

## North Carolina COVID-19 Vaccination Guide for Medical Practices

What do practices need to know now?

### NC COVID-19 Vaccination Plan: A Phased Approach

Due to a limited amount of vaccines North Carolina has determined a phased approach to vaccine distribution, following prioritization recommendations to protect health care workers caring for patients with COVID-19, people who are at the highest risk of being hospitalized or dying, and those at high risk of exposure to COVID-19.

A COVID-19 Vaccination Infographic is available in [English](#) and [Spanish](#).



Group 3 opened February 24, 2021 for childcare or preK-12 school staff and opened March 3, 2021 to all frontline essential workers. Frontline essential workers are individuals who must be in-person at their place of work AND work in one of the eight essential sectors: critical manufacturing, education, essential goods, food and agriculture, government and community services, health care and public health, public safety, and transportation. [Deeper Dive Group 3](#) provides details.

NCDHHS plans to move to Group 4, beginning with people who have a medical condition that puts them at higher risk and live in additional congregate settings, on March 24. This population includes anyone with conditions that have been identified by the CDC as increasing risk for severe COVID-19 illness and anyone who is living in congregate or close group living settings who is not already vaccinated including, people experiencing homelessness or living in a homeless shelter and people in a correctional facility, such as jail or prison. [Deeper Dive Group 4](#) provides details.

For more detailed information, visit these resources:

- Deeper Dive Group 1: [English/Spanish](#)
- Deeper Dive Group 2: [English/Spanish](#)
- Deeper Dive Group 3: [English/Spanish](#)
- Deeper Dive Group 4: [English/Spanish](#)

## How do individuals get their vaccine when eligible?

To search for eligibility and vaccine locations visit [yourshot.yourspot.nc.gov](https://yourshot.yourspot.nc.gov) or [vacunate.nc.gov](https://vacunate.nc.gov).

## COVID-19 Vaccination Management System (CVMS)

### What is CVMS?

CVMS is a secure, cloud-based vaccine management solution for COVID-19 that enables vaccine management and data sharing across providers, hospitals, agencies, and local, state, and federal governments on one common platform.

### What does it help providers do?

It allows providers to enroll in the COVID-19 Vaccine Program and upload employees so they can register for COVID-19 vaccination, manage the COVID-19 vaccine inventory, and track COVID-19 vaccine administration. In future CVMS releases, providers will be able to schedule clinics. Pharmacies such as CVS and Walgreens will not be using CVMS.

## Becoming a Vaccination Provider

The following trainings and details of the following steps can be found on the [CVMS website](#). For technical support or questions, contact NCDHHS through the [ServiceNow platform](#).

### Training Sessions needed and offered live or recorded

1. CVMS Provider Enrollment
2. Day in the Life of a Healthcare Provider
3. Day in the Life of a Location Manager
4. What's new in Release 3 of CVMS

### Steps to apply to be a Vaccination Provider

1. CVMS Introduction and Orientation Training
2. Register for Portal account
3. CVMS Provider Enrollment Registration process. Note: this is a thorough process with multiple steps and requires information and signatures from various roles:
  - a. Section A: Organization Administrator
  - b. Section B: Vaccine Coordinator
  - c. End: Responsible Officer
4. Vaccine Readiness and CVMS Onboarding
  - a. Vaccine Readiness Checklist
  - b. Vaccine Readiness Training
5. CVMS Provider Portal

## NCDHHS Expectations for Vaccine Allocation

- All first doses of vaccine that arrive on Tuesday or Wednesday must be administered and entered the COVID-19 Vaccine Management System (CVMS) by Monday evening of the following week.
- CVMS remains the state's system of record as well as the federal government's reference point when making allocations. At this time, providers should fully enter vaccine administrations into CVMS within 24 hours as often as possible. Providers should plan capacity for real-time or simultaneous data entry during vaccine efforts and identify local support or request help with staffing or centralized data entry immediately if they are not certain they can get the data entered within the timeframe.
- Vaccine cannot be restricted based on county or state of residency.
- For high volume vaccination events intentionally created to increase speed of vaccination and increase access to vaccine, efforts should be made to create access for individuals in the community in addition to serving the provider's patients-of-record. We recognize while supply remains incredibly limited, vaccination happening in smaller vaccination efforts, for example in outpatient provider offices, will likely only be delivered to patients-of-record.
- The percentage of vaccine administered to historically marginalized and minority populations should meet or exceed the population estimates of these communities in their county and region. Please see the specific operational considerations below to ensure you are deploying best practices to meet this expectation. Providers should engage in partnerships, targeted outreach and vaccine events to vaccinate historically marginalized populations and meet this goal.
- If providers cannot meet these expectations, NCDHHS will not be able to continue allocating supply to the provider and will not guarantee the minimum baseline allocation over the full three weeks.

## Operational Considerations

- Wait to schedule appointments for the coming vaccine week until you have received the allocation. Use a waitlist to allow individuals to know they are "in line" and pull appointments from that waitlist for the following week as soon as you receive the allocation. In most cases, this will still provide people at least 6 days' notice before their appointment.
- While vaccine supply remains very low, attempt to complete your first-dose administrations on Thursday, Friday, Saturday, and Sunday. Reserve Monday for using up vaccine that is left from no shows or cancellations and to confirm that all administration data is entered into CVMS. You can call individuals from your waitlist Sunday night to finish up the small clinic.
- Avoid scheduling first-dose administration or planning first-dose events on Tuesday and Wednesday, because of the variability in shipping from the federal government.
- Open a set-aside block of appointments first to community health workers, care managers, churches or other community partners that will fill slots with underserved community members.
- Reserve a portion of your appointments specifically for members of historically marginalized populations. Utilize extended hours beyond 9am-5pm and weekend appointments.
- Locate the vaccination event in highly accessible locations for historically marginalized populations – such as churches, schools, community centers and others.

- Have an on-call list of people in the current priority groups who can be called to come to a vaccination event if doses remain at the end of the event due to no-shows, last-minute cancellations, or unforeseen additional doses from available vials (e.g., consistently getting 6 doses per vial of Pfizer).
- There are staffing resources available to assist for both clinical and clerical needs – please submit those requests through your county emergency managers into the WebEOC system
- Have standing orders prepared for each vaccine source ([Pfizer/Moderna/Johnson&Johnson-Janssen](#)).

The federal allocation system is designed such that providers will always receive second doses to match the first dose allocation they received 2 or 3 weeks prior, depending on vaccine manufacturer, and in enough time to ensure availability for administration. It is important to remember that second doses do not arrive on the same day as first doses. For example, if you receive the allocation notice via email on Thursday night, the second doses outlined in that email will arrive at your site on that same day or the next day, Friday. Again, the first dose allocations indicated in that email will not arrive until Tuesday or Wednesday of the following week. While we are very focused on exhausting first doses, it is critical to ensure your operational planning includes necessary capacity to accommodate future second doses. In 3 to 4 weeks, once the backlog of first doses is cleared, North Carolina will reach the point where each provider should be exhausting all first and second doses every week. Given the different ship dates of second doses, consider the following strategies:

- Schedule second-dose appointments at the same time that you schedule first-dose appointments. Or schedule second-dose appointments when the recipient completes their first-dose appointment.
- Create a priority phone number for second-dose scheduling or appointment changes to reduce confusion and increase likelihood of vaccine series completion.
- Hold second-dose appointments on Saturday, Sunday, Monday, Tuesday, or Wednesday. Monday, Tuesday, or Wednesday second-dose appointments may smooth out vaccine administrations if they complement the days you hold first-dose clinics.
- Consider how you will handle second doses when planning one-time events or via mobile vaccine sites. This could be by repeating the event or returning to the community in 3 or 4 weeks.
- Use auto-dialers, text messages, email, staff outreach, or other means to remind individuals of appointments.

## COVID-19 Vaccinations

### COVID-19 Vaccine Storage and Handling Requirements

North Carolina will assess cold-storage capacity across the state and will develop, coordinate, and support an ultra-cold chain storage system if an approved vaccine candidate requires it. This effort will be informed by guidance from Operation Warp Speed (OWS), Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), vaccine manufacturers, and NC state health officials. Each vaccine has their own [storage requirements](#), and must be strictly followed.

## COVID-19 Vaccine Precautions

- Per EUA Contraindications
  - Do not administer to individuals with known history of a severe allergic reaction (e.g., anaphylaxis) to any component of the Pfizer-BioNTech or the Moderna COVID-19 Vaccine.
- Per CDC ACIP Precaution
  - A history of severe allergic reaction (e.g., anaphylaxis) to any other vaccine or injectable therapy (e.g., intramuscular, intravenous, or subcutaneous) is a precaution but not a contraindication to vaccination for both the Pfizer-BioNTech and Moderna COVID-19 vaccines (as these vaccines contain ingredients in common).
  - These persons may still receive mRNA COVID-19 vaccination, but they should be counseled about the unknown risks of developing a severe allergic reaction and balance these risks against the benefits of vaccination.
  - A history of mild allergic reaction to a vaccine or injectable therapy, such as localized urticaria alone without signs or symptoms of anaphylaxis, is not a contraindication or precaution to vaccination with either mRNA COVID-19 vaccine.
  - Allergic reactions (including severe allergic reactions) not related to vaccines or injectable therapies (e.g., food, pet, venom, or environmental allergies; allergies to oral medications [including the oral equivalents of injectable medications]) are not a contraindication or precaution to vaccination with either mRNA COVID-19 vaccine.
  - The vial stoppers of these mRNA vaccines are not made with natural rubber latex, and there is no contraindication or precaution to vaccination for persons with a latex allergy.
  - Vaccine providers should observe patients after vaccination to monitor for the occurrence of immediate adverse reactions:
    - Persons with a history of anaphylaxis: 30 minutes
    - All other persons: 15 mins

## Special Population Considerations

- Persons with underlying medical conditions or immunocompromised persons
  - Vaccine may be administered to persons with underlying medical conditions or who are immunocompromised who have no contraindications to vaccination
  - Persons with HIV infection, other immunocompromising conditions, or who take immunosuppressive medications or therapies might be at increased risk for severe COVID-19 and may still receive COVID-19 vaccine unless otherwise contraindicated
- Persons who previously received passive antibody therapy for COVID-19
  - Currently no data on safety or efficacy of COVID-19 vaccination in persons who received monoclonal antibodies or convalescent plasma as part of COVID-19 treatment
  - Vaccination should be deferred for at least 90 days to avoid interference of the treatment with vaccine-induced immune responses

## How are adverse events managed?

COVID-19 Vaccine Safety Monitoring Clinically important, adverse events following any vaccination must be reported by healthcare providers to the [Vaccine Adverse Event Reporting System](#) as required of all COVID-19 vaccination providers. Adverse events will also be monitored through electronic health record and claims-based systems (e.g., Vaccine Safety Datalink). The patient will also have the ability to self-

report any adverse events thru [V-safe](#).

## What can practices do now?

### Assist providers and staff in receiving the vaccine when eligible

- When providers and staff are [eligible](#), ensure they are in the CVMS database by contacting your [local Health Department](#) or uploading a bulk entry into [CVMS](#)
- For employees unsure of receiving the vaccine, review with them the importance of receiving the vaccine and how a vaccine is [developed, manufactured, and distributed](#)

### Communication to Patients is Important

Throughout each phase of distribution, healthcare providers will have a vital role in the communication of the importance of the vaccine and helping patients to do the following:

- Trust the information that they receive from NCDHHS and local health departments about COVID-19 vaccinations
- Understand the benefits and risks of COVID-19 vaccinations
- Make informed decisions about COVID-19 vaccinations
- Know how and where to get a COVID-19 vaccination

### Have patient education materials available

In order to help your patients understand more about the vaccine, consider creating or having available patient material, such as brochures, posters, phone/website messages, scripts for staff. Multiple resources can be found on the [NCDHHS resource website](#), including:

- Infographic on phases of vaccine distribution ([English/Spanish](#))
- [Postcards](#)
- [Handouts](#)
- Share the video with Frontline Essential Workers talking about why they plan to take their shot ([English / Spanish](#)) and our video with Agricultural Workers ([Spanish](#))

In addition, NCDHHS has video testimonials that you can use and share.

- Older North Carolinians, You Have A Spot, Take Your Shot ([English / Spanish / Captioned](#))
- [Governor Jim Hunt on the importance of taking the COVID-19 shot](#)
- [Reverend Darryl Warren Aaron of Providence Baptist Church, Greensboro](#) on the importance of taking the COVID-19 shot.
- [More videos](#) are online.

When deciding what to disseminate, consider the following:

- Be proactive. Use messages through the patient portal or mail to provide information.
- Don't frighten people into wanting to take the shot. They already fear & take COVID seriously. Acknowledge vaccine fears and hesitancy as valid.
- Give people honest information about vaccine development, testing, safety, reactions.
- Build trust in and during the prioritized vaccine rollout: Confidence to frontline workers, patience to eager early adopters, and witness to those who are waiting and seeing.
- Direct people to "their spot" for reliable information: Official sources or



community/peers.

- Solve for the logistics of getting people to vaccination sites that may not be connected to their everyday health experiences and health care.
- Assure everyone of equitable and inclusive access.
- Have a clear call to action that works across all campaign phases and compliments the 3W's.

### Know who on your patient panel is eligible and willing to receive and the vaccine in each phase of eligibility.

- Run a list of your patients who will be eligible for the vaccine in each phase. If you send a letter or message to these patients, inform them of their eligibility, be aware of contraindications to receiving the vaccine.
- Consider sending patients a survey asking if they plan on getting the COVID19 vaccine and where they would consider getting the vaccine. This could help you in choosing your communication and whether to administer the vaccine in your office.

### Coordinate how and where your eligible patients can get a vaccine.

- Remind your patients that supplies are very limited right now and very few vaccine doses are available.
- Consider coordinating with your local vaccine providers to make it as easy for your patients as possible.
- Go to [YourShotYourSpot.nc.gov](https://YourShotYourSpot.nc.gov) for a list of local vaccine providers.
- Coordinate with your LHD, affiliated hospital or health system on where your patents can get vaccinated (e.g., LHD, local hospital, or other enrolled vaccine provider) prior to reaching out to your patients.
- Contact (by portal, phone, email and/or mailed letter) all patients who are age 65 years or older to recommend getting the COVID-19 vaccine.
  - Make a COVID vaccine conversation part of every portal, telephone, telehealth or face-to-face encounter with older adults.
  - Share information with their patients about where to get the vaccine (i.e., local health department, local hospital, or other vaccine provider) and how to work with that organization to get vaccinated.

### Communicate to patients that there is no cost.

There is no cost to patients to receive the vaccine, including those with and without insurance.

### Remind patients of the 3 W's.

It is important to remind patients that until they are eligible to receive all doses of the needed vaccine, they should practice the 3 W's:



## Communicate with Clinicians and Staff.

Patients will have many questions for staff and providers; the more you can answer, the more they can make the best informed decision for them.

### Develop a training plan.

- Develop a training plan to educate the clinicians and staff on the following:
  - How and what communication is needed with the patient
  - Who is eligible for the vaccine in each phase
  - How a vaccine is [developed, manufactured, and distributed](#)
  - [Possible side effects of the vaccine](#)
  - [The importance of equity and why some patients might be hesitant to get the vaccine](#)
  - [FAQs in English. FAQs-Spanish.](#)
- Remain non-judgmental and acknowledge the patient's concerns.
- Identify a key point of contact for this information for the practice so that someone monitors any changes within the distribution plan and providers, staff and patients have someone to go to for questions. This person/group should review the resources listed below and attend or watch the recorded training webinars on CVMS.

### Understand costs and revenue opportunities for the practice.

- While there is no cost to the recipients of the vaccine, HRSA and CMS are reimbursing administrative costs to vaccine providers. Medicare and Medicaid will be reimbursing \$16.94 for the first dose and \$28.39 for the second dose. HCPCS codes and ICD codes for CMS can be found [here](#).
- NCTracks Medicaid and Health Choice billing guide for [Moderna COVID-19 Vaccine \(N/A\) HCPCS code 91301](#) and [PFIZER-BioNTech COVID-19 Vaccine \(N/A\) HCPCS code 91300](#).

### Prepare for documenting vaccine administration.

- Capturing vaccines in your Electronic Health Record will help you know if your patients have had the vaccine dosage.
- Consider other multi-dose vaccinations administered in your office and how you document them (i.e. HPV, Hepatitis B, Pneumococcal). If possible, document the COVID 19 vaccination similarly.
- Ensure you are following all [ACIP documentation and administration guidelines](#) for multi-dose vaccines. If you don't have the capability to create documentation in the EHR, reach out to your vendor and request this be added.
- Additional documentation is required in COVID 19 Vaccination Management System (CVMS). At this time, CVMS is not integrated with any EHR, so there will be duplicate entry.
- CVMS is integrated with NCIR, therefore you will not need to enter COVID 19 vaccination information into NCIR.



## Resources are available.

1. NCDHHS COVID-19 Vaccine Information: [yourspotyourshot.nc.gov](https://yourspotyourshot.nc.gov)
2. NCDHHS COVID-19 Vaccination Fact Sheet: <https://files.nc.gov/covid/documents/COVID-19-Vaccine-Update.pdf>
3. CVMS trainings, information, FAQ, and troubleshooting:  
<https://immunize.nc.gov/providers/covid-19training.htm>
4. NCDHHS COVID-19 Patient Resources: <https://covid19.ncdhhs.gov/vaccines#resources>
5. NCDHHS COVID-19 Vaccination Strategy and Process:  
<https://files.nc.gov/covid/documents/vaccines/NCDHHS-Vaccine-Strategy-and-Process.pdf>
6. CDC COVID-19 Vaccination Page: <https://www.cdc.gov/vaccines/covid-19/hcp/index.html>
7. Pfizer COVID-19 Fact sheet for administrators: <https://www.fda.gov/media/144413/download>
8. Pfizer COVID-19 Fact sheet for recipients and caregivers:  
<https://www.fda.gov/media/144414/download>
9. CDC guidelines for Special Population Considerations:  
<https://www.cdc.gov/vaccines/covid-19/info-by-product/clinical-considerations.html>
10. ~~CMS billing and coding for COVID-19 vaccines:~~ <https://www.cms.gov/medicare/medicare-part-b-drug-average-sales-price/covid-19-vaccines-and-monoclonal-antibodies>
11. NCTRACKS Medicaid and Health Choice Billing guide:  
<https://www.nctracks.nc.gov/content/public/providers/provider-communications/Provider-Announcements-2020-/2020-Announcements/Moderna-COVID-19-Vaccine--N-A--HCPCS-code-91301--Billing-Guidelines.html>
12. NCDHHS COVID-19 101 <https://files.nc.gov/covid/documents/COVID19-Vaccine-101-Deck-Final.pdf>
13. NCDHHS COVID-19 What Providers Need to Know Webinar slides, 12.15.20:  
[https://mega.nz/file/w1Q0FBjI#F9sHL\\_ALs-uY3cX0wf219CyDiSgakJoRG40NDntwNAO](https://mega.nz/file/w1Q0FBjI#F9sHL_ALs-uY3cX0wf219CyDiSgakJoRG40NDntwNAO)
14. NCDHHS COVID-19 briefing with Q&A updates 12.22.2020:  
[https://mega.nz/file/Bo5WnQ7a#MQBvO5FQqv5g4bKkMZn0pHh\\_SAlxw3afb8GFSjMU5bM](https://mega.nz/file/Bo5WnQ7a#MQBvO5FQqv5g4bKkMZn0pHh_SAlxw3afb8GFSjMU5bM)

## For further assistance, there are 3 resources.

- If you have additional questions about the COVID-19 Vaccination Program, please email [COVIDhelp@dhhs.nc.gov](mailto:COVIDhelp@dhhs.nc.gov).
- If you have CVMS related questions, email [CVMS-Help@dhhs.nc.gov](mailto:CVMS-Help@dhhs.nc.gov).
- If you need help 1:1 assistance, please contact your local AHEC practice support coach or contact us at [practicesupport@ncahec.net](mailto:practicesupport@ncahec.net), or your local CCNC Provider Relations Representative or contact us at [ccncsupport@communitycarenc.org](mailto:ccncsupport@communitycarenc.org) or [ccpnsupport@communitycarenc.org](mailto:ccpnsupport@communitycarenc.org).

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