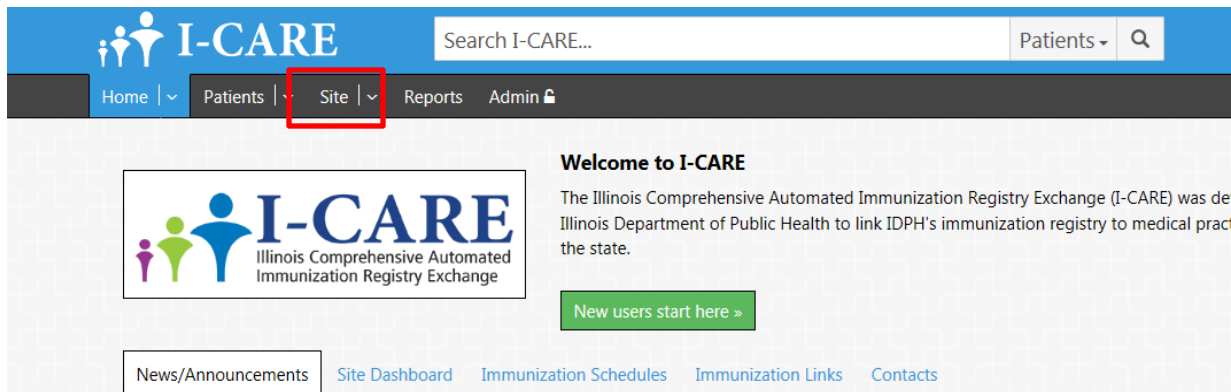## Instruction for Completing 2022 VFC Re-enrollment

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 2021. 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.
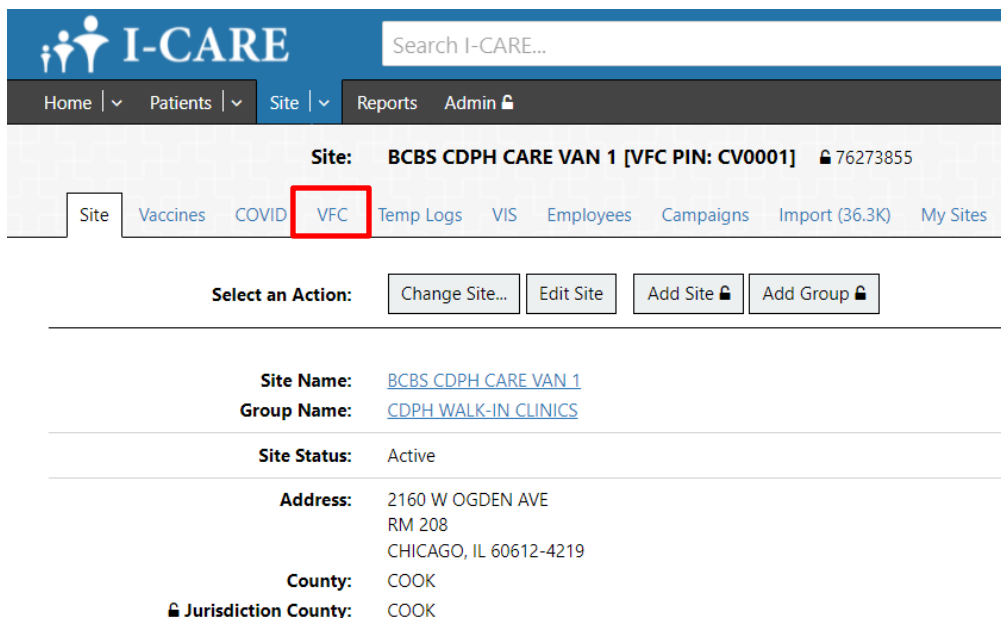
Step 1: Log into I-CARE.

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.

Step 4: Click "Enrollment" from the "Select View:" options then select "Add 2022 Enrollment"

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

Step 6: Add active VFC staff. Please ensure that your VFC Staff list (including any required documentation) is complete and up-to-date prior to submitting this enrollment. Current VFC staff can be viewed, changed, and added by clicking the Site/VFC/Staff view hyperlink.

Step 7: Add active VFC appliances. Pleas ensure that your VFC Appliance list (including any required documentation) is complete and up-to-date prior to submitting this enrollment. Current VFC appliances can be viewed, changed, and added by clicking the Site/Temp Logs/ Appliances view hyperlink.

Active VFC Appliances: Your VFC Appliance list (including any required documentation) should be complete and up-to-date prior to submitting this enrollment. VFC Appliance administration is available in the Site/Temp Logs/Appliances view.

▲ Appliance Name	Type	Scale	Status	Used For	Logger	Thermometer Status
CARE VAN 1	Refrigerator: Pharmaceutical/medical grade refrigerator/freezer	Celsius	Active	VFC/Both	Yes	Certified 05/11/2017

Showing 1 to 1 of 1 entries

Step 8: 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 must be scanned and uploaded to I-CARE. In I-CARE, indicate the Provider Agreement has been completed and uploaded by checking off the corresponding box. Use the "Upload New Attachment" hyperlink to upload your completed and signed Provider Agreement.

Requirements: Please complete the following requirements before submitting your enrollment. Be sure to note your VFC PIN on any document attachments.

☐ Provider has obtained and attached the VFC Provider Agreement, signed by the Medical Director or equivalent. *

▲ File Name	File Code	Description	File Status	Last Upload
No data found				

⬆ **Upload New Attachment...**

Step 9: Complete and submit the VFC Policy Acknowledgement Certification Form. To open the Certification Form, click on the VFC Policy Acknowledgement Certification Form hyperlink. Once opened, you can download and print the Certification Form. Next, the Medical Director or equivalent must fill out the form, reviewing the corresponding policies, initialing to acknowledge receipt and review of each policy, and sign the Certification Form.

The completed Policy Acknowledgment Certification Form must be scanned and uploaded to I-CARE. In I-CARE, indicate the Certification Form has been completed and uploaded by checking off the corresponding box. Use the "Upload New Attachment" hyperlink to upload your completed and signed Certification Form.

Requirements: Please complete the following requirements before submitting your enrollment. Be sure to note your VFC PIN on any document attachments.

☐ Provider has obtained and attached the VFC Provider Agreement, signed by the Medical Director or equivalent. *

▲ File Name	⬍ File Code	⬍ Description	⬍ File Status	⬍ Last Upload
		No data found		

⬆ **Upload New Attachment...**

☐ Provider has obtained and attached the VFC Policy Acknowledgement Certification Form, signed by the Medical Director or equivalent. *

▲ File Name	⬍ File Code	⬍ Description	⬍ File Status	⬍ Last Upload
		No data found		

⬆ **Upload New Attachment...**

Step 10: 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.

⬆ **Upload New Attachment...**

☐ Provider has read and understands the VFC Eligibility Policy. *
☐ Provider has read and understands the Medicaid Fraud and Abuse Policy. *
☐ Provider has read and understands the VFC Loss and Replacement Policy. *

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

🔒 **Updated:**   n/a

Select an Action: Save   Change Status...   Cancel

Step 12: Scroll to the top of the 2022 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.

2022 VFC Enrollment Edit

Enrollment Year:	2022
VFC PIN:	CV0001
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 Status:	Draft
New Status:	Requested
Add Comment:	
	Your name and the current date/time will be automatically included
Status Date:	03/09/2022
	Please send any questions or comments regarding VFC enrollment via the **"Help/Contact Us"** button at the top of each page in I-CARE. Make sure to select the **"VFC Chicago"** category so your message is routed directly to the Chicago VFC Program.

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 Chicagovfc@cityofchicago.org with any questions.