North Carolina COVID-19 Vaccine Program Provider Enrollment

Section A - Register your organization and select system

User Guide

Version 14
November 15, 2021
If you have any questions, issues or requests, please go to the NC Vaccines Help Desk * at
https://ncgov.servicenowservices.com/csm_vaccine

You can also call the NC Vaccines Help Desk at (877) 873-6247 and select option 1.
The NC Vaccines 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 NC Vaccines 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 NC Vaccines 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, business e-mail, and registration code
   
   Note: If you do not know your organization’s registration code (ORG-ID), please contact the help desk
3. You will receive an e-mail with your username and temporary password to log into the portal
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Overview
In this user guide, we will discuss how to enroll your organization into the State of North Carolina COVID-19 Vaccination Program by creating your Organization Administrator Account and completing Section A of the enrollment.

The content included in this training is for the following role: **Organization Administrator**.

Additionally, you will need to:
- Use the latest version of Chrome, Firefox, Edge Chromium, or Safari browsers
- Log into the CVMS Provider Enrollment Portal ([https://covid-enroll.ncdhhs.gov/](https://covid-enroll.ncdhhs.gov/))

Now, let’s get started!
The COVID-19 Vaccination Program Provider Enrollment Process takes place in the **COVID-19 Vaccine Management (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
- System selection for account (NCIR or CVMS)
- Add your CEO and CMO Contact information

**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

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**Additional Resources**

- CVMS Provider Enrollment Portal - [https://covid-enroll.ncdhhs.gov/](https://covid-enroll.ncdhhs.gov/)
This user guide focuses on the Organization Administrator responsibilities

<table>
<thead>
<tr>
<th>Organization Administrator</th>
<th>Vaccine Coordinator</th>
<th>Chief Executive Officer (CEO)</th>
<th>Chief Medical Officer (CMO)</th>
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<tbody>
<tr>
<td>Create your user account</td>
<td>Register for a Provider Enrollment account via the link in the welcome email</td>
<td>Register for a Provider Enrollment account via the link in the welcome email</td>
<td>Register for a Provider Enrollment account via the link in the welcome email</td>
</tr>
<tr>
<td>Select system to use for your account (NCIR or CVMS)</td>
<td>Upload pictures of the interior and exterior of your storage units</td>
<td>Review and sign the CDC COVID-19 Vaccination Program Provider Agreement</td>
<td>Review and sign the CDC COVID-19 Vaccination Program Provider Agreement</td>
</tr>
<tr>
<td>Mark if your organization is a Redistribution Participant</td>
<td>Input all practicing providers at your location</td>
<td>If applicable, review and sign the CDC Supplemental COVID-19 Vaccine Redistribution Agreement</td>
<td>If applicable, review and sign the CDC Supplemental COVID-19 Vaccine Redistribution Agreement</td>
</tr>
<tr>
<td>Add all locations and enter for each location the vaccine coordinator(s) contact information</td>
<td>Review and sign the CDC COVID-19 Vaccination Program Provider Agreement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add your organization’s CEO</td>
<td>Review and sign the Storage and Handling Attestation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Add your organization’s CMO</td>
<td>For locations with at least 25 practicing providers, return completed Practicing Provider Bulk Upload Template to the NC Vaccines Help Desk Portal at <a href="https://ncgov.servicenowservices.com/csm_vaccine">https://ncgov.servicenowservices.com/csm_vaccine</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: A single user can assign to themselves all four profiles above if applicable and complete the enrollment process.
Create your User Account with an Organization Administrator Profile
When you are ready to begin enrolling,
1. Navigate to the CVMS Provider Enrollment Portal at [https://covid-enroll.ncdhhs.gov](https://covid-enroll.ncdhhs.gov)
2. Click the REGISTER button
Begin by creating your account.

1. Enter your **FIRST NAME** and **LAST NAME**
2. Enter your **EMAIL**.
   
   *Note: This will be the username you use to log in to the CVMS Provider Enrollment Portal*

3. Enter your **PASSWORD**
   
   *Passwords must meet the following criteria:*
   
   1. Be at least 12 characters
   2. Include at least 1 uppercase letter
   3. Include at least 1 lowercase letter
   4. Include at least 1 special character
   5. Include at least 1 number

4. Click **SIGN UP**
Complete Section A
Step 1 of 9: Complete Confidentiality Agreement

Upon your first login to the Provider Enrollment Portal, you will be prompted to read and accept the CVMS Confidentiality Agreement.

1. Click **I AGREE**
Once you begin Section A, you will be prompted to enter your organization details and indicate if your organization is a redistribution participant.

1. Populate all required ORGANIZATION DETAILS
   a. ORGANIZATION NAME
   b. PHONE NUMBER
   c. E-MAIL
   d. ADDRESS

2. If your organization is a redistribution participant, select YES next to REDISTRIBUTION PARTICIPANT

3. If you select Yes, your CEO and CMO will be required to SIGN AN ADDITIONAL AGREEMENT indicating that they have reviewed the submitted information and signed the redistribution agreement.

4. Review all details entered

5. Click NEXT

**Tips**
- You can pause and save your progress at any point before submitting Section A. If you pause, you must logout before logging in and continuing your session.
- If your organization address is outside of North Carolina, select OTHER for county.
After entering your organization’s details, you will now be able to **ADD ONE OR MORE LOCATIONS** that are storing and/or receiving shipments of the COVID-19 vaccine and their respective details.

1. Complete the information for the **FIRST LOCATION** in the organization
2. Click **CREATE LOCATION**
3. You will see the location details appear in the list of **PENDING LOCATIONS**
4. Repeat this process for each location you wish to add
5. Click **NEXT**

**Tips**

- All locations within an organization must have the same CMO and CEO.
- Enter your information if you will also be the Primary Vaccine Coordinator.
- You can add more locations later as needed.
After adding a location, you can edit and update the information.

1. Identify the LOCATION you wish to edit

2. Click the PENCIL ICON next to the field you wish to update

3. Update the information

4. Review the information. Repeat for all details you wish to update.

5. Click NEXT
After adding a location, you can deactivate location(s).

1. Identify the LOCATION you wish to deactivate
2. Select the CHECKBOX for one or more locations
3. Review the locations you have selected to deactivate
4. Click the DEACTIVATE LOCATION(S) button
5. Click NEXT

Tips
Deactivate locations so they are not considered as part of the review of your Provider Enrollment Agreement. Deactivated locations will not be able to receive or store shipments of the COVID-19 vaccine.
Step 6 of 9: System Selection

You will now be prompted to choose which vaccine management system to use for your account – North Carolina Immunization Registry (NCIR) or CVMS. See the following slides for each system.

Note: Your selection is made at the organizational level for the entire account so all locations associated with the account will use the same system. Once a system is selected, it cannot be changed.

Tips
Before making a selection, ensure that all providers in the organization are aware that vaccine inventory cannot be transferred between CVMS and NCIR users.
Step 6a of 9: Selecting NCIR

If you select NCIR, an NCIR AGREEMENT is required.

1. Select NCIR from the pick list
2. Read the agreement that automatically displays and click the CHECKBOX next to the agreement attestation
3. Click NEXT

Tips
If NCIR is selected, all previously registered CVMS users within the organization will be deactivated within 3-10 business days.
Step 6b of 9: Selecting CVMS

If you select CVMS, no additional action is required.

1. Select CVMS from the pick list
2. Click NEXT
Step 7 of 9: Complete CMO Information

After adding your locations, you will enter your CHIEF MEDICAL OFFICER (CMO) Information on the Responsible Officers page.

At the bottom, you will see the box SEND REQUEST FOR SIGNATURE NOW checkbox. This will immediately generate an email to the CMO requesting their review and approval. WE RECOMMEND THAT YOU DO NOT SELECT THIS BOX AT THIS TIME.

1. Enter ALL CMO DETAILS matching what is on their provider license.

2. Click NEXT

Tips
If you do not check the send request for signature now checkbox, the CMO will be notified once all vaccine coordinators complete Section B of the Provider Enrollment Agreement. Enter your information if you will also be the CMO of your Organization.
After entering the CMO details, you will be directed to enter your **CHIEF EXECUTIVE OFFICER (CEO)** Information on the Responsible Officers page. You will see the same **SEND REQUEST FOR SIGNATURE** checkbox. This will immediately generate an email to the CEO requesting their approval and signature. **WE RECOMMEND THAT YOU DO NOT SELECT THIS BOX AT THIS TIME.**

1. Enter **ALL CEO DETAILS**
2. Click **NEXT**

**Tips**

If you do not check the **send request for signature now** checkbox, the CEO will be notified once all vaccine coordinators complete Section B of the Provider Enrollment Agreement.

Enter your information if you will also be the CEO of your Organization.
Step 9 of 9: Review and Submit Section A

Review all details. If you need to make any changes before completing Section A, use the PREVIOUS BUTTON to go back and MAKE UPDATES.

If all details are correct, submit Section A by clicking NEXT

Note: Once submitted, you will not be able to make any changes.
Next Steps

Section A has been completed. Click on the links on the following pages to learn more about next steps to enroll and onboard to North Carolina’s COVID-19 vaccination program.
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?

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

**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

Tips
Contact the **NC Vaccines Help Desk** if you do not receive an email (see slide 2 of this User Guide for contact information).
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

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

**Audience**
- Organization Administrator
- Vaccine Coordinator
- CEO
- CMO
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.
• ☑  **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 details on supported browsers, see [https://help.salesforce.com/articleView?id=getstart_browsers_sfx.htm&type=5](https://help.salesforce.com/articleView?id=getstart_browsers_sfx.htm&type=5)
• Note: Internet Explorer and Edge (non-Chromium) are not compatible with CVMS.
# User Guide Change Log

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<th>Version</th>
<th>Date of Change</th>
<th>Changes Made</th>
<th>Author</th>
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<td>12/10/2020</td>
<td>• Original version</td>
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<td>• Removed link to the Provider Enrollment portal</td>
<td>Simon Couderc</td>
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<td>• Removed any mention of the 2 CVMS Help Desk emails. Added CVMS Help Desk Portal information.</td>
<td>Courtney Seward</td>
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<td>• Replaced screenshots with updated Provider Enrollment Portal branding</td>
<td>Kechia Scott</td>
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<td>• Took out any mention of the covid help email</td>
<td>Courtney Seward</td>
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<td>• Updated organization approval requirements</td>
<td>Azalea Troche</td>
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<td>7</td>
<td>04/13/2021</td>
<td>• Updated text for Section A completion; added update on automatic email notification sent for approved locations</td>
<td>Azalea Troche</td>
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<td>• Included location enrollment status overview</td>
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<td>Vanessa Kemajou</td>
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<td>• 18 – “REGISTRY AGREEMENT” updated to “NCIR AGREEMENT”; incorrect information about automatic e-mail removed</td>
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