Instruction for Completing 2020 VFC Re-enrollment

Before you load the enrollment form in I-CARE, it will be helpful for you to have the following information available:

- The National Provider Identifier (NPI) for the facility/clinic
- The number of providers (MD, DO, NP, PA and Pharmacist) who prescribe VFC vaccine
- The medical license number and National Provider Identifier (NPI) for each provider (MD, DO, NP, PA and Pharmacist) who prescribes VFC vaccine
- The number of children who received vaccinations, by age group (<1, 1-6, and 7-18) and eligibility status in 2019. This includes both VFC-eligible and non VFC-eligible (CHIP, privately insured) children. I-CARE will populate this information based on the doses administered data reported to I-CARE through an interface with an electronic medical/health record or through direct data entry. Please review this information and update as needed.

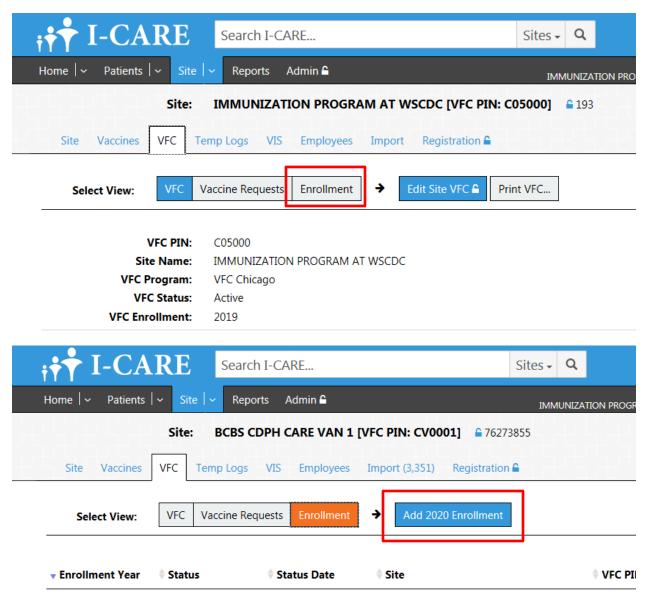
Step 1: Log into I-CARE.

Step 2: Click on "Site" from the menu at the top of your screen.



Step 3: Click "VFC" from the menu under your site name.

; ;† † I-CARE	Search I-CARE	Sites -	Q
Home - Patients - Site	✓ Reports Admin ▲	IMN	IUNIZATIO
Site:	IMMUNIZATION PROGRAM AT WSCDC [VFC PIN: CO	05000]	a 193
Site Vaccines VFC Te	emp Logs VIS Employees Import Registration 🔒		
Select an Action:	Edit Site Add Site 🖨 Add Group 🖨		
Site Name: Group Name:	IMMUNIZATION PROGRAM AT WSCDC CHICAGO DEPARTMENT OF PUBLIC HEALTH - GROUP		
Site Status:	Active		
Address: County:	2160 W OGDEN AVE RM 201 CHICAGO, IL 60612-4219 COOK		



Step 4: Click "Enrollment" from the "Select View:" options then select "Add 2020 Enrollment"

Step 5: Once the VFC enrollment form has loaded, complete all required fields indicated by a red asterisk.

Step 6: Complete and submit the Provider Agreement. To open the Provider Agreement, click on the VFC Provider Agreement hyperlink. Once opened, you can download and print the Provider Agreement. Next, the Medical Director or equivalent must review, date, and sign the Provider Agreement.

The completed Provider Agreement can be scanned and emailed to <u>ChicagoVFC@cityofchicago.org</u> or faxed to the Vaccine Management Unit at 312-746-6220. On I-CARE, indicate the Provider Agreement has been completed and returned by checking off the corresponding box. This is the only form that must be printed and returned directly to the VFC Program. All additional information is captured directly in I-CARE.

Requirements:	 The Medical Director or equivalent has printed, signed, and returned the <u>VFC Provider Agreement</u>. * Provider has read and understands the <u>2020 VFC Provider Eligibility Policy</u>. * Provider has read and understands the <u>Medicaid Fraud and Abuse Policy</u>. * Provider has read and understands the <u>Vaccine Loss and Replacement Policy</u>. *
Optional:	May we list your clinic on the IDPH VFC Provider Search website at http://vfc.illinois.gov/search/ as a resource for parents needing immunizations? Yes No May we list your clinic on the IDPH website as a resource for parents needing CHIP (Title 21) vaccinations? Yes No

Step 7: Review the VFC Eligibility Policy, Medicaid Fraud and Abuse Policy, and Vaccine Loss and Replacement Policy by clicking on the hyperlinks. Indicate each policy has been read and is understood by checking off the corresponding box.

Requirements:	The Medical Director or equivalent has printed, signed, and returned the VFC Provider Agreement. *	
	Provider has read and understands the 2020 VFC Provider Eligibility Policy. *	
	Provider has read and understands the Medicaid Fraud and Abuse Policy. *	
	Provider has read and understands the <u>Vaccine Loss and Replacement Policy</u> . *	
Optional:	May we list your clinic on the IDPH VFC Provider Search website at <u>http://vfc.illinois.gov/search/</u> as a resource for parents needing immunizations? • Yes • No	
	May we list your clinic on the IDPH website as a resource for parents needing CHIP (Title 21) vaccinations? \odot Yes \bigcirc No	

Step 8: Once all fields are completed, click on "Change Status..." button at the bottom of the enrollment form.

Updated: n/a



Step 9:Scroll to the top of the 2020 VFC Enrollment Edit next to "New Status:" select "requested" from the drop-down menu, then click "Save" at the bottom of the enrollment form. Notifications of status changes are emailed to the clinic's VFC contact(s) in I-CARE and to the I-CARE user who submitted the status change.

2020 VFC Enrollment Chicago:	CV0001 BCBS CDPH CARE VAN 1 🔓 1288894501
2020 VFC Enrollment Edit	
Enrollment Year:	2020
VFC PIN:	<u>CV0001</u>
Site:	BCBS CDPH CARE VAN 1
Address:	2160 W OGDEN AVE
	RM 208
- · ·	CHICAGO, IL 60612-4219
County:	COOK
Phone Number:	312-746-6381
Fax Number:	312-746-6220
	Please email Chicagovfc@cityofchicago.org to request any facility name, address, or phone/fax number changes.
Enroll Statue	Draft
New Status:	Requested
Add Comment:	
	Your name and the current date/time will be automatically included
Status Date:	01/13/2020
	Please send any questions or comments regarding VFC enrollment via the "Help/Contact Us" button at the top of each page in I-CARE.

Note: You can save your work at any time by clicking the "Save" button at the bottom of the enrollment form. If you leave your enrollment form in "draft" status, it will not be reviewed. If you are ready to submit, please place it in "requested" status.

Once the enrollment form has been set to the "requested" status and saved, the Chicago VFC Program will assess for completeness and change the status to "review" or "complete." If marked as "review", VFC Program staff will describe what additional information or edits are needed. If this occurs, please make appropriate changes and re-submit the form by selecting, "requested."

Re-enrollment is finished when the VFC Program staff change the status to "complete." Notifications of status changes are emailed to the clinic's VFC contact(s) in I-CARE and to the I-CARE user who submitted the status change.

Contact the Vaccine Management Unit at 312-746-5385 or <u>Chicagovfc@cityofchicago.org</u> with any questions.