please take the time to update your Section B as well as review all the information you are submitting one more time. Once you reach the final page of Section B, your Section B will be resubmitted for review.

1. Select **RESUBMIT REASONS** and move them to the right using the right arrow.
2. Click **RESUBMIT**
3. After clicking Resubmit, use the **NEXT / PREVIOUS** buttons to review and update your Section B



Audience

Vaccine Coordinator

Tips

Your Organization Administrator will be copied on the email that is sent if your location is rejected.

Practicing Provider Bulk Upload

Practicing Provider Bulk Upload Overview

For **LOCATIONS WITH 25 OR MORE PRACTICING PROVIDERS** who will be administering the COVID-19 vaccine, you can receive support in entering your practicing providers into CVMS via the **PRACTICING PROVIDER BULK UPLOAD PROCESS**. The Practicing Provider Bulk Upload process is offered to support completion of Section B.

If your location is eligible for this assistance, **PLEASE SUBMIT SECTION B WITHOUT ADDING YOUR PRACTICING PROVIDERS IN CVMS**. It is **IMPORTANT** to know that your **LOCATION CANNOT BE APPROVED** until your **PRACTICING PROVIDERS ARE ENTERED**.

	A	B	C	D	E	F	G
1	Provider Enrollment (Location)	Practicing Provider First Name	Practicing Provider Middle Initial	Practicing Provider Last Name	Practicing Provider License Type	Practicing Provider License Number	Comments
2		Bertram	S	Roberson	MD	74824184	
3		Amy	I	Torres	MD	802582528	
4		Fathima	B	Calhoun	DO	8053985	
5		Jaye		Dunlap	DO	79840274	
6		Cherie	T	Perkins	NP	5270742	
7		Alessandra		Schmitt	NP	8792348124	
8		Jaheim	S	Leach	PA	84802242	
9		Kirstie	A	Bender	PA	85824381	
10		Adnan		Monroe	RPh	15424524	
11							

Audience

Vaccine Coordinator

Tips

If you choose to use the practicing provider bulk upload process, do not manually enter any providers into CVMS.

Step 1 of 3: Practicing Provider Bulk Upload Template

To initiate the Practicing Provider Bulk Upload process, you must download the **PRACTICING PROVIDER BULK UPLOAD TEMPLATE**.

Please download this template for the NCDHHS Immunization Branch website:

CVMS User Guides, Recorded Trainings and Upcoming Trainings | NC DHHS COVID-19

The template name is **Practicing Provider Bulk Upload Template** (Excel)

	A	B	C	D	E	F	G
1	Provider Enrollment (Location)	Practicing Provider First Name	Practicing Provider Middle Name	Practicing Provider Last Name	Practicing Provider License Type	Practicing Provider License Number	Comments
2							
3							
4							
5							
6							
7							
8							

Audience

Vaccine Coordinator

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Step 2 of 3: Enter Practicing Provider Information

Once you have the Practicing Provider Bulk Upload Template, enter details for each practicing provider who will administer the COVID-19 vaccine at this location. Remember, all **INFORMATION ENTERED MUST MATCH** what appears on the **PRACTICING PROVIDER'S MEDICAL LICENSE**.

COMPLETE ONE Practicing Provider Bulk Upload Template **PER LOCATION.**

1. Enter the following information **FOR EACH PRACTICING PROVIDER**:
   - First Name
   - Middle Initial (if applicable)
   - Last Name
   - License Type (select option from dropdown)
   - License Number

Audience

Vaccine Coordinator

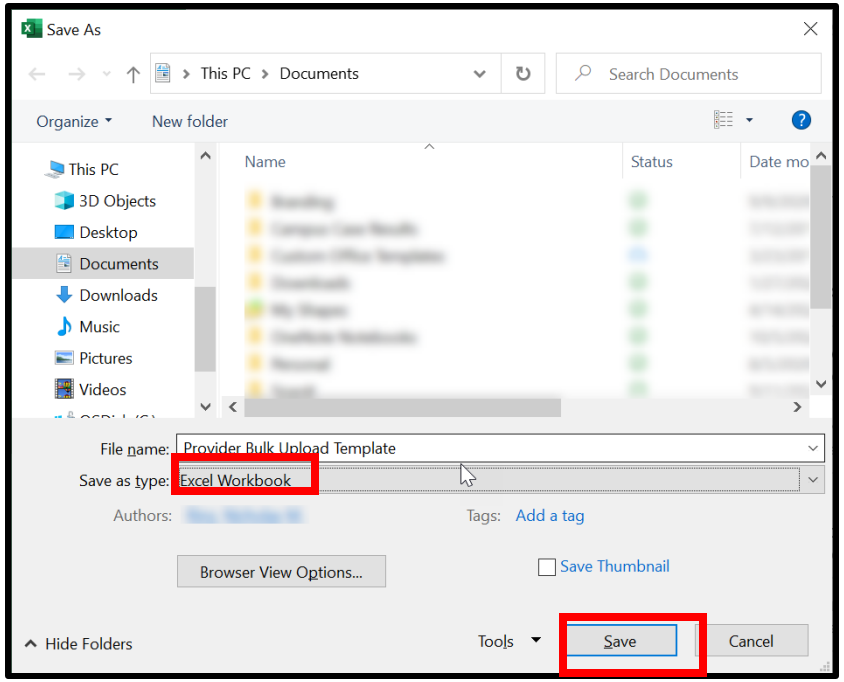
Tips

Complete one practicing provider bulk upload template per location.

Step 3 of 3: Save & Send Practicing Provider Bulk Upload File

Review the Practicing Provider Bulk Upload file for completeness and accuracy. You can now **SAVE AND SEND THE FILE** to the CVMS Help Desk Portal for processing.

1. **REVIEW** all information
2. **SAVE** the file as an **EXCEL FILE**
3. **SUBMIT THE FILE TO THE CVMS HELP DESK PORTAL** at https://ncgov.servicenowservices.com/csm_vaccine.
   - Please **INCLUDE THE LOCATION NAME** for the Practicing Provider Bulk Upload File within the ticket.



Audience

Vaccine Coordinator

Tips

Include the Location Name within the ticket when submitting your completed Practicing Provider Bulk Upload file via the CVMS Help Desk Portal.

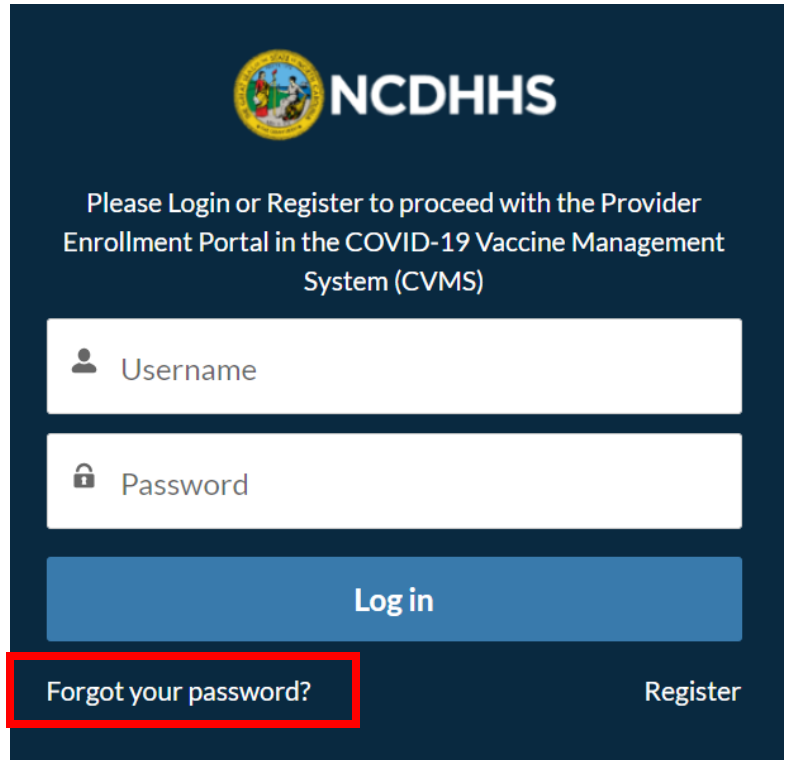
Appendix

Reset Password

Step 1 of 4: Initiate Password Reset

You will be able to reset your password at any time.

1. Navigate to **CVMS PROVIDER ENROLLMENT PORTAL** (https://covid-enroll.ncdhhs.gov/)
2. Click the **FORGOT YOUR PASSWORD?**



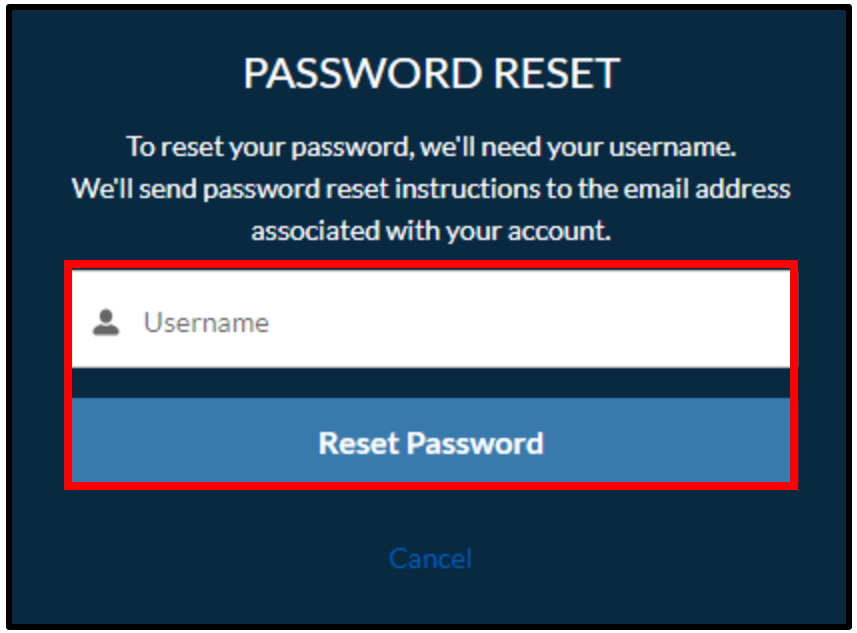
Audience

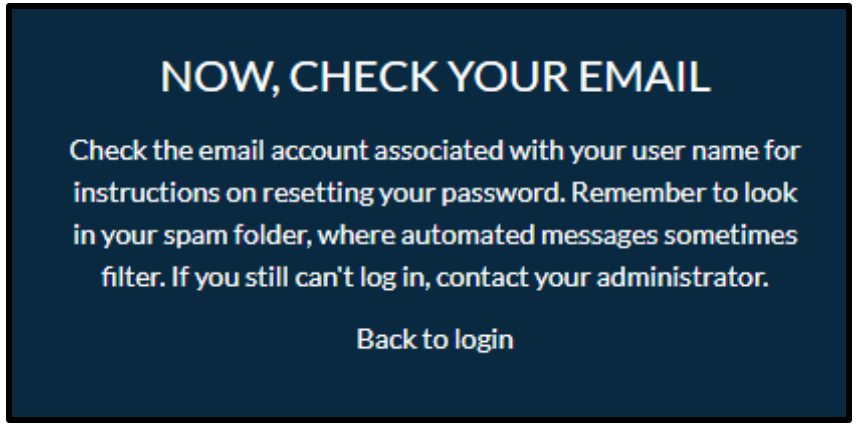
- Organization Administrator
- Vaccine Coordinator
- CEO
- CMO

Tips

Consider using a password manager to keep your password if your organization's security policy allows it.

Step 2 of 4: Trigger Email to Reset Password





You will be prompted to enter your **USERNAME**. You can expect an email from COVIDenroll@dhhs.nc.gov with a link to reset your password.

1. **ENTER YOUR USERNAME**. In most cases, this will be the email address you used to register your account
2. Click **RESET PASSWORD**
3. You will be directed to a page that says **NOW, CHECK YOUR EMAIL**

Audience

- Organization Administrator
- Vaccine Coordinator
- CEO
- CMO

Tips

Check the spam/junk folder of your email account if you do not receive a password reset email.

Step 3 of 4: Check Password Reset Email

You will be sent an email with a **LINK TO RESET YOUR PASSWORD**.

1. **CHECK YOUR EMAIL INBOX**
2. Check your **SPAM OR JUNK FOLDER** if the email does not appear in your inbox
3. Open the email
4. **CLICK THE LINK** in the email

Subject: **Your new COVID-19 Vaccine Management System (CVMS) password** Back To Inbox
To:
From: **covidenroll@dhhs.nc.gov**
Received: **Wed Dec 09 2020 20:29:57 GMT-0500 (Eastern Standard Time)**
Sending IP: **149.168.220.230**
Parts: text
Attachments: [Subscribe to receive Attachments]

Hi ;

Your password has been reset for the COVID-19 Vaccine Management System (CVMS). Go to:

https://covid-enroll.ncdhhs.gov/secur/forgotpassword.jsp?

Thanks,
NC Department of Health and Human Services
Division of Public Health
Immunization Branch

Audience

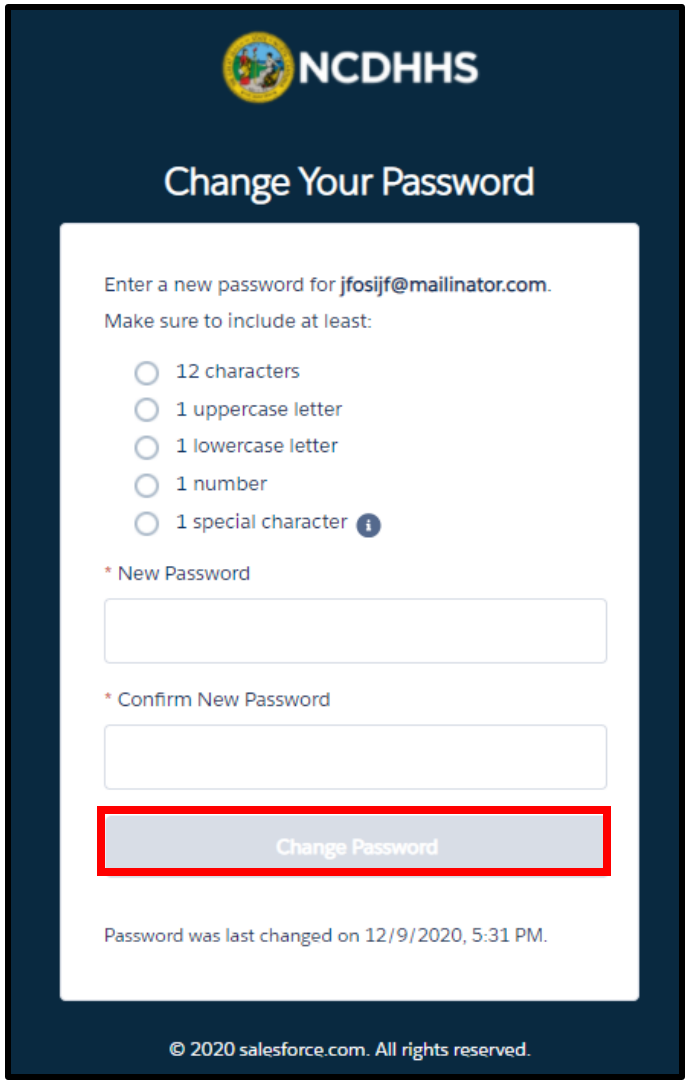
- **Organization Administrator**
- **Vaccine Coordinator**
- **CEO**
- **CMO**

Tips

Contact the **COVID-19 Vaccine Provider Help Desk** if you do not receive an email (see slide 2 of this user guide for contact information).

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Step 4 of 4: Complete Password Reset



You will be directed to a page where you can reset your password.

1. Enter a **NEW PASSWORD** that meets the **PASSWORD CRITERIA**
2. Enter the same password under **CONFIRM NEW PASSWORD**
3. Click **CHANGE PASSWORD**
4. If you have successfully reset your password, you will be routed to the CVMS Provider Enrollment Portal

Audience

- **Organization Administrator**
- **Vaccine Coordinator**
- **CEO**
- **CMO**

Tips

The Change Password will change color when all requirements have been met.

CVMS Steps For Providers

- ✓ Step 1 - Register your organization
- ✓ Step 2 - Register each vaccine location and all prescribing providers who will administer vaccine
- ❑ Step 3 - Obtain NCID credentials
- ❑ Step 4 - Create user accounts for your organization's CVMS users
- ❑ Step 5 - Navigate the CVMS Provider Portal
- ❑ Step 6 - Receive and manage vaccine inventories
- ❑ Step 7 - Add locations to the find a vaccine location website
- ❑ Step 8 - Invite recipients to register in the COVID-19 Vaccine Portal
- ❑ Step 9 - Invite recipients to self-schedule their appointments (optional)
- ❑ Step 10 - Check-in recipients and document vaccination

Additional Notes

Key Items:

- **Hyperlinks** appear as light blue and will provide additional information or navigation.
- *** Asterisks** are used to denote required information.
- A Toggle can be clicked to see selectable options.
- A Pen can be clicked to make edits to the field.
- Previous Next Navigation Buttons can be clicked on to progress to the “next” or the “previous” step in a task.
- Pause A Pause button can be clicked if you wish to step away / and return to your form later. You will be prompted to review your previously entered data upon your return/ login.

Supported Web Browsers:

- Please use the latest version of Chrome, Firefox, Edge Chromium, or Safari browsers to access CVMS.
- For more information on supported browsers, see https://help.salesforce.com/articleView?id=getstart_browsers_sfx.htm&type=5
- Note: Internet Explorer and Edge (non-Chromium) browsers are not supported.

User Guide Change Log

Version	Date of Change	Changes Made	Author
1	12/14/2020	• Original version	Kevin Kauffman
2	12/31/2020	• Removed link to the Provider Enrollment portal	Simon Couderc
3	01/07/2021	• Removed any mention of the 2 CVMS Help Desk emails. Added TIPS mentioning retired emails. Added Service Now Portal information.	Courtney Seward
4	03/03/2021	• Updated language to focus on providers with prescribing authority per CDC agreement. • Updated CVMS Call Center information	Jerilyn MacLaren-Hall
5	03/09/2021	• Updated registration steps, automated 7-day reminder and added resubmit Section B steps.	Azalea Troche
6	04/01/2021	• Updated Practicing Providers page layout	Azalea Troche
7	04/13/2021	• Updated HCP Location Manager step; updated practicing provider license types; update on email notification sent about approved locations. • Updated organization approval screenshot	Azalea Troche
8	05/19/2021	• Updated resubmit flow to include resubmission reason	Kevin Kauffman
9	07/27/2021	• New user guide version • 3: New table of content	Vanessa Kemajou
10	08/05/2021	• Update Initial HCP required fields	Kaitlin Gates
11	08/27/2021	• Help Desk References Updated • 32-38: “Editing Section B” section added	Kaitlin Gates, Darrell Lee
12	09/15/2021	• Help desk hours updated	Kaitlin Gates