

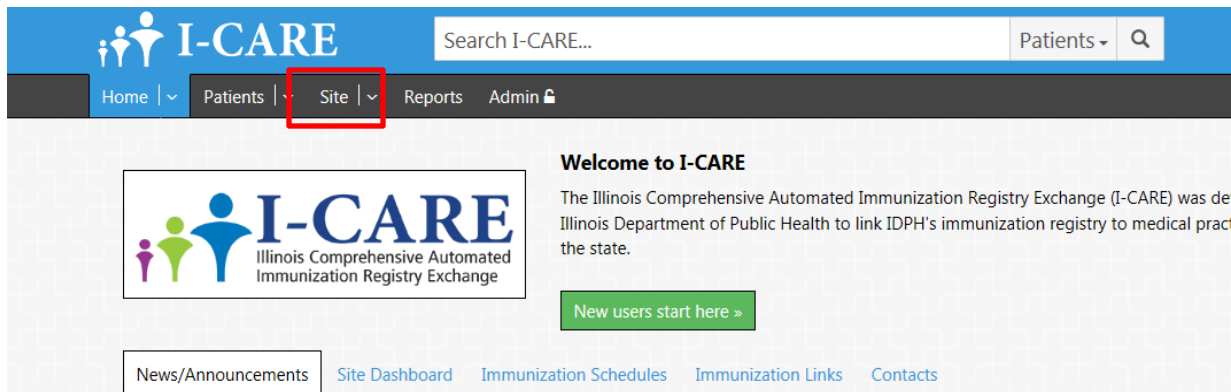
## Instruction for Completing 2022 VFC Re-enrollment

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.

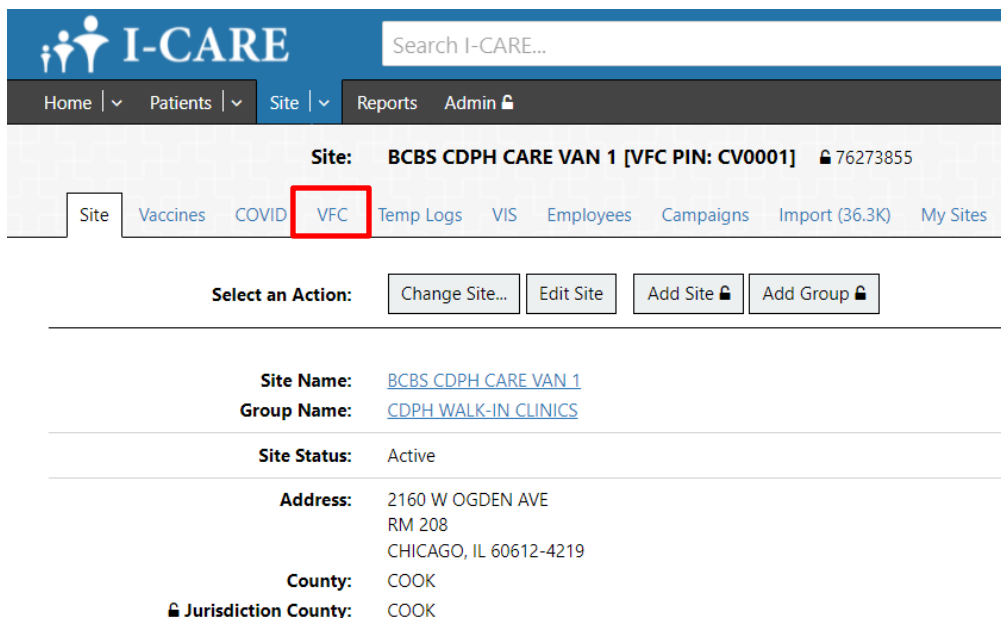
**Step 1: Log into I-CARE.**

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



The screenshot shows the I-CARE homepage. At the top, there is a blue header with the I-CARE logo and a search bar. Below the header is a dark navigation bar with menu items: Home, Patients, Site (highlighted with a red box), Reports, and Admin. The main content area features a large I-CARE logo, a welcome message, and a 'New users start here' button. At the bottom, there are links for News/Announcements, Site Dashboard, Immunization Schedules, Immunization Links, and Contacts.

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



The screenshot shows the I-CARE site management page. The top navigation bar is the same as in the previous screenshot. Below it, the site name is displayed as 'BCBS CDPH CARE VAN 1 [VFC PIN: CV0001]'. A secondary navigation bar contains menu items: Site, Vaccines, COVID, VFC (highlighted with a red box), Temp Logs, VIS, Employees, Campaigns, Import (36.3K), and My Sites. Below the navigation bar, there are buttons for 'Change Site...', 'Edit Site', 'Add Site', and 'Add Group'. The main content area displays site details:

Site Name:	<a href="#">BCBS CDPH CARE VAN 1</a>
Group Name:	<a href="#">CDPH WALK-IN CLINICS</a>
Site Status:	Active
Address:	2160 W OGDEN AVE RM 208 CHICAGO, IL 60612-4219
County:	COOK
Jurisdiction County:	COOK

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

The screenshot shows the I-CARE interface for site BCBS CDPH CARE VAN 1 [VFC PIN: CV0001]. The 'Select View:' menu is open, and 'Enrollment' is highlighted with a red box. Other options include VFC, Vaccine Requests, Staff, and Files. Below the menu, the site details are displayed:

- VFC PIN: CV0001
- Site Name: BCBS CDPH CARE VAN 1
- VFC Program: VFC Chicago
- VFC Status: Active
- VFC Enrollment: 2021

The screenshot shows the I-CARE interface with the 'Enrollment' view selected. The 'Admin Preview:' section contains a button labeled 'Add 2022 Enrollment' which is highlighted with a red box. Below this, a table header is visible:

Enrollment Year	Status	Status Date	Site
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**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.

**Active VFC Staff:** Your VFC Staff list (including any required documentation) should be complete and up-to-date prior to submitting this enrollment. VFC Staff administration is available in the [Site/VFC/Staff view](#).

VFC Staff	Name	Status	Staff Details
<a href="#">VFC Medical Director</a>	FRICCHIONE, MARIELLE	Active	--
<a href="#">VFC Vaccine Coordinator - Primary</a>	RICO, YVONNE	Active	VFC E-mail: <a href="mailto:yvonne.rico@cityofchicago.org">yvonne.rico@cityofchicago.org</a> Train Date: N/A
<a href="#">VFC Vaccine Coordinator - Backup</a>	ESQUIVEL, ANNA	Active	Train Date: N/A
<a href="#">VFC Provider</a>	FRICCHIONE, MARIELLE	Active	--
<a href="#">VFC Technical Support</a>	JUEN, DAVID	Active	--

**Step 7: Add active VFC appliances.** Please 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
<a href="#">CARE VAN 1</a>	Refrigerator: Pharmaceutical/medical grade refrigerator/freezer	Celsius	Active	VFC/Both	Yes	Certified <b>05/11/2017</b>

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
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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  
Chicago:

CV0001 BCBS CDPH CARE VAN 1 1550280330

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](mailto: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](mailto:Chicagovfc@cityofchicago.org) with any questions.**