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

* On the home page of the CVMS Help Desk Portal, 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 on the portal by clicking 'Register' in the top right-hand corner
2. Populate your first name, last name, business e-mail, and your registration code
   
   NOTE: The registration code is your Provider PIN (i.e., NCA650001), which can be found on the packing lists received with your Vaccines For Children shipments, or in the top right-hand corner of a wasted / expired report generated from the North Carolina Immunization Registry (please add “NCA” to the front of the six-digit PIN#)
   
   For providers who are not enrolled or may not have a Provider PIN, you may use the following generic Provider PIN to register: VAC2021
3. You will receive an e-mail with your username and temporary password to log into the portal
## Table of Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Enrollment Process Overview</td>
<td>5 – 8</td>
</tr>
<tr>
<td>Completing Section A</td>
<td>9 – 19</td>
</tr>
<tr>
<td>Steps After Completing Section A</td>
<td>20 – 24</td>
</tr>
<tr>
<td>Appendix</td>
<td>25 – 28</td>
</tr>
</tbody>
</table>
In this user guide, we will discuss how to complete Section A of the CVMS Provider Enrollment Process.

The content included in this user guide 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/)

**Now, let’s get started!**
Provider Enrollment Process Overview
The COVID-19 Vaccination Program Provider Enrollment Process takes place in the CVMS PROVIDER ENROLLMENT PORTAL. The CVMS Provider Enrollment Portal is a cloud-based solution.

**CVMS Provider Enrollment Process Overview**

Start
- Provider Enrollment

Section A
(Organization Administrator)
- Organization Details
- Location(s) Contact Information
- Responsible Officer

Section B
(Vaccine Coordinator)
- Location Details
- Practicing Provider Details
- Vaccine Shipping/Storage Details

End
- Responsible Officer E-signs

Additional Resources
- Provider Enrollment Portal (link to the portal included in the email inviting you to register)
- Provider Enrollment Checklist - [https://immunize.nc.gov/providers/covid-19training.htm](https://immunize.nc.gov/providers/covid-19training.htm)

Relevant Roles
- Organization Administrator
- Vaccine Coordinator
- Responsible Officer (CEO and CMO)
A provider is anyone who provides and administers healthcare services.

### Providers
- Pharmacies
- Community health centers
- Hospitals
- Clinics
- Long-term care facilities
- Acute care hospitals
- Urgent care clinics
- Other medical care facilities

### Organization Administrator
- Completes Section A for the entire organization.

### Vaccine Coordinator
- Completes Section B for their assigned location(s)
- On-site at the location

### Chief Executive Officer (CEO)
- Reviews and signs on behalf of all locations within the organization

### Chief Medical Officer (CMO)
- Reviews and signs on behalf of all locations within the organization
## Provider Enrollment Role Checklist

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

### Organization Administrator
- Register for a Provider Enrollment account
- Mark if your organization is a Redistribution Participant
- Add all locations
- 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

For locations with at least 25 practicing providers:
- Request & return the Provider Bulk Upload Template to the CVMS Help Desk Portal at [https://ncgov.servicenowservices.com/csm_vaccine](https://ncgov.servicenowservices.com/csm_vaccine) (Ref. slide 2)
- Review and sign the CDC COVID-19 Vaccination Program Provider Agreement
- Review and sign the CDC Supplemental COVID-19 Vaccine Redistribution Agreement

### 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
Completing Section A
Organization Administrator logs in to the CVMS Provider Enrollment Portal

Organization Administrator enters organization information

Organization Administrator adds location information

Organization Administrator enters CMO information on the Responsible Officer page*

Organization Administrator fills in CEO information on the next Responsible Officer page*

Organization Administrator can modify submission after agreement approval by State

*It is possible to request CMO and CEO to add their signature here, but not recommended until the entire Part A and Part B sections are completed

If approved or rejected, an email notification will be generated. Rejected statuses will generate an email with the Reason for Rejection. If not, check spam/junk folder for an email from COVIDenroll@dhhs.nc.gov

Provider Enrollment Workflow – Section A

Audience

Organization Administrator
Vaccine Coordinator
CEO
CMO

Time Estimate

► <20 minutes to enter information
When you are ready to begin the Provider Enrollment process, navigate to the CVMS Provider Enrollment Portal.

1. Enter your **USERNAME**
2. Enter your **PASSWORD**
3. Click **LOG IN**
4. After clicking log in, you will be directed to **COMPLETE SECTION A**

Reference the **CVMS Provider Enrollment Account Registration and Password Reset User Guide** for more information about account creation, which is available on the **NC Immunization Branch website** at [https://immunize.nc.gov/providers/covid-19training.htm](https://immunize.nc.gov/providers/covid-19training.htm)
After logging in, you will see a message reminding you of the details you will need to complete

**SECTION A:**

- Organization Details
- Organization Administrator Contact Details
- Location(s) administering vaccination
- Information about your Executive Officers (CEO / CMO)

1. **COLLECT THESE DETAILS** beforehand
2. **CLOSE** the window
3. You will be directed to Section A.
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**
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.
After entering your organization’s details, you will now be able to **ADD ONE OR MORE LOCATIONS** and their respective details.

On this page, you will see a list of **PENDING AND APPROVED LOCATIONS**.

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.

If a location has a different CMO or CEO, a unique Organization Administrator representing the organization will have to complete a separate Section A.
After adding a location, you are able to edit and update the information.

1. Locate 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**

**Tips**
If you wish to manage your location(s) details after submitting Section A, review the **CVMS Provider Enrollment Account Maintenance User Guide**.
After adding a location, you can deactivate location(s). If you wish you manage your location(s) details after submitting Section A, review the CVMS Provider Enrollment Location Management User Guide.

1. Locate 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**
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.

It is **NOT RECOMMENDED TO CHECK THIS BOX** until Section A and Section B are complete. If you do not select this checkbox, the CMO will receive an email once all Vaccine Coordinators submit the Section B flow for their location.

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

It is **NOT RECOMMENDED TO CHECK THIS BOX** until Section A and Section B are complete. If you do not select this checkbox, the CMO will receive an email once all Vaccine Coordinators submit the Section B flow for their location.

1. Enter **ALL CEO DETAILS**

Please refer to slide 16 on how to make changes to locations.
Once all CEO details are entered, you are ready to **COMPLETE SECTION A.**

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

After submitting Section A, you will see that your **ENROLLMENT STATUS** is **SUBMITTED.**

1. Confirm that **DETAILS ARE CORRECT**
2. Once the CEO page is complete, click **NEXT**
3. You will be directed to the **SUBMISSION PAGE**
Steps After Completing Section A
Organization Status Notification

You will receive an **EMAIL NOTIFICATION** once the status of your organization changes to **APPROVED** or **REJECTED**. Rejected statuses will generate an email with the **REASON FOR REJECTION**.

Check the spam/junk folder if an email is not received. Emails will be sent from the CVMS Enrollment team.

---

** Sandbox: Provider Enrollment Complete + Next Steps for CVMS Activation **

** Covid19 Vaccine Management Enrollment Team <covidenroll@dhhhs.nc.gov> **

** Wed, Feb 3, 2021 at 4:19 PM **

Dear COVID-19 Vaccine Provider Applicant,

The purpose of this memo is to confirm your enrollment in the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination Program in North Carolina and provide next steps for activation in the COVID-19 Vaccine Management System (CVMS). Your CDC COVID-19 Vaccination Program Provider Agreement and Provider Profile have been reviewed and accepted. Now that you have enrolled, you can complete the activation process in CVMS. **You do not have access to CVMS until you are enrolled AND you complete the activation process.** CVMS activation is required for all sites that will receive COVID-19 vaccine (either as direct allocation or transferred vaccine from another enrolled provider), but does not guarantee vaccine availability. If you have already started the activation process, please use the steps below to complete activation.

As a reminder, providers must be able to meet all participation requirements outlined in Section A of the CDC COVID-19 Vaccination Program Provider Agreement. Below is a summary of the information you provided and the status of each location:

- Number of Locations requested: 2
- Number of Locations approved: 1
- Number of Locations rejected: 1
- Number of Practicing Providers requested: 7
- Number of Practicing Providers approved: 2
- Number of Practicing Providers rejected: 0

Please ensure that any changes to Section B of your CDC COVID-19 Vaccination Program Provider Agreement and Provider Profile are updated in within 30 days. If there is a change to the signing Chief Medical Officer (or equivalent) and/or Chief Executive (or Fiduciary) Officer, the North Carolina Immunization Branch must be notified immediately by
You will be able to **UPDATE SECTION A** after your organization’s provider enrollment agreement has been approved. It is important to know that if you **RESUBMIT SECTION A**, your **CEO AND CMO WILL BE REQUIRED TO SIGN AGAIN** the CDC COVID-19 Vaccination Program Provider Agreement and the CDC Supplemental COVID-19 Vaccine Redistribution Agreement, if applicable. Your **ORGANIZATION** will also have to be **REAPPROVED**.

1. Log into the **CVMS PROVIDER ENROLLMENT PORTAL**
2. If you want to **REVIEW THE STATUS** of your Provider Enrollment Agreement, **SELECT REVIEW**
3. If you want to **MAKE UPDATES**, select **RESUBMIT FOR CHANGES**
If you are also the **PRIMARY VACCINE COORDINATOR** for the location in your organization, you can now begin Section B of the Provider Enrollment process.

For more guidance on how to complete Section B of the Provider Enrollment Process, please review **CVMS Provider Enrollment Vaccine Coordinator User Guide**, which is located on the NC Immunization Branch website: [https://immunize.nc.gov/providers/covid-19training.htm](https://immunize.nc.gov/providers/covid-19training.htm)

**Tips**
Review Slide 7 for details on activities each Role must complete in the Provider Enrollment Process.
If you are also the CMO and/or CEO for your organization, you can now review and sign the CDC COVID-19 Vaccination Program Provider Agreement and the CDC Supplemental COVID-19 Vaccine Redistribution Agreement, if applicable.

For more guidance on how to complete these steps, please review **CVMS Provider Enrollment Responsible Officer User Guide**, which is located on the NC Immunization Branch website:

https://immunize.nc.gov/providers/covid-19training.htm

**Tips**

Review Slide 7 for details on activities each Role must complete in the Provider Enrollment Process.
Appendix
Organization Status Notification

Your Organization Administrator, CEO, and CMO will receive an EMAIL NOTIFICATION once the status of your organization changes to APPROVED or REJECTED. Rejected statuses will generate an email with the REASON FOR REJECTION.

Sandbox: Provider Enrollment Complete + Next Steps for CVMS Activation

Covid19 Vaccine Management Enrollment Team <covidenrol@dhhssnc.gov> Wed, Feb 3, 2021 at 4:19 PM

Dear COVID-19 Vaccine Provider Applicant,

The purpose of this memo is to confirm your enrollment in the Centers for Disease Control and Prevention (CDC) COVID-19 Vaccination Program in North Carolina and provide next steps for activation in the COVID-19 Vaccine Management System (CVMS). Your CDC COVID-19 Vaccination Program Provider Agreement and Provider Profile have been reviewed and accepted. Now that you have enrolled, you can complete the activation process in CVMS. You do not have access to CVMS until you are enrolled AND you complete the activation process. CVMS activation is required for all sites that will receive COVID-19 vaccine (either as direct allocation or transferred vaccine from another enrolled provider), but does not guarantee vaccine availability. If you have already started the activation process, please use the steps below to complete activation.

As a reminder, providers must be able to meet all participation requirements outlined in Section A of the CDC COVID-19 Vaccination Program Provider Agreement. Below is a summary of the information you provided and the status of each location:

Number of Locations requested: 2,
Number of Locations approved: 1,
Number of Locations rejected: 1,
Number of Practicing Providers requested: 7,
Number of Practicing Providers approved: 2,
Number of Practicing Providers rejected: 0,

Please ensure that any changes to Section B of your CDC COVID-19 Vaccination Program Provider Agreement and Provider Profile are updated within 30 days. If there is a change to the signing Chief Medical Officer (or equivalent) and/or Chief Executive (or Fiduciary) Officer, the North Carolina Immunization Branch must be notified immediately by
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.

• 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.

Contact Information:

• All questions should be directed to the CVMS Help Desk Portal at [https://ncgov.servicenowservices.com/csm_vaccine](https://ncgov.servicenowservices.com/csm_vaccine)

Supported Web Browsers:

• Please use the latest version of Chrome, Firefox, Safari, or Edge Chromium browser 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 supported.
User Guide Change Log

Key Items:
- **Date of Change**: Date that any updates were made to the User Guide
- **Changes Made**: Summary of the updates made within the User Guide
- **Impacted Slides**: Specific slides that were updated or changed
- **Author**: The user that made the updates to the User Guide

<table>
<thead>
<tr>
<th>Version</th>
<th>Date of Change</th>
<th>Changes Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>12/10/2020</td>
<td><strong>• Original version</strong></td>
</tr>
<tr>
<td>2</td>
<td>12/31/2020</td>
<td><strong>• Removed link to the Provider Enrollment portal</strong></td>
</tr>
<tr>
<td>3</td>
<td>1/8/2021</td>
<td><strong>• Removed any mention of the 2 CVMS Help Desk emails. Added CVMS Help Desk Portal information.</strong></td>
</tr>
<tr>
<td>4</td>
<td>1/13/2021</td>
<td><strong>• Replaced screenshots with updated Provider Enrollment Portal branding</strong></td>
</tr>
<tr>
<td>5</td>
<td>2/11/2021</td>
<td><strong>• Took out any mention of the covidhelp email</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Impact Slides</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>4, 6</td>
<td>Simon Couderc</td>
</tr>
<tr>
<td>1, 2, 8, 21, 26, 27</td>
<td>Courtney Seward</td>
</tr>
<tr>
<td>12, 15, 16, 23</td>
<td>Kechia Scott</td>
</tr>
<tr>
<td>21, 26</td>
<td>Courtney Seward</td>
</tr>
</tbody>
</table>