

Instructions for Completing VFC Provider Enrollment in I-CARE

ACCESS THE COVID ENROLLMENT MATERIALS IN I-CARE

- 1. Log on to I-CARE
 - Upon logging in, you will be on the Home News / Announcements section, then select the Site tab from the menu bar in the top left-hand corner

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Home V Patients V Site V Reports Admin	<u>۵</u>	IMMUNIZATION	PROGRAM AT WSCDC *
	Welcome to I-CARE		도구도구드
Ilinois Comprehensive Automated	The Illinois Comprehensive Automated Imm Illinois Department of Public Health to link II the state.	unization Registry Exchange (I-CARE) was dev DPH's immunization registry to medical pract	reloped by the ices throughout
	New users start here »		
News/Announcements Site Dashboard Immu	ization Schedules Immunization Links Cor	ntacts	도관도관
Select View: Active Archive Admi	n a		

- 2. For VFC provider enrollment, choose the "VFC" tab, and then the "Enrollment" button
 - From here, you will also be able to view all past enrollments

Site Vaccines COV	ID M	pox VFC	Temp	Logs	VIS Emp	oloyees Car
Select View:	VFC	Vaccine Req	luests	Staff	Enrollment	Files



3. From there, click "Add 2023 Enrollment"

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Select View:	VFC	Vaccine Reque	sts Staff	Enrollment	Files 🔒	→	Add 2023 Enrollment

• Once you click this button, it will open up a draft of an enrollment (or re-enrollment) for participation in the VFC program for the year.

2023 Program Enrollment

Take care as some fields auto-populate with site-specific I-CARE data and may need to be changed manually to

represent accurate, up-to-date information.

1. Designate provider type and confirm that you will be offering all ACIP-recommended vaccines for

VFC-eligible patients of all ages

- Provider type can be selected by clicking on the dropdown menu (shown in red box below)
- A select few providers should choose "Offers Select Vaccines", but that is only if they have already confirmed that they are deemed Specialty Providers for the VFC program

Provider Type:	·
/accines Offered	Ill ACIP Recommended Vaccines for children 0 through 18 years of age.
	 Offers Select Vaccines (This option is only available for facilities designated as Specialty Providers by the VFC Program)

2. List facility's NPI (National Provider Identifier) number

Facility NPI Number:	*
	Please enter the National Provider Identifier for the Facility.



- 3. VFC Provider Agreement and VFC Policy Acknowledgement Certification Form
 - To download a blank copy of these forms, click the links shown in red boxes below
 - Print forms and fill them out manually
 - Medical Director's signature should be on both documents
 - Upload forms by clicking "Upload New Attachment" under respective document
 - Click boxes to certify forms have been signed by all necessary parties and uploaded
 - Medical Director should also read and certify that they understand the policies they agreed to read in the VFC Policy Acknowledgement Certification Form, shown in green box below

	Provider has obtained and	d attached the <u>VFC Provide</u>	<u>r Agreement</u> , s <mark>gned by</mark>	the Medical Directo	or or equivalent. *					
	File Name	▲ File Name ♦ File Code ♦ Description ♥ File Status ♥ Upload								
	No data found									
	1 Upload New Attach	ment								
	Provider has obtained and attached the VFC Policy Acknowledgement Certification Form, signed by the Medical Director or equivalent. *									
	 Provider has obtained an Director or equivalent. 	d attached the <u>VFC Policy A</u>	<u>acknowledgement Certin</u>	i <u>cation Form</u> , signed	d by the Medical					
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	 Provider has obtained an Director or equivalent. * File Name Lipload New Attacht Provider has read and un 	d attached the <u>VFC Policy A</u> File Code No Ment derstands the <u>VFC Eligibility</u>		File Status	Last Upload					
	 Provider has obtained an Director or equivalent. * File Name Upload New Attacht Provider has read and un Provider has read and un 	d attached the <u>VFC Policy A</u> File Code No ment derstands the <u>VFC Eligibility</u> derstands the <u>Medicaid Fra</u>		File Status	Last Upload					



- 4. Report your patient population
 - If data auto-populates here from prior enrollments, please double check to make sure patient population is still accurate
 - CHIP patients should still be reported, regardless of the new blended inventory
 - Be sure to also click the box for where you found the data used to report patient population

		< 1 Year Old	1-6 Years	7-18 Years	TOTAL		
	Enrolled in Medicaid:	0	0	0	0		
	No Health Insurance:	0	0	0	0		
	American Indian/Alaskan Native:	0	0	0	0		
	Underinsured (FQHC/RHC) (Disabled for non-FQHC/RHC Facility Type):	0	0	0	0		
	TOTAL VFC:	0	0	0	0		
	Insured (private pay/health insurance covers vaccines):	0	0	0	0		
	Other Underinsured:	0	0	0	0		
	Children's Health Insurance Program (CHIP):	0	0	0	0		
	TOTAL NON-VFC:	0	0	0	0		
	TOTAL PATIENTS:	0	0	0	0		
	Children's Health Insurance Program (CHIP): 0 0 0 0 TOTAL NON-VFC: 0 0 0 0 0 TOTAL PATIENTS: 0 0 0 0 0 Underinsured: Children whose health insurance does not include vaccines, or only covers specific vaccine types. Underinsured children may receive VFC vaccines, that are not covered by insurance, through 1) a Federally Qualified Health Center (FQHC), or 2) a Deputized Chicago Department of Public Health (CDPH) clinic.						
	CHIP – Children enrolled in the Illinois Children's Health Insurance Program (CHIP). These children are considered insured and are not eligible						

Benchmark
 Doses Administered

Other:



• Check your physical vaccine inventory against your I-CARE inventory; if they match up, you should click "Yes". If they don't, please click "No" and we will work with you to reconcile your I-CARE inventory

Patient Level Data for Accountability:	All Chicago VFC providers must provide patient-level data on a regular basis to show how each VFC vaccine was administered. This patient level data can either be manually entered directly into I-CARE or electronically transmitted to I-CARE from the provider's electronic medical record (EMR) system. VFC providers not in compliance will not be able to continue participating in the VFC program. If you need assistance setting up your EMR to transmit patient data, please click on "Contact Us" and select "HL7" as the category.
	Does your physical VFC inventory count match the inventory listed in I-CARE? ○ Yes ○ No *

- 6. Build / edit / confirm list of VFC staff
 - Each site must have one designated Primary Vaccine Coordinator and at least one Backup Vaccine Coordinator in I-CARE
 - If you are an existing provider, you should already see a list of your current VFC staff
 - To edit the existing list, click on the "Site/VFC/Staff view" link
 - If you are a new provider, you should click on the "Site/VFC/Staff view" link to start adding employees
 - From there, you should click "Add VFC Staff" and enter all required information

VFC Staff	Name	🔶 Status	Staff Details	
VFC Vaccine		Active	VFC E-mail:	
<u>Coordinator - Primary</u>		reave	Train Date:	
<u>VFC Vaccine</u> <u>Coordinator - Backup</u>		Active	Train Date:	
<u>VFC Vaccine</u> <u>Coordinator - Backup</u>		Active	Train Date:	
<u>VFC Vaccine</u> <u>Coordinator - Backup</u>		Active	Train Date:	
<u>VFC Vaccine</u> <u>Coordinator - Backup</u>		Active	Train Date:	
<u>VFC Vaccine</u> <u>Coordinator - Backup</u>		Active	Train Date:	
VFC Technical Support		Active		
Showing 1 to 7 of 7 ent	ries			



 In order to gain vaccine ordering privileges, all vaccine coordinators must complete Module 10 and Module 16 of the CDC's You Call the Shots trainings and complete the post course quiz and earn at least an 80%

- These links can be found on the page when adding new VFC employees
- The certificate earned after completing the post course quiz should either be uploaded with the "Upload New Attachment" link, or by emailing it to ChicagoVFC@cityofchicago.org

VFC Vaccine Coordinator:	Additional information is	s required for a VFC Vaccine (Coordinator.				
Site Employee Login:							
Coordinator Train Date:							
Training Upload:	Primary and secondary vaccine coordinators must receive training in vaccine storage and handling. Depending on th						
	Vaccine Storage an Vaccines for Childre IDPH Post Course 0	nd Handling Training (review ren Program Training (review Quiz (required for all varcine	required for all vaccine co required for all VFC vaccii coordinators)	ordinators) ne coordinators)			
	File Name	File Code	Description	File Status	↓ Last Upload		
		Ν	lo data found				
	1 Upload New Attach	iment					
Coordinator Train E-mail Date:							
			10 11 11 1				

- 7. Upload appliance certifications
 - All refrigerator or freezer units storing VFC vaccine need to have a digital data logger to read the temperatures of the unit, as well as a certificate of calibration from the data logger maintenance company certifying that the data logger is in proper working condition
 - In this section of the enrollment, you should add / edit / confirm your list of refrigerators and/or freezers and upload the certificates of calibration you have for the digital data loggers on each unit, respectively



• To add a new appliance to this list, click on the "Site/Temp Logs/Appliances view" link in the red box below and then click "Add Appliance"

	Appliance Name	Туре	Scale	Status	♦ Used For	Logger	Thermometer Status
	<u>KEVIN'S OFFICE</u> FRIDGE - THERMO SCIENTIFIC	Freezer: Stand-alone refrigerator (pharmaceutical/medical grade)	Celsius	Active	VFC/Both	Yes	Certified 07/27/2023
	VAX ROOM FREEZER - NORTHLAKE SCIENTIFIC	Freezer: Stand-alone freezer (household/commercial)	Celsius	Active	VFC/Both	Yes	Certified 07/27/2023
VAX I GLAS THER SCIEN	VAX ROOM GLASS FRIDGE - THERMO SCIENTIFIC	Refrigerator: Stand-alone refrigerator (pharmaceutical/medical grade)	Celsius	Active	VFC/Both	Yes	Certified 07/27/2023
	<u>VAX ROOM</u> WHITE FRIDGE - NORLAKE SCIENTIFIC	Refrigerator: Stand-alone refrigerator (household/commercial)	Celsius	Active	VFC/Both	Yes	Certified 07/27/2023

- 8. Opt in or out of IDPH VFC Provider Search
 - IDPH provides a tool on their website for parents seeking VFC vaccine to be able to search on a map for providers near them
 - Click the "Yes" bubble to show up on this search map tool, or "No" to be left off of this list





9. Once the enrollment is complete, select Change Status at the bottom of the screen

Select an Action:	Save	Change Status	Cancel
			_

- Set New Status to **Requested** and add any comments you wish to include
 - o Comments are seen by CDPH staff processing enrollment
 - Select Save at the bottom of the screen

	✓ Provider action required
New Status:	Requested V
Add Comment:	
	Your name and the current date/time will be automatically included
Status Date:	01/27/2023 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
Select an Action:	Save Cancel Delete

CONTACT US

If you have any questions or need any assistance please do not hesitate to contact the CDPH Immunization

Program at ChicagoVFC@cityofchicago.org