

# CT WiZ CVP Provider Re-enrollment Training Guide

State of Connecticut



October 12, 2023  
Version 2.1

# Table of Contents

<b>Introduction .....</b>	<b>3</b>
<b>Request a User ID .....</b>	<b>3</b>
<b>Review the checklist.....</b>	<b>5</b>
<b>Review Clinic Information.....</b>	<b>6</b>
<b>Update Clinic Address/Name .....</b>	<b>7</b>
<b>Update Clinic Contact Information .....</b>	<b>8</b>
<b>Update Delivery Hours .....</b>	<b>8</b>
<b>Update Clinic Staff and Training.....</b>	<b>9</b>
<b>Add Training for Clinic Staff .....</b>	<b>12</b>
<b>Complete the Re-enrollment.....</b>	<b>13</b>
<b>Sign the Agreement .....</b>	<b>23</b>
<b>Help with CT WiZ.....</b>	<b>28</b>

## Introduction

Welcome to the CT WiZ Training Guide, a detailed and user-friendly document for the clinics.

All providers must re-enroll in CT WiZ. This is an electronic form and signature. If you are currently not “live” with CT WiZ, re-enrolling **does not** automatically make you “live”.

This guide is for the CT WiZ Immunization Information System. It focuses on how to complete your enrollment into the Connecticut Vaccine Program (CVP). Additional training materials can be found on the [Connecticut Immunization Program website](#).

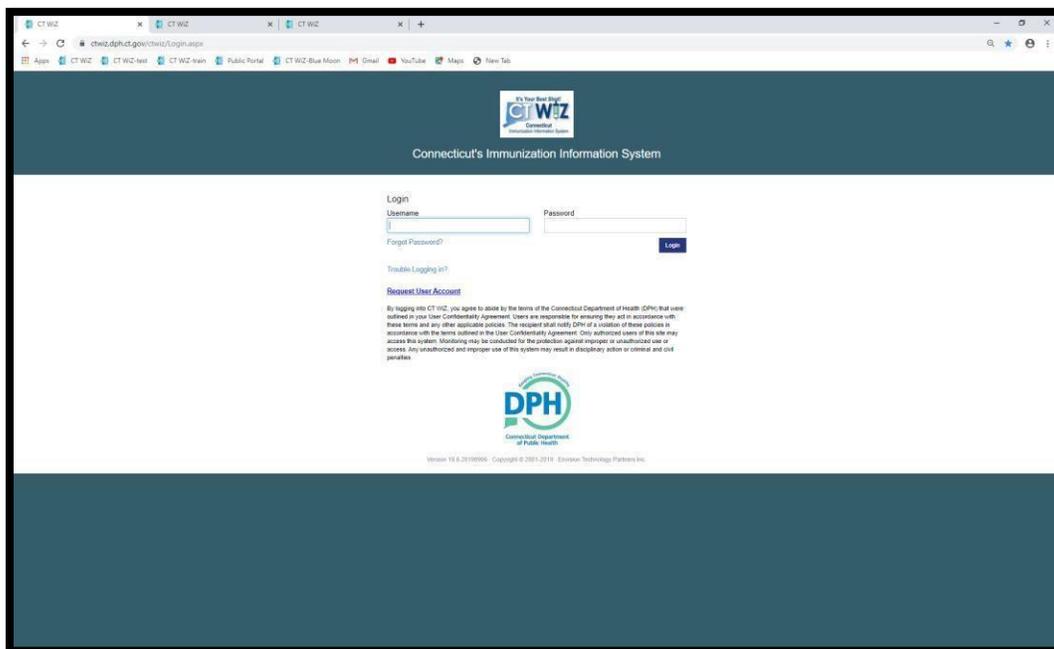
## Request a User ID

Before you get started with the re-enrollment, you want to make sure you have a few things completed.

Make sure the primary coordinator and the physician signing the agreement (or equivalent) have access to CT WiZ. If you already have access, you do not need to request access again.

**NOTE:** If you already have a CT WiZ username but do not see the Clinic Tools module in the left menu, send a [helpdesk ticket](#) to have your permissions updated. Please indicate this is for the Provider Profile re-enrollment.

1. If you need to request access, you may do so on our website by clicking on the [Request User Account](#). You must have a unique email address to request a user account.



2. Fill in all fields with a red asterisk.
  - a. Your Access Requested depends on your role in the clinic.
  - b. Coordinators should choose Primary or Backup Coordinators from the drop down.

- c. Physicians signing the agreement or equivalent should choose Chief Medical Officer/Physician signing the Agreement.
- d. If you belong to multiple pin numbers, do not register multiple times. Complete the registration form and enter the PINs (separated by a comma) in the “Organization Name” field. We can link multiple pin numbers to your user account.
- e. Review the CT WiZ User Agreement. You must open this document, review it, close it and click accept in order to complete this section.

- 3. Move the slider until you see a green check and click on “Submit Registration”.

Once your request has been approved, you will be sent 2 e-mails. One e-mail contains your username, and the second email contains your password.

**NOTE:** You may need to check your spam or junk folder in your email if you do not receive them.

- 4. Login to CT WiZ once you receive the emails.
- 5. Once signed in, reset your password and set up your security questions.

In the future, if you forget your password, you can use your security questions to reset your password by using the “forgot my password” link.

## Review the checklist

Refer to the checklist, also available on our webpage, for steps to take before you re-enroll.

### Provider Profile Checklist

Please use the following checklist to help you complete all the sections in the Provider Re-enrollment process. Review the checklist to make sure your clinic has completed all the proper paperwork and steps needed.

#### Prior to completing the Re-enrollment

- Make sure the Primary Coordinator, back-up coordinator and the Physician Signing the Agreement (or equivalent) have access to CT WiZ. If you need to request access, please visit the [CT WiZ login page](#) and click on "Request User Account." Coordinators should pick the appropriate "Access Requested" (primary or backup), and physician's signing the agreement (or equivalent) should choose Chief Medical Officer/Physician Signing Agreement. Please remember the CVP pin should be included with all CT WiZ requests. For more information on user accounts, visit our [user account webpage](#).
- Confirm that the primary and backup have completed the required trainings within the last 12 calendar months. The primary and backup vaccine coordinator must complete [Vaccines for Children \(VFC\)](#) and [Vaccine Storage and Handling](#).
- To avoid having to do so during the re-enrollment, as needed please [update all clinic information](#) in CT WiZ using the Clinic Tools, Clinic Information screens. This includes your clinic's address, contact information, delivery hours, staff and staff training. Just a reminder, there can only be one primary coordinator, backup coordinator and physician signing the agreement.
- Review the [new policy and procedures](#) regarding vaccine reporting to CT WiZ.
- Gather the insurance breakdown of all children in your practice. It is important to get these amounts as accurate as possible. You may need to consult with your billing department or your EHR to complete this portion. The breakdown of the insurances are as follows:

	Birth to 1 yr.	1-6 yrs.	7-18 yrs.	Total
VFC Eligible-Medicaid/Medicaid Managed Care (Husky A)				0
VFC Eligible-Uninsured (Patients without Insurance)				0
VFC Eligible- American Indian/Alaska Native				0
CHIP (Husky B)				0
VFC Eligible-Underinsured at FQHC				0
Not VFC Eligible (Private Insurance)				0
Total Number of All Patients in your practice who will be administered state supplied vaccine (must equal the sum total for rows 1-6 above)	0	0	0	0

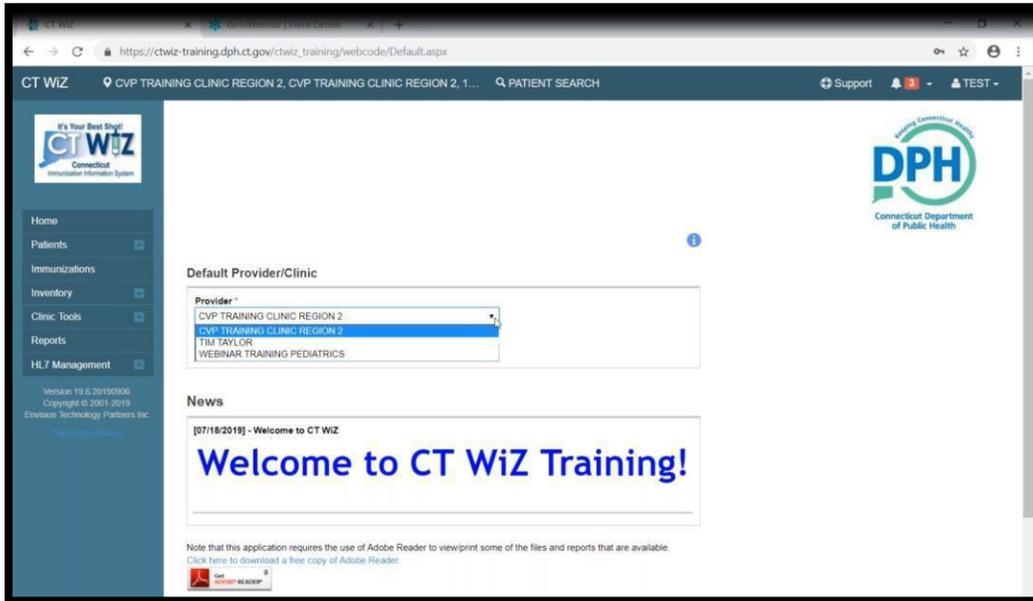
Please review [Patient Eligibility Screening cheat sheet](#) for more information on eligibility types

#### When Filling Out the Re-enrollment

- Visit our [website](#) to find a video tutorial on how to complete the re-enrollment process.
- Please remember that the Physician Signing the Agreement (or equivalent) must log in to CT WiZ to electronically sign the agreement. **The primary coordinator cannot sign the document for the physician.**
- Answer all questions listed under the Additional Questions tab of the enrollment. You will not be able to submit the enrollment unless these fields have been completed.
- The 2023 Re-enrollment must be completed by Wednesday December 12th.** Failure to do so will result in suspension from the program and you will not be allowed to order any vaccines until the re-enrollment is complete.

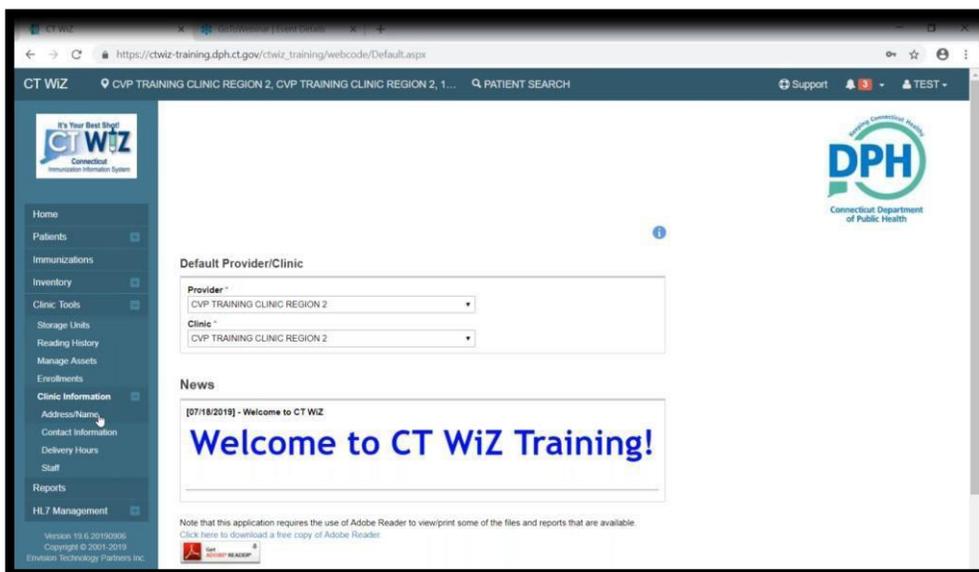
## Review Clinic Information

Before you begin, make sure you are in the correct Provider and Clinic. In the Provider and Clinic dropdowns in CT WiZ, you can see all the providers and clinic's your username is associated with. A re-enrollment must be processed for each clinic.



Your clinic information may be outdated so you'll want to review the information and make any needed updates. When you make changes to a clinic's information such as a name or contact, a notification is submitted to the CVP team to review and either approve or reject the change. Keep this in mind before you begin the enrollment.

In CT WiZ, click on Clinic Tools in the left navigation menu then Clinic Information. These four screens show your clinic's name and address, phone and fax numbers, shipping information and the staff in your clinic.



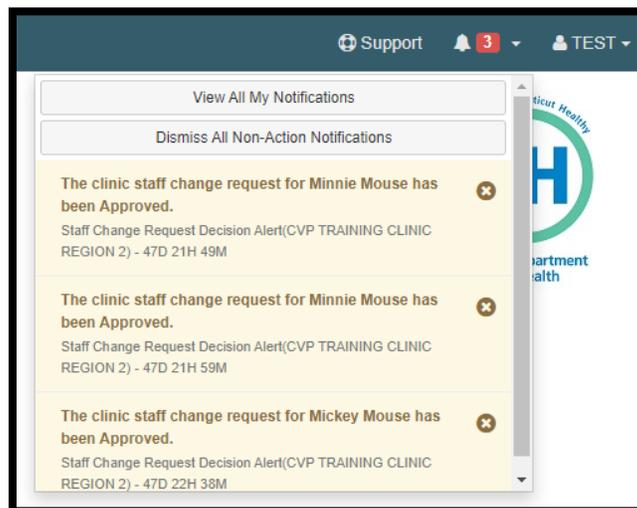
## Update Clinic Address/Name

On the Address/Name screen, you can make changes to the clinic's name, email address, mailing or shipping address. Please enter the effective date the change is taking place. The shipping address is what will be used to ship your vaccines to. Click Create when finished.

The screenshot shows the 'Clinic Address / Name Change Request' form in the CT WIZ system. The form includes the following fields and sections:

- Effective Date:** A date picker set to MM/DD/YYYY.
- Submit:** A note stating 'Submit a request to update the clinic address, name or email address. When the request is approved or denied it will show up in the history below.'
- Clinic Name:** A text field containing 'CVP TRAINING CLINIC REGION 2'.
- Email:** A text field containing 'EMAIL@DOMAIN.COM'.
- Mailing Address:** A section with fields for Street # (410), Prefix, Street Name (CAPITOL), Type, Suffix, Unit Number, P.O. Box, City (HARTFORD), Out of State City, County (HARTFORD), Out of State County, State (CONNECTICUT), Country (UNITED STATES), Zip Code (06134), and Census Tract. There is a checkbox for 'Make Shipping Address same as Mailing Address?'.
- Shipping Address:** A section with fields for Street # (410), Prefix, Street Name (CAPITOL), Type, and Suffix. A 'Copy From Mailing Address' button is present.
- Right Sidebar:** An 'Edit Clinic' menu with options for Address / Name, Contact Information, Delivery Hours, and Staff.
- Left Sidebar:** A navigation menu with options like Home, Patients, Immunizations, Inventory, Clinic Tools, Storage Units, Reading History, Manage Assets, Enrollments, Clinic Information, Address/Name (selected), Contact Information, Delivery Hours, Staff, Reports, and HL7 Management.

Changes made on this screen require CVP approval. You will receive a notification in your bell icon when the change is approved or rejected. You cannot make additional changes on this screen while the change is waiting to be approved.



## Update Clinic Contact Information

Here you can update your clinic's phone and fax numbers. Click on Update when finished. These changes do not require CVP approval.

CT WIZ  
CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH

### Clinic Contact Information

Primary Phone: 860-509-0000 Ext.

Secondary Phone: 860-509-0000 Ext.

Fax: 860-509-0000

Edit Clinic

- Address / Name
- Contact Information
- Delivery Hours
- Staff

Update

Version: 19.6.20190606  
Copyright © 2009-2019  
Euronex Technology Partners Inc.

## Update Delivery Hours

These are the hours you are allowing vaccines to be shipped to you. As you use CT WiZ, please remember to update this section around holidays, vacations and any other times your office may be closed. You cannot put dates or date ranges so you need to remember to update these when your office will be closed. These changes also do not require CVP approval.

CT WIZ  
CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH

### Clinic Delivery Hours

Day	Delivery Time 1	Delivery Time 2
Monday	08:30	13:00
Tuesday	08:30	13:00
Wednesday	08:30	13:30
Thursday	08:30	13:30
Friday	08:30	13:30
Saturday	08:30	13:30
Sunday	08:30	13:30

Edit Clinic

- Address / Name
- Contact Information
- Delivery Hours
- Staff

Update

Options

(to making address instead of physical address?)  
Special instructions:

Version: 19.6.20190606  
Copyright © 2009-2019  
Euronex Technology Partners Inc.

## Update Clinic Staff and Training

Review the list of clinic staff shown. It is important that you have a primary vaccine coordinator, a backup vaccine coordinator and a physician signing agreement listed in your contacts. A Provider Profile Roles document is on the website for your reference.

CT WIZ WEBINAR TRAINING PEDIATRICS, WEBINAR TRAINING PEDIATRICS H... PATIENT SEARCH Support Notifications 1 KIMBERLY

### Clinic Staff Change Request

Select or add a new clinic staff member to submit a change request. The change will take effect after the request is approved.

Name	Type	Phone	Main Contact/Shipping Contact	Audit	Action
MOUSE, MINNIE	NON-PHYSICIAN CONTACT (BACK-UP) (Z5 - VFC/VTRCKS)		NO	?	EDIT
USER101, TEST	NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/VTRCKS)		YES	?	EDIT
USER21, TEST	PHYSICIAN SIGNING AGREEMENT (Z3 - VFC/VTRCKS)		NO	?	EDIT

Showing 1 to 3 of 3 entries

Change Request History

Name	Submitted On	Clinic	Status	Action
USER101, TEST	10/05/2020	WEBINAR TRAINING PEDIATRICS HL7	COMPLETED	
USER101, TEST	10/05/2020	WEBINAR TRAINING PEDIATRICS HL7	COMPLETED	
USER22, TEST	09/30/2020	WEBINAR TRAINING PEDIATRICS UI	COMPLETED	
USER22, TEST	09/09/2020	WEBINAR TRAINING PEDIATRICS UI	DENIED	RESUBMIT Comments
USER21, TEST	09/11/2019	WEBINAR TRAINING PEDIATRICS UI	COMPLETED	

Showing 1 to 5 of 5 entries

App Version 22.9.0.0  
Recommender Version 22.8.1.0

If you do not have all three contact types listed and do not document them now, you will have to leave the enrollment screens later to complete this information. Any missing information will prevent you from submitting the re-enrollment.

**NOTE:** Changes made on this screen require CVP approval. The CVP team receives a notification when there is a change. We review the change and approve or reject the change with a comment. When you receive a notification in the bell icon that your change has been approved, you may continue with the re-enrollment process. If you do not wait for the approval of these changes, the changes will not reflect on your enrollment.

**To add new staff:** (Do not overwrite existing staff with new staff):

1. Click on the “Add New Contact” button.
2. Select the correct contact type from the dropdown. If they have an alternate role, choose this from the alternate contact type dropdown.
3. Complete the remaining fields. Be sure to include the license number, NPI, specialty and title.
4. If the contact will be the main contact/shipping contact, check the box indicating this.
5. When finished, click on “Create”.

## Steps on adding Staff who Administer/Prescribe Vaccinations

1. Next to the name of the clinic staff member that you would like to make the change click on the 'Edit' button.
2. Once in the staff members clinic contact navigate to the bottom righthand side of the screen and you will see the following options- **'Administers Vaccinations' and Prescribes Vaccinations'**.
3. Click on the Checkbox for either one or both depending on the staff member's needs.
4. Once approved by DPH, the staff will appear in the appropriate dropdowns for UI clinics.  
*\*Adding staff to CT WiZ does not automatically give them access. If they would like access they will need to request an account\**

The screenshot shows the 'Clinic Staff Change Request' form. The form is titled 'Clinic Staff Change Request' with a blue information icon. On the right side, there is a 'Cancel' button. The form is divided into several sections:

- Contact Type \***: A dropdown menu showing 'NON-PHYSICIAN CONTACT (PRIMARY) (Z4 - VFC/V)'. Next to it is an 'Alternate Contact Type' dropdown.
- First Name \***: Text input field containing 'DEB'. **Middle Name**: Empty text input field. **Last Name \***: Text input field containing 'VACCINE'.
- Email**: Text input field. **NPI**: Text input field.
- Telephone**: Text input field containing '860-999-0000'. **Ext**: Text input field. **Fax Number**: Text input field.
- License Number**: Text input field containing '444444'. **Comments**: Text input field.
- Medicaid Provider ID**: Text input field. **Employer ID Number**: Text input field.
- Specialty**: Dropdown menu. **Title**: Dropdown menu.
- Checkboxes**: Three checkboxes are checked: 'Administers Vaccinations', 'Prescribes Vaccinations', and 'Main Contact/Shipping Contact'.

On the right side of the form, there is a section titled 'Edit Clinic' with a list of options: 'Address / Name', 'Contact Information', 'Delivery Hours', and 'Staff'.

### To remove staff:

1. Click the down arrow next to "Edit" next to the staff's name.
2. Click "Remove."
3. A popup will appear with the following message: "You have requested to remove XXX from the clinic staff. Select OK if this is correct and you wish to submit the change request for approval. Select Cancel to return to the Clinic Staff Change Request page."
4. Click on "Ok" to remove the staff or hit "cancel" to go back.

## To make an update:

1. Click on “Edit” next to the staff’s name.
2. Type the new information over the existing information into the specific field. For example, a staff member’s last name changed due to marriage or divorce.
3. Type a note in the “Comments” field to let the CVP know of any other changes.

The screenshot shows the 'Clinic Staff Change Request' form in the CT WIZ system. The form is titled 'Clinic Staff Change Request' and has 'Cancel' and 'Update' buttons. The 'Contact Type' is set to 'NON-PHYSICIAN CONTACT (BACK-UP) (25 - VFC/V)'. The 'Alternate Contact Type' is 'CHOOSE'. The 'First Name' is 'TEST', 'Middle Name' is empty, and 'Last Name' is 'USER22'. The 'Telephone' is '999-999-9999', 'Fax Number' is '999-999-9999', and 'E-mail' is 'TEST.USER22@YAHOO.COM'. The 'License Number' and 'Comments' fields are empty. The 'NPI' and 'Medicaid Provider ID' fields are empty. The 'Employer ID Number' field is empty. The 'Specialty' is 'CHOOSE' and the 'Title' is 'CHOOSE'. The 'Back Up Coordinator' checkbox is checked. The 'Training Section' table has the following data:

Course Name	CE Number	Completion Date	Upload Certificate	Add Training
SITE VISIT YOU CALL THE SHOTS MODULES	SITE VISIT	10/09/2019		

## Add Training for Clinic Staff

For the Primary and Back-up vaccine coordinators, training must also be documented to complete the re-enrollment. As shown on the checklist, the primary and backup vaccine coordinator must complete the VFC Storage and Handling and the Vaccine for Children CDC modules. Direct links are included on the checklist.

**NOTE:** You must enter the training otherwise you will receive an error message when you are completing the re-enrollment. Trainings must have been completed in the last 12 calendar months.

1. Click on “Edit” next to the clinic staff.
2. Click on “Add Training” at the bottom to document training.
3. Select the course name of “Site Visit or You call the Shots modules”.
4. Enter the date the training was completed. If you have the certificate saved for the modules, you can upload it here, but it is not required.
5. Click on “Save” when finished.
6. When finished with all the updates on this screen, click on “Update” then “Cancel”.
7. Repeat the steps above to document training for additional staff.

The screenshot displays the 'Add Training' modal form within the CT WIZ system. The form is overlaid on a background page showing clinic staff information and a training section table. The modal form contains the following fields:

- Course Name: SITE VISIT/YOU CALL THE SHOTS MODULES
- CE Number: SITE VISIT
- Completion Date: 10/09/2019
- Upload Certificate: CHOOSE FILE

Buttons for 'Cancel' and 'Save' are visible at the bottom of the modal. The background page shows a table with the following data:

Course Name	CE Number	Completion Date	Upload Certificate	Add Training
VACCINES FOR CHILDREN (VFC)		08/28/2019		
SITE VISIT/YOU CALL THE SHOTS MODULES	MODULE	10/09/2019		

Review all staff and confirm their information is correct. When you receive a notification in the bell icon that your change has been approved, you may continue with the re-enrollment process. If you do not wait for the approval of these changes, the changes will not reflect on your enrollment.

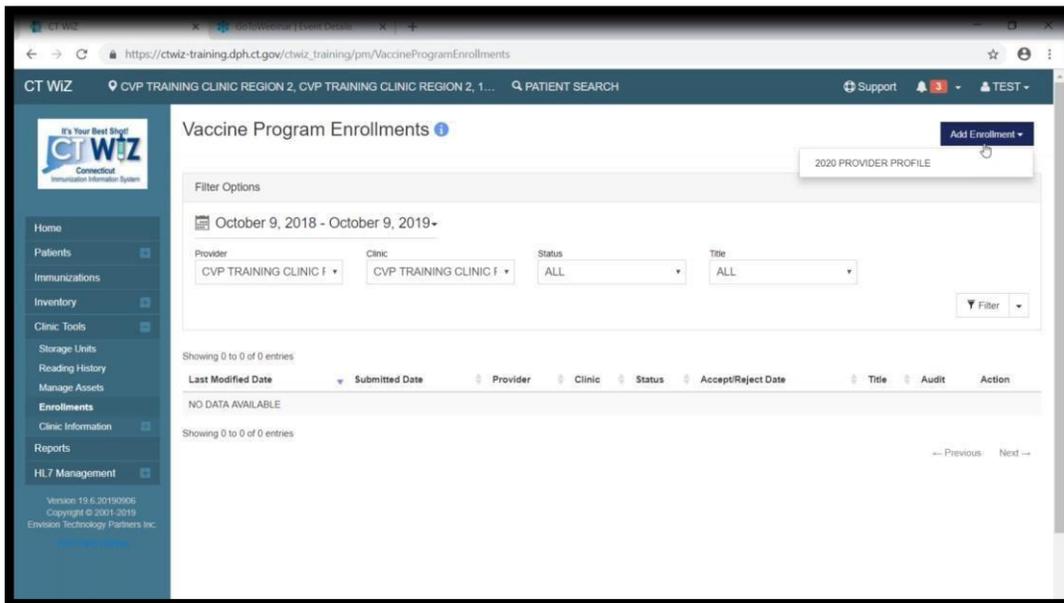
## Complete the Re-enrollment

After all your clinic updates and training have been documented, you can begin the re-enrollment.

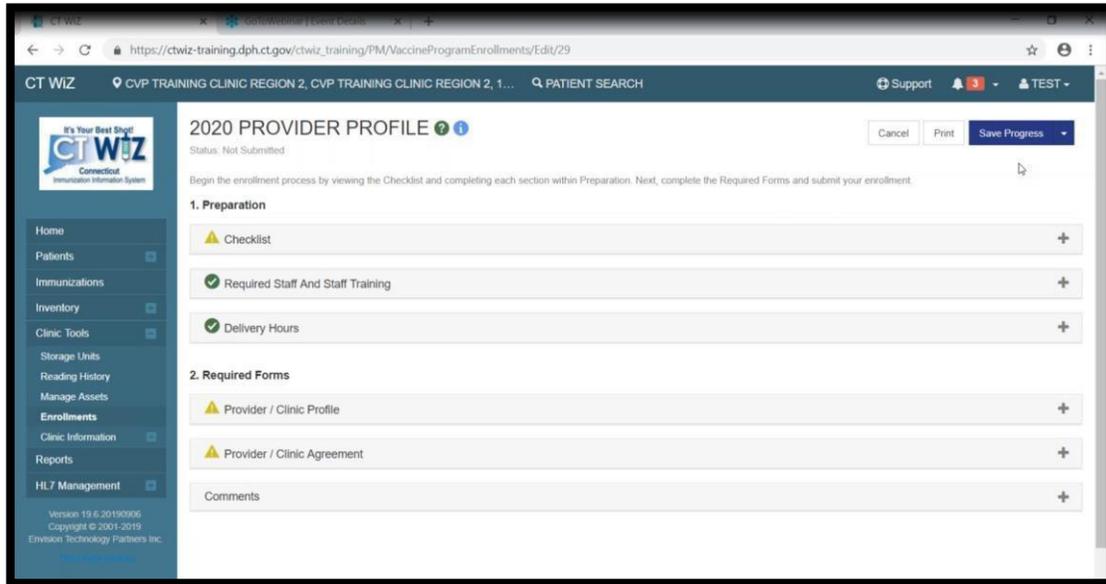
1. Click on “Clinic Tools” in the left navigation menu.
2. Click on “Enrollments”. This screen lists all your enrollments, past and present. You can also see when the enrollment was submitted as well as if it was accepted or rejected with the date.
3. If you do not see any enrollments in “Not Submitted” status, click on “Add Enrollment”.

**NOTE:** If you see a row with “Not Submitted” status, you already have an enrollment in work. Click ‘View’ to continue where the enrollment was left off.

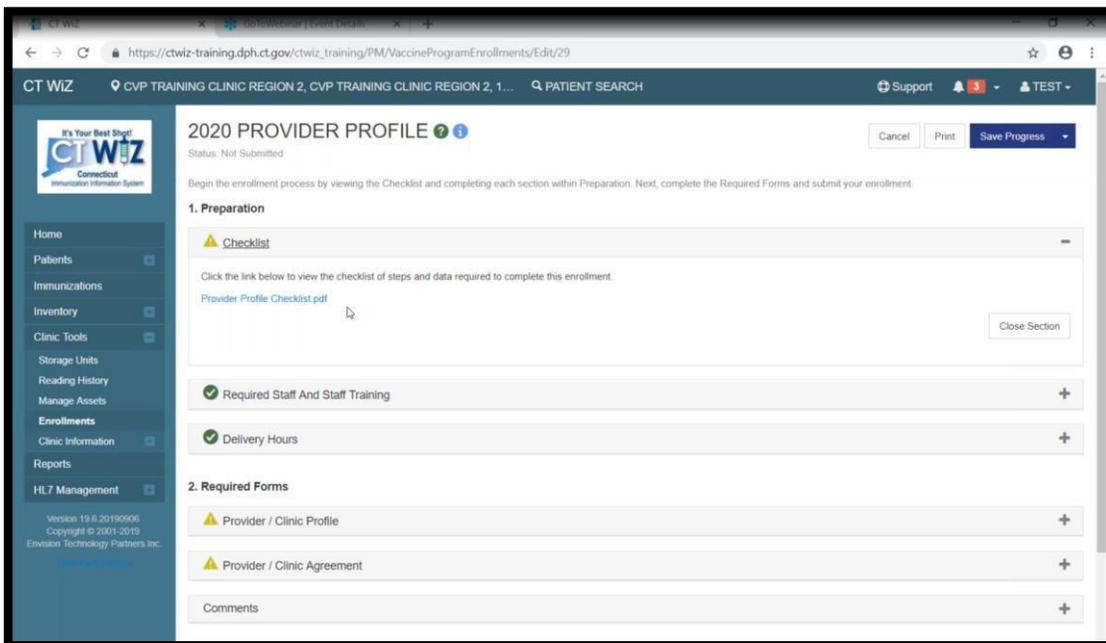
4. Select the correct re enrollment.



When in the enrollment, there are multiple sections within each module that must be completed. Each section with a yellow exclamation point indicates the section has not been completed yet. A green checkmark indicates the section is complete.



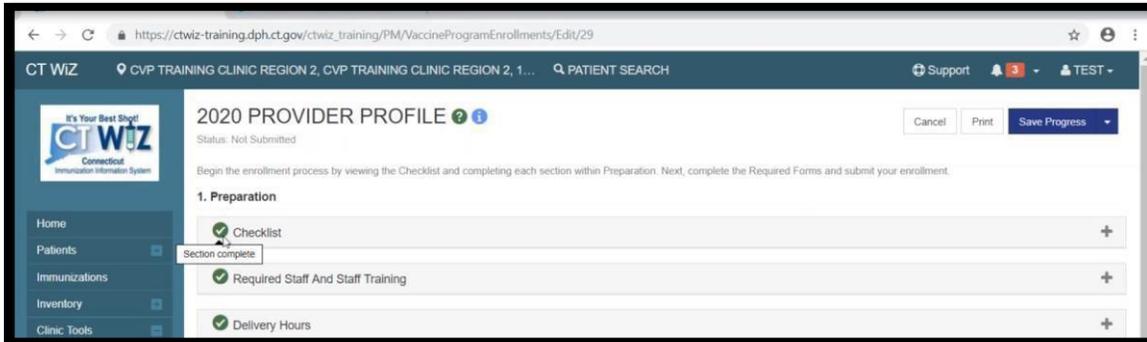
5. Click on the “+” sign on the right side of each section to open it and complete the information.
6. Start at the top and click on “Checklist”.



7. Click on the blue link for the Provider Profile checklist.
  - a. This opens in a separate window showing you everything that needs to be done prior to re-enrolling, as well as things to help you fill out the re-enrollment.
  - b. This PDF includes links to the CDC training modules mentioned earlier, as well as the insurance breakdown table.
  - c. Once you have reviewed this PDF you can minimize or print it.
  - d. You do not need to complete this checklist.

- e. If you are all set reviewing the information, simply close the checklist then click on Close Section.

Notice that the yellow exclamation point changed to a green checkmark.

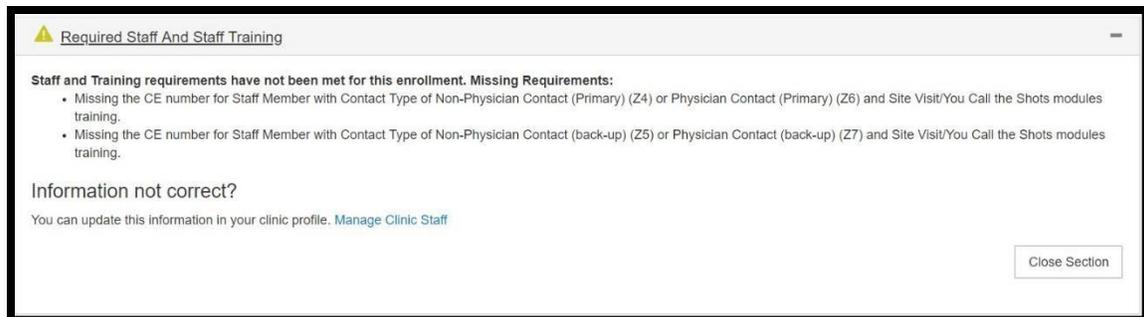


**NOTE:** Click on “Save Progress” in the top right corner to save your work as you go.

8. You can also print your re-enrollment. The printout shows all the information that has been entered thus far, as well as any PDF documents included in the re-enrollment.
9. Click on “Required Staff and Staff Training”.
- a. If all the necessary training was documented on the Clinic Staff screen for the primary and back-up vaccine coordinators, you should see a green checkmark.



- b. If the training was not documented, the missing requirements for each staff member will be listed in this section. The error message specifically lists the staff contact type who is missing the training.

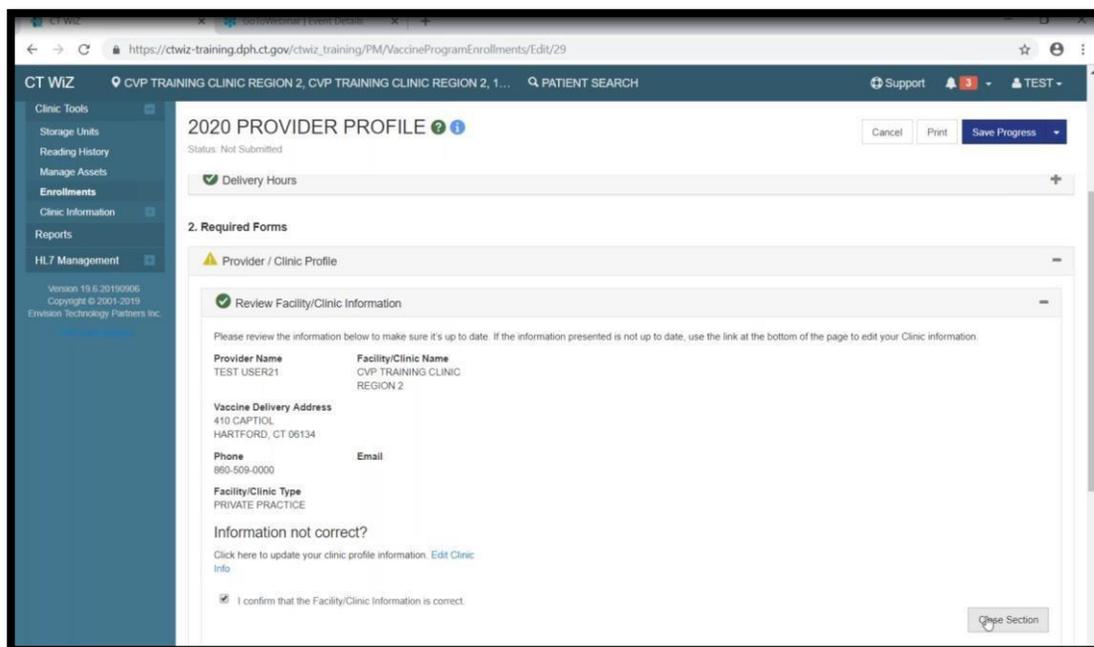


- c. You can document the missing training by clicking on Manage Clinic Staff. This link brings you out of the Enrollment and to the Manage Clinic Staff Change Request screen where you can document the required training.

10. You'll notice there is already a green checkmark in "Delivery Hours". Since you have your delivery hours loaded in CT WiZ and reviewed them prior to completing the enrollment, no further action is required.



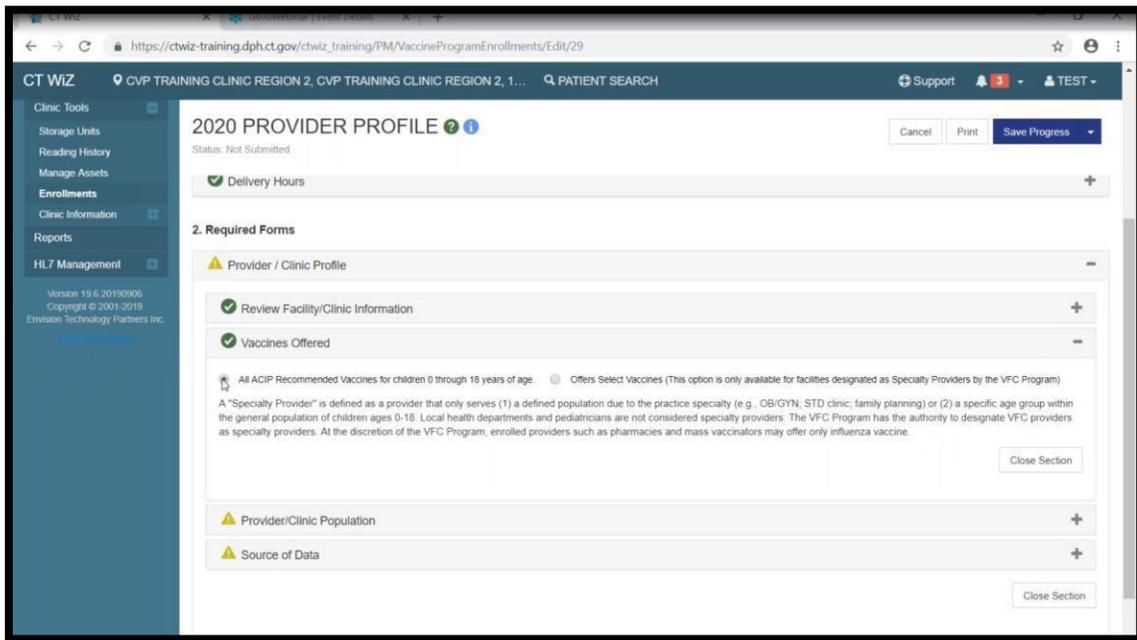
11. Click on "Save Progress" to save the work you have completed thus far.
12. In the "Required Forms" section, click on "Provider/Clinic Profile".
13. Click on Review Facility/Clinic Information. This shows the provider name, the clinic name, the delivery address, phone number, email and clinic type.
- Verify the information is correct. If you made changes before starting the enrollment ensure the changes you made show here. Remember, any changes to the clinic staff must be approved first by the CVP Team in order for it to reflect in the enrollment.
  - If you need to make changes**, click on the blue Edit Clinic info link. Again, this link brings you out of the Enrollment and to the Manage Address Name Change Request screen where you can make changes.
  - If the information is correct**, check the box confirming all information is correct. You should see a green check mark for this section.



14. Click on “Vaccines Offered”.

a. Click on “All ACIP Recommended Vaccines for children 0 through 18 years of age”.

**NOTE:** The other option listed is for specialty providers only. Specialty providers are providers who only serve a defined population due to the practice specialty. If you fall under the group of specialty providers, select this option and check all vaccines you offer in your specialty practice. Once again health departments and pediatricians are **not** specialty providers and should select the All ACIP Recommended Vaccines option. You should see a green check mark for this section too.



15. Click on “Provider/Clinic Population”. This table is provided in the checklist and shows the breakdown of all the insurance types in your practices. If you do not have any children in a specific age group, type a zero (0). All fields must have a number in order to continue.

**NOTE:** As you enter amounts, the totals automatically calculate at the bottom of each eligibility section.

CT WIZ CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH Support 3 TEST

## 2020 PROVIDER PROFILE

Status: Not Submitted

Cancel Print Save Progress

**Provider Population**  
 Provider Population based on patients seen during the previous 12 months. Enter the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made.

**Patient Data**

Eligibility Categories	Patient Age			Total
	>= 0 Years	>= 1 Year	>= 7 Years	
VFC Eligible - Medicaid/Medicaid Managed Care	5	10	5	20
VFC Eligible - Uninsured	6	3	5	14
VFC Eligible - American Indian/Alaska Native	0	4	2	6
CHIP	10	11	6	27
VFC Eligible - Underinsured At FQHC	4	5	2	11
<b>Total:</b>	<b>25</b>	<b>33</b>	<b>20</b>	<b>78</b>

Non-Eligibility Categories	Patient Age			Total
	>= 0 Years	>= 1 Year	>= 7 Years	
Not VFC Eligible	10	23	10	33
<b>Total:</b>	<b>10</b>	<b>23</b>	<b>0</b>	<b>33</b>

16. Remember to click on “Save Progress” during this section so your work is not lost.
17. When finished, you should see a green check mark. Remember, all fields must have a number in them.
18. Click on “Source of Data”. Select how you determined your insurance breakdown. Select all that apply. You should see a green check mark when done. This completes the Provider/Clinic Profile section.

CT WIZ CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH Support 3 TEST

## 2020 PROVIDER PROFILE

Status: Not Submitted

Cancel Print Save Progress

Provider/Clinic Population

Source of Data

Type of data used to determine provider population (choose all that apply)

- Benchmarking
- Medicaid Claims Data
- IIS
- Doses Administered
- Provider Encounter Data
- Billing System
- Other

Close Section

Close Section

Provider / Clinic Agreement

Comments

In the Provider /Clinic Agreement section, you need to confirm the clinic information, the medical director or equivalent, vaccine coordinators, and prescribing staff members are entered correctly in CT WiZ.

19. Click on “Review Facility/Clinic Information”.
  - a. Confirm the information is correct.
  - b. If any changes need to be made, click on the blue link. Remember, this brings you out of the enrollment and to the appropriate screen.
  - c. If everything is correct, click on the “I confirm” checkbox. Green check marks should appear for each section you complete.

The screenshot displays the '2020 PROVIDER PROFILE' form in the CT WiZ system. The form is for 'CVP TRAINING CLINIC REGION 2' and shows the following details:

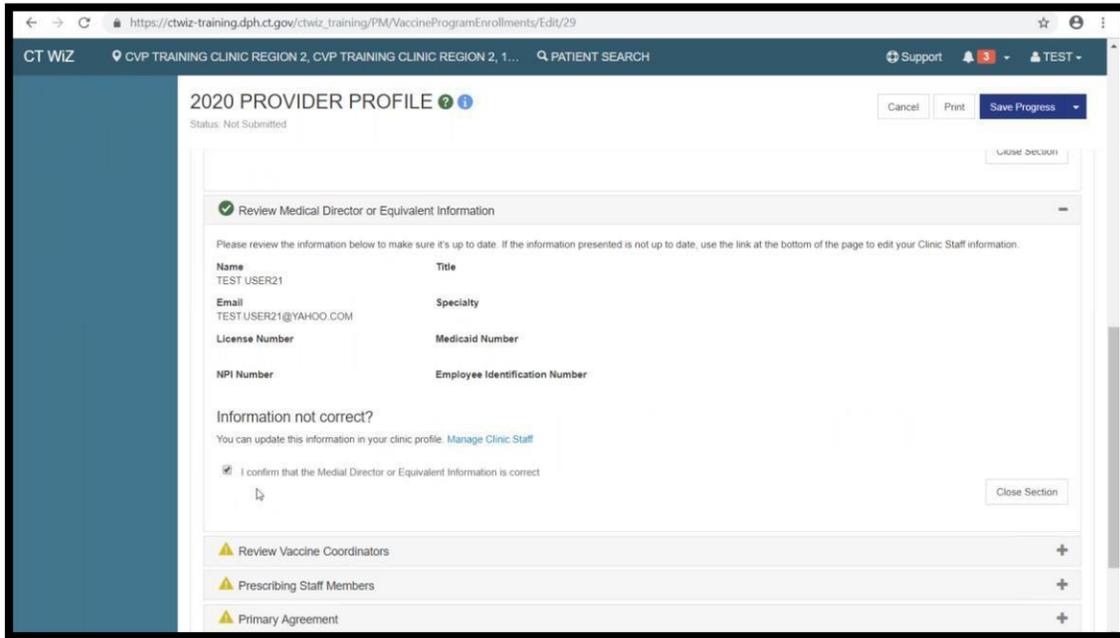
- Facility/Clinic Address:** 410 CAPTIOL, HARTFORD, CT 06134
- Shipping Address:** 410 CAPTIOL, HARTFORD, CT 06134
- Phone:** 860-509-0000
- Fax:** 860-509-0000

Below the address information, there is a section titled 'Information not correct?' with a link to 'Edit Clinic Info'. A checkbox labeled 'I confirm that the Facility/Clinic Information is correct.' is checked. At the bottom of the form, there are four expandable sections, each with a yellow warning triangle icon and a plus sign:

- Review Medical Director or Equivalent Information
- Review Vaccine Coordinators
- Prescribing Staff Members
- Primary Agreement

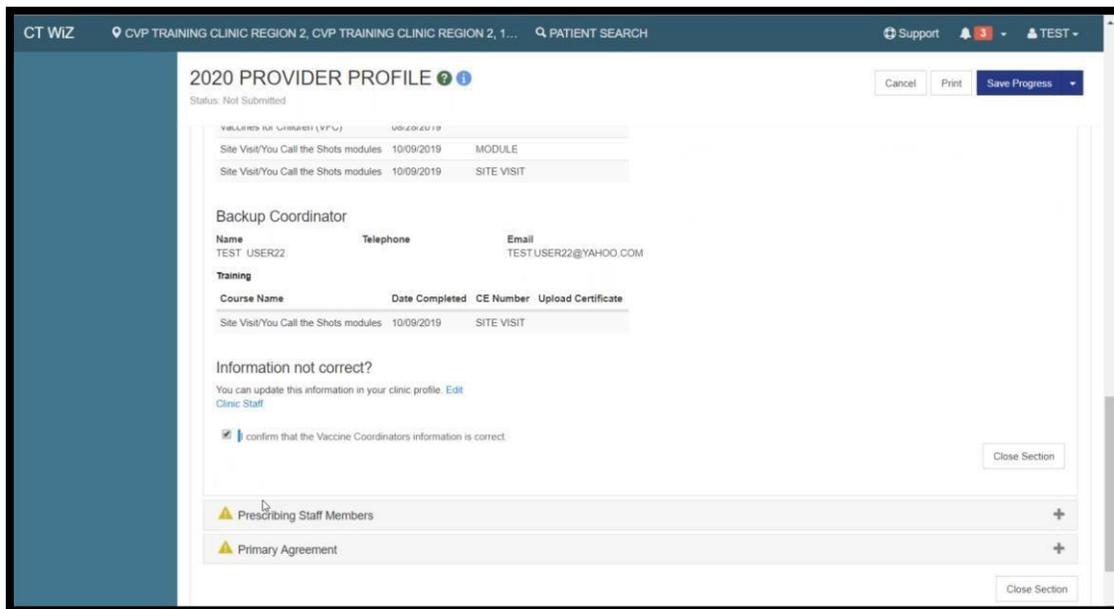
The form also includes 'Cancel', 'Print', and 'Save Progress' buttons at the top right.

20. Click on “Review Medical Director or Equivalent Information”.
  - a. Confirm the information is correct.
  - b. If any changes need to be made, click on the blue link. Remember, this brings you out of the enrollment and to the appropriate screen.
  - c. If everything is correct, click on the “I confirm” checkbox. Green check marks should appear for each section you complete.



21. Click on “Review Vaccine Coordinators”.

- a. Review the information.
- b. The Primary and Back-up Coordinators names only display when their training has been documented on the Clinic Staff screen.
- c. If any changes need to be made, click on the blue link. Remember, this brings you out of the enrollment and to the appropriate screen.
- d. When the Coordinators information is listed and training documented correctly, click on the “I confirm” checkbox. Green check marks should appear for each section you complete.



22. Click on “Prescribing Staff Members”.
  - a. Confirm the information is correct.
  - b. If everything is correct, click on the “I confirm” checkbox. Green check marks should appear for each section you complete.
  - c. For new prescribers please make sure they are added to your clinic staff screen with a comment that they are a prescribing or administering staff member.

The screenshot shows the '2020 PROVIDER PROFILE' form in the CT WIZ system. The form is titled '2020 PROVIDER PROFILE' and has a status of 'Not Submitted'. It includes a table with the following columns: Name, Title, License Number, Medicaid Number, NPI Number, and Employer Identification Number. Two rows are listed, both with 'TEST' in the Name column. Below the table, there is a section for 'Information not correct?' with a checkbox labeled 'I confirm that the Prescribing Staff Member information is correct.' which is checked. There are also sections for 'Primary Agreement' and 'Comments'.

The next section is the Primary Agreement. Only the user with the physician signing the agreement or equivalent access can electronically sign the agreement. The Primary Agreement attachment that pops up is NOT a fillable PDF. This document does not need to be filled out and sent to us. The physician signing the agreement simply has to check the box at the bottom of the section to electronically sign off on the agreement from their CT WIZ user account. Please click on Print to keep a copy of what you entered for your records.

The following message appears if you do not have the proper access: “You cannot accept this Agreement because you are not noted as the Contact that is authorized to sign the Enrollment Agreements”.

CT WIZ CVP TRAINING CLINIC REGION 2 CVP TRAINING CLINIC REGION 2.1 PATIENT SEARCH Support 3 TEST

2020 PR  
Status: Not Subm

Informa  
You can upd  
Clinic Staff

Prescri  
Primary  
Click the bu  
Agreement

Comments

Primary Agreement

Connecticut Vaccine Program (CVP)  
2020 Provider Agreement

**FACILITY INFORMATION**

Facility Name: PIN:

Facility Address:

City: County: State: Zip:

Telephone: Fax:

Shipping Address (if different than facility address):

City: County: State: Zip:

**MEDICAL DIRECTOR OR EQUIVALENT**

*Instructions: The official registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law who will also be held accountable for compliance by the entire organization and its providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.*

Last Name, First, MI: Title: Specialty:

Cancel Print Save Progress

Close Section

Close Section

Close Section

You cannot accept this Agreement because you are not noted as the Contact that is authorized to sign the Enrollment Agreements.

23. In the additional questions section answer all questions listed.
24. Click on "Save Progress" to save your work.

At this time, the physician signing the agreement or equivalent must complete the enrollment by logging into CT WIZ.

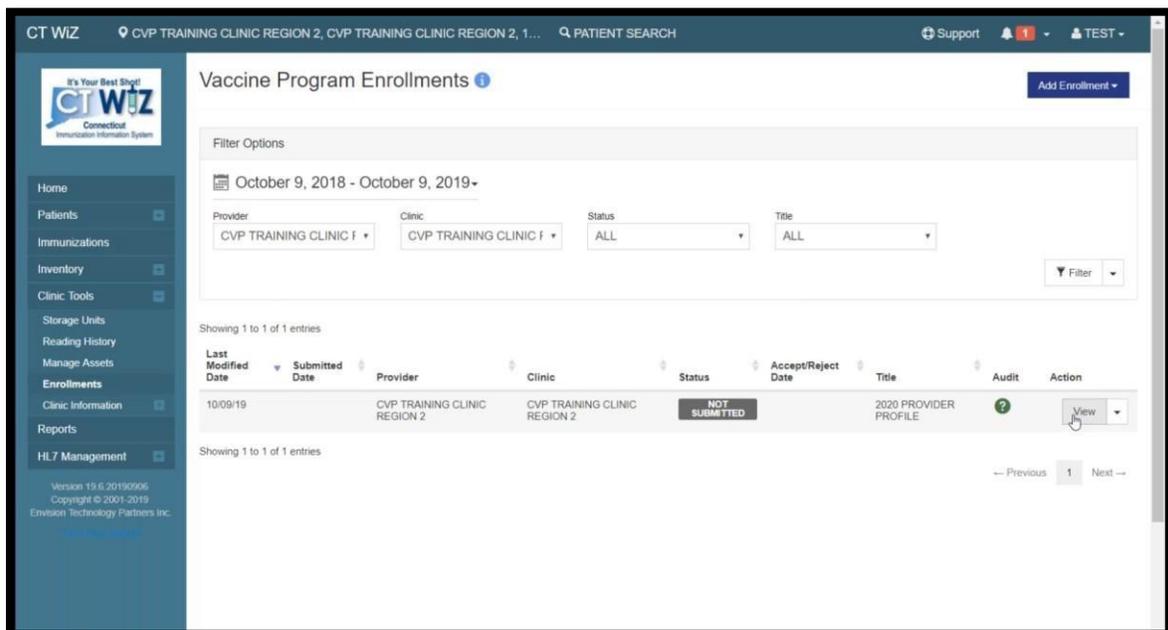
## Sign the Agreement

We have provided a separate video on how to complete this available on the webpage:

[https://portal.ct.gov/immunization/Providers-Landing-Page/CVP?language=en\\_US](https://portal.ct.gov/immunization/Providers-Landing-Page/CVP?language=en_US)

When the physician is ready to sign the enrollment, they should see all the sections complete except for the Agreement.

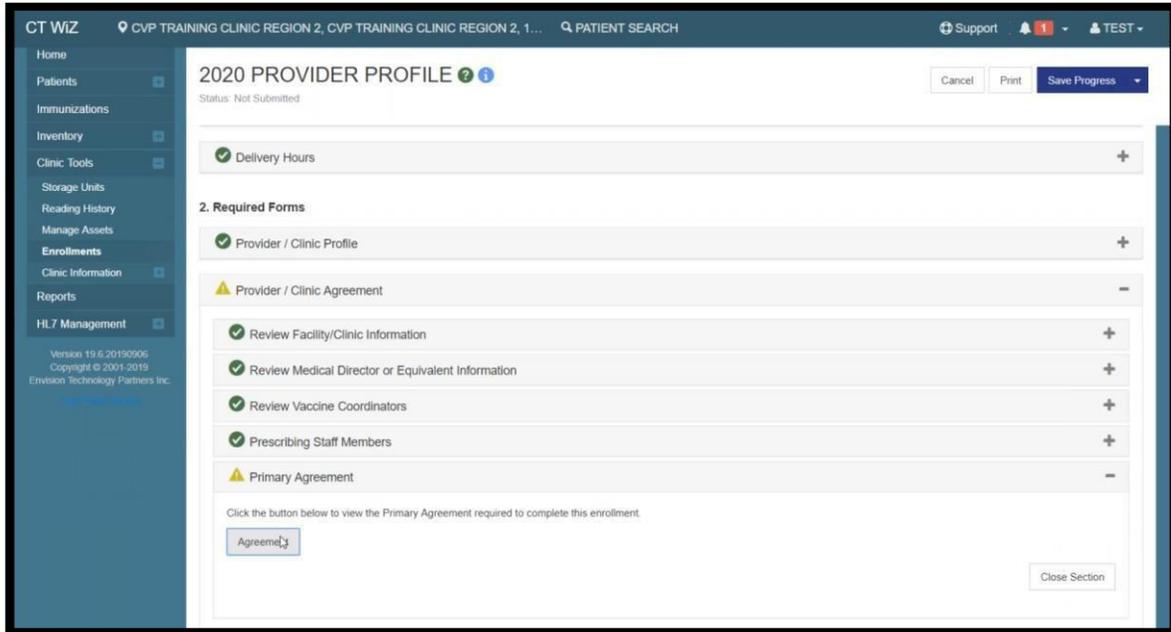
1. Log into CT WiZ with your username and password.
2. Click on “Clinic Tools” in the left navigation menu.
3. Click on “Enrollments”.
4. Click on “View” next to the enrollment needing an electronic signature. There should be one with a “Not Submitted” status.



The screenshot displays the 'Vaccine Program Enrollments' interface in CT WiZ. The left sidebar contains navigation options such as Home, Patients, Immunizations, Inventory, Clinic Tools, Storage Units, Reading History, Manage Assets, Enrollments, Clinic Information, Reports, and HL7 Management. The main content area features a filter section for the date range 'October 9, 2018 - October 9, 2019' and dropdown menus for Provider, Clinic, Status, and Title. Below the filters, a table lists enrollment entries. The table has columns for Last Modified Date, Submitted Date, Provider, Clinic, Status, Accept/Reject Date, Title, Audit, and Action. One entry is shown with a status of 'NOT SUBMITTED' and a 'View' button next to it.

Last Modified Date	Submitted Date	Provider	Clinic	Status	Accept/Reject Date	Title	Audit	Action
10/09/19		CVP TRAINING CLINIC REGION 2	CVP TRAINING CLINIC REGION 2	NOT SUBMITTED		2020 PROVIDER PROFILE	?	View

5. Click on the “Provider/Clinic Agreement” section.
6. Click on “Primary Agreement”.
7. Click on “Agreement”.



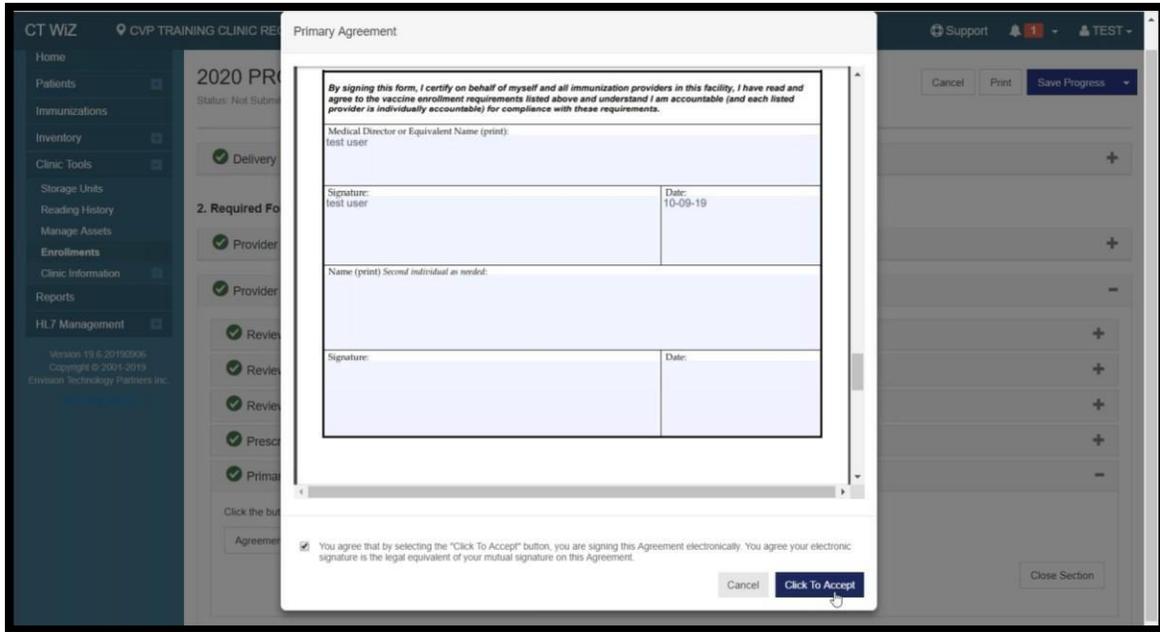
The provider agreement appears in a separate window.

8. Review the agreement and scroll to page 5.

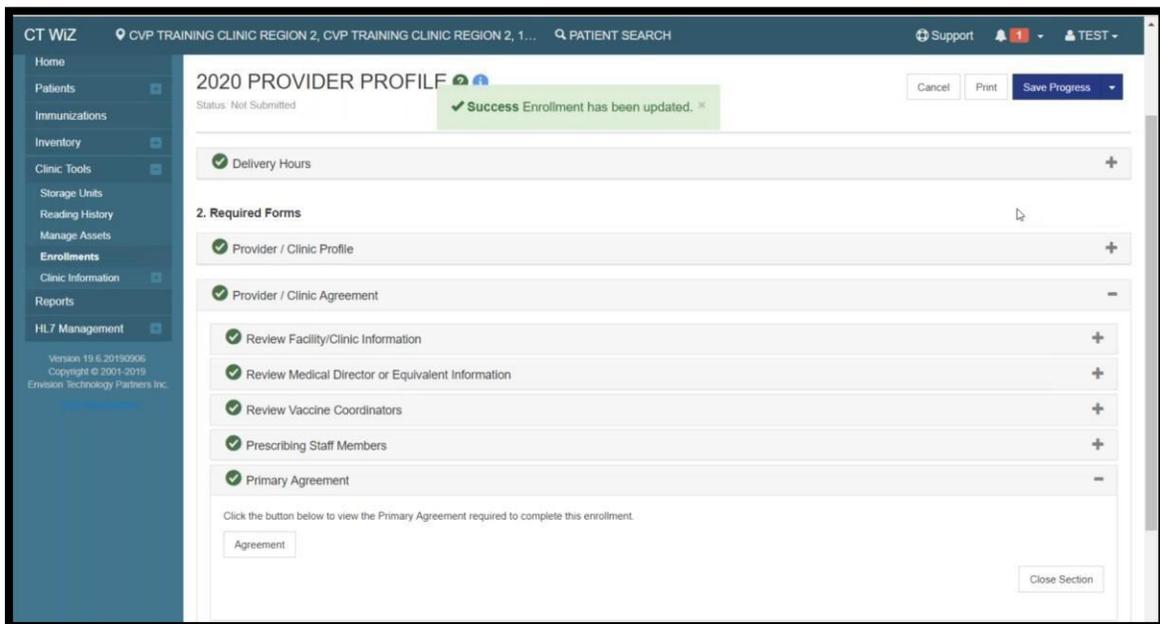
Please print or save a copy for your records. You do **not** need to send us a copy of the agreement.

9. Click on the checkbox, which provides your electronic signature to accept all things stated in the agreement.

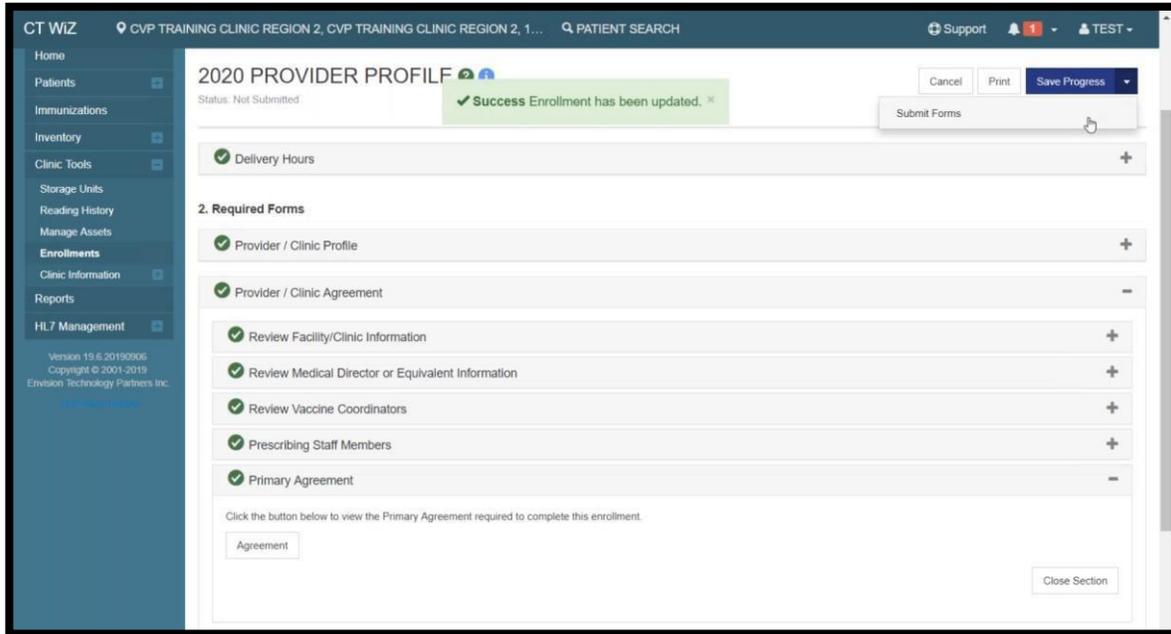
10. Click on "Click to Accept."



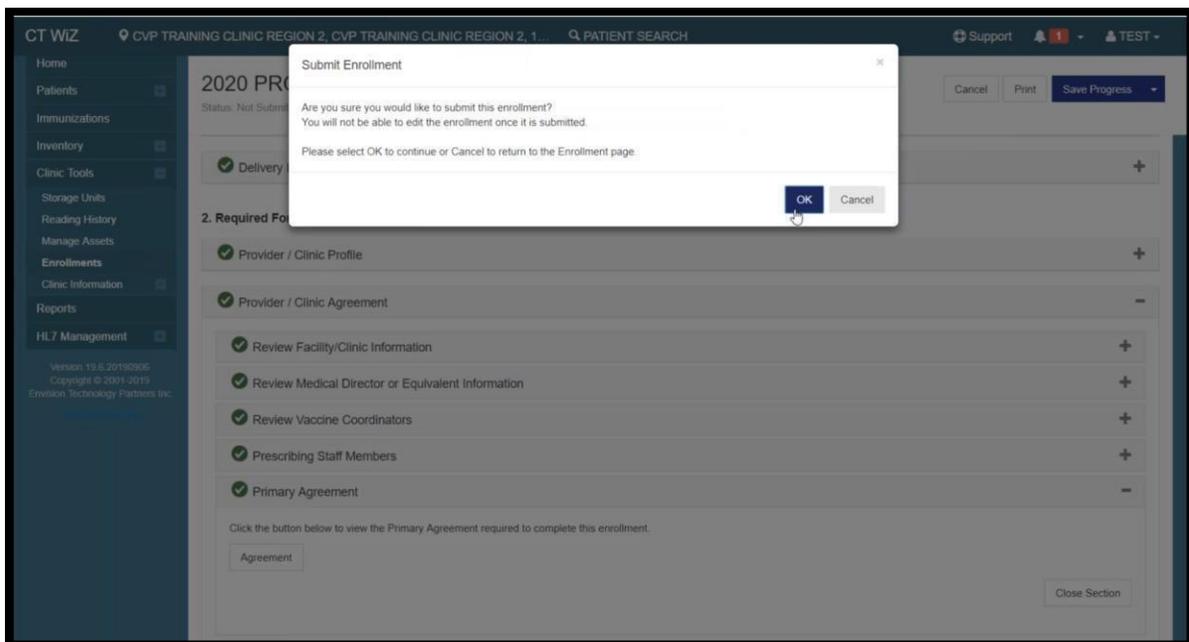
11. Click on “Save Progress” at the top to save your work.



12. When you are ready to submit the re-enrollment, click on the Save Progress dropdown, and click on Submit Forms. If you do not have all the sections complete, CT WIZ will not allow you to click on this option.



13. Click OK to complete the re-enrollment.



After you submit the re-enrollment, the CVP team is notified and reviews the submitted agreement. You can print your re-enrollment, or go back to the original enrollment screen to see your status.

When your re-enrollment was successfully submitted, the status shows Pending Review.

CT WIZ CVP TRAINING CLINIC REGION 2, CVP TRAINING CLINIC REGION 2, 1... PATIENT SEARCH Support 1 TEST

### Vaccine Program Enrollments

Filter Options

October 9, 2018 - October 9, 2019

Provider: CVP TRAINING CLINIC F Clinic: CVP TRAINING CLINIC F Status: ALL Title: ALL

Showing 1 to 1 of 1 entries

Last Modified Date	Submitted Date	Provider	Clinic	Status	Accept/Reject Date	Title	Audit	Action
10/09/19	10/09/19	CVP TRAINING CLINIC REGION 2	CVP TRAINING CLINIC REGION 2	PENDING REVIEW		2020 PROVIDER PROFILE		View

Showing 1 to 1 of 1 entries

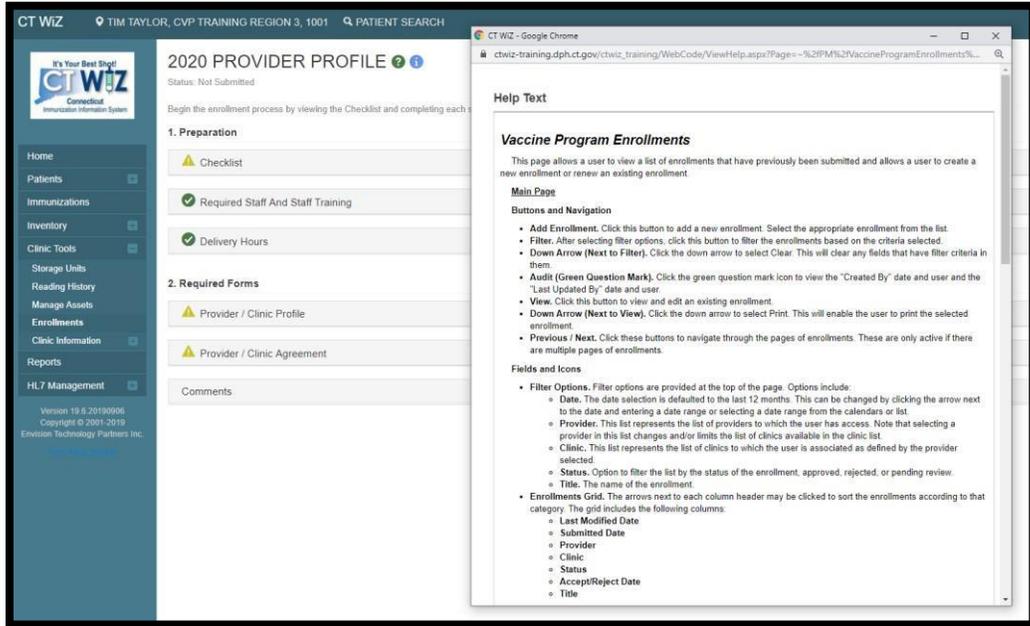
Version 19.6.20190906 Copyright © 2001-2019 Envision Technology Partners Inc.

If your re-enrollment was approved, the status shows Approved and the accept date is listed in the next column. If you see a rejected status, you can click on View to see the comments made by the CVP team in the “Jurisdiction Comments” field.

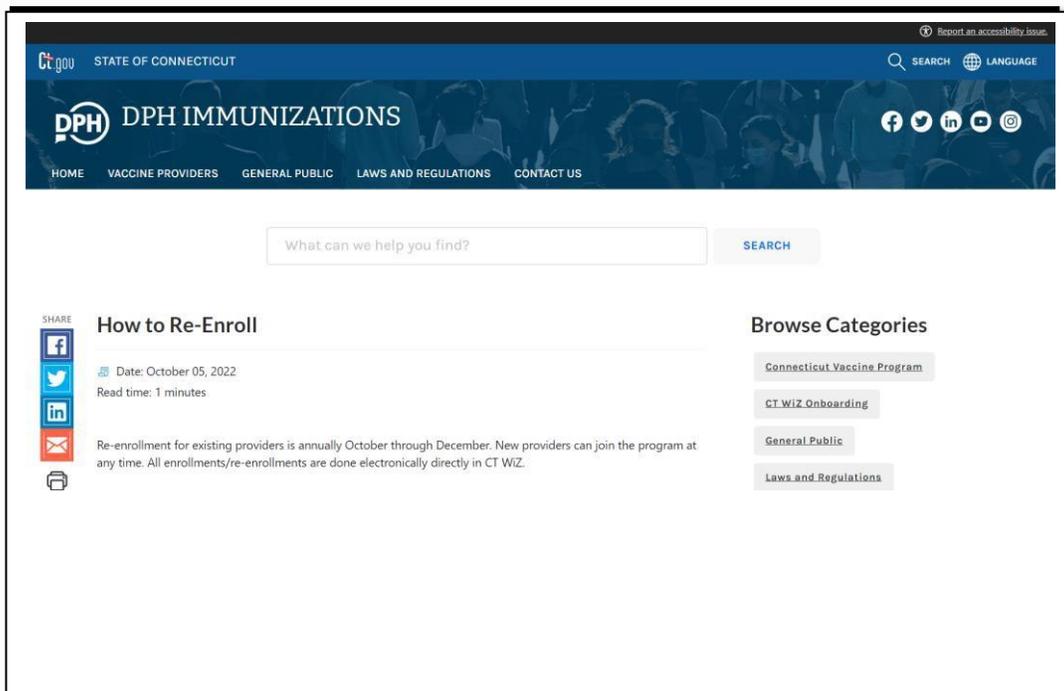
# Help with CT WiZ

If you have additional questions about the process, there are many ways to find information and receive help.

1. In CT WiZ, there is an  icon located next to the screen name. Click on the  for a detailed explanation of the page, you are on.



2. On our website, we have a specific enrollment webpage for CT WiZ where you will find documents and videos to help guide you in the completion of your re enrollment. Once you have this webpage up, we highly recommend you bookmark it to quickly find it.



3. After you have exhausted all these help topics and still can't find your answer, simply submit a [Helpdesk ticket](#) – Select Immunizations (CT WiZ) – and the category – topic – sub topic if applicable. We'll review it and respond to you in a timely manner.

The screenshot shows the 'Create a ticket' form on the DPH Helpdesk Portal. The form is contained within a white box with a blue header that says 'Create a ticket'. Above the form, the DPH logo and the text 'DEPARTMENT OF PUBLIC HEALTH Helpdesk Portal' are visible. The form contains four dropdown menus, each with a red asterisk indicating it is a required field. The first dropdown is labeled 'What system do you need assistance with?' and has the text 'Select a DPH program ...'. The second is labeled 'Select the category:' and has the text 'Select a category...'. The third is labeled 'Select the topic:' and has the text 'Select a topic...'. The fourth is labeled 'Select the sub topic:' and has the text 'Select a sub topic...'. At the bottom of the form area, there is a copyright notice: '© 2022 - DPH Helpdesk Portal'.