



Immunization Program  
2160 West Ogden  
Chicago, IL 60612

Program Questions: 312-746-6050  
Order Questions: 312-746-5385  
Clinical Questions: 312-746-6226  
Email: [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org)

**VFC News Bulletin – April 3, 2018**

**PLEASE READ AND SHARE WITH ALL STAFF IN YOUR OFFICE!**

**Reminder - Complete VFC Program Re-enrollment in I-CARE by April 16<sup>th</sup>**

Make sure you complete the VFC Enrollment Form in I-CARE and print, sign and submit the Provider Agreement (available in I-CARE) to the Chicago VFC Program via email or fax by April 16<sup>th</sup>.

Timely completion and submission will assure uninterrupted VFC vaccine delivery to your clinic. Failure to complete re-enrollment by the due date will result in suspension of vaccine deliveries.

**GENERAL INSTRUCTIONS:**

- The Provider Agreement is accessible in I-CARE and must be signed by the Medical Director and returned to the Chicago VFC Program via email or fax. The Provider Agreement is the only document that must be printed and submitted to the VFC Program. All additional information is captured directly in I-CARE.
- To complete the provider profile, each clinic must report the number of children who received vaccinations, by age group, in 2017. This includes both VFC-eligible and non VFC-eligible (CHIP, privately insured) children. The Chicago VFC program no longer distributes provider population numbers. The numbers in the Provider Population section of the enrollment form in I-CARE illustrate patient data that was directly entered into I-CARE or uploaded into I-CARE via electronic medical records. These numbers are fully editable, so please edit accordingly to reflect the patients served by your clinic in 2017.

Step by step instructions for completing re-enrollment are located on pages 2-4 of this bulletin.

**QUESTIONS:** For all re-enrollment questions please contact the Vaccine Management Unit at 312-746-5385 or email [chicagovfc@cityofchicago.org](mailto:chicagovfc@cityofchicago.org)

**Reminder - Register for VFC Regional Meetings by May 1<sup>st</sup>**

**WHO MUST ATTEND:** Two staff per clinic must attend. The Medical Director or other staff of equal status whose responsibilities include aspects of vaccine management (Vaccine Coordinator and Back-up Vaccine Coordinator) should attend. Staff can arrange to attend different meetings.

**WHEN:** Starting at 8:00 am participants can check-in, enjoy a continental breakfast, and meet with pharmaceutical and other health department representatives. **All meetings will begin at 8:30 am and end at 12:30 pm.**

**HOW TO REGISTER:** Registration will be online only for all participants. Please go to <https://www.chicagohan.org/surveys> and click on the registration link under the 2018 VFC Regional Meeting section to launch the registration form. One registration form should be completed for each attendee.

**QUESTIONS:** For all VFC Regional Meeting questions please contact Patrick Irving at 312-746-9861 or email [chicagovfc@cityofchicago.org](mailto:chicagovfc@cityofchicago.org)

## Instruction for Completing 2018 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 2017. This includes both VFC-eligible and non VFC-eligible (CHIP, privately insured) children.

### Step 1: Log into I-CARE

### Step 2: Click on “Clinic” from the menu on the left side of your screen

**Welcome to I-CARE!**

The Illinois Department of Public Health developed the Illinois Comprehensive Automated Immunization Registry Exchange

[New users start here...](#)

**News and Announcements** | [Immunization Schedules](#) | [Immunization Links](#) | [Contacts](#)

**CRITICAL!** Weekly I-CARE Maintenance at 4:30 This Afternoon

Weekly I-CARE maintenance is scheduled for 4:30 this afternoon. I-CARE will be temporarily unavailable while we perform an... We apologize for the inconvenience.

-- I-CARE Support

Published 33 minutes ago

### Step 3: Click the 2018 link next to VFC Enrollment

**Clinic** | [Appointments](#) | [Reports](#) | [Employees](#) | [Employee Search](#) | [Account Search](#)

[Edit](#) | [Add Contract](#) | [Add Group](#) | [Add Clinic](#)

**Clinic ID:** 193  
**Clinic Name:** IMMUNIZATION PROGRAM AT WSCDC  
**Clinic Group:** [CHICAGO DEPARTMENT OF PUBLIC HEALTH - GROUP](#)

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**Address:** 2160 W OGDEN AVE  
RM 302  
CHICAGO, IL 60612-4219

**County:** COOK

**Jurisdiction County:** COOK

**Region:** CHICAGO/COOK CO REGION - 08

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**Phone Number:** 312-746-5385  
**Fax Number:** 312-746-6220  
**Contact Name:** CORRAL, LUZ  
**Contact E-mail:** [chicagovfc@cityofchicago.org](mailto:chicagovfc@cityofchicago.org)

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**VFC PIN Number:** C05000  
**VFC Status:** Active  
**VFC Enrollment:** 2017 Complete  
[2018 NOT STARTED](#)

**Original VFC Date:** 11/25/2095  
**Current VFC Date:** 10/20/2017  
**VFC Ordering:** I-CARE Orders (Phase 1)

**VFC Direct Ship:** Yes  
**VFC Order Hold:** No

**Step 4: Once the VFC enrollment form has loaded, complete all required fields indicated by a red asterisk.**

**Step 5: 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 emailed to [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org) or faxed to the Vaccine Management Unit at 312-746-6220. 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.

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**Requirements:**  The Medical Director or equivalent has printed, signed, and returned the [VFC Provider Agreement](#). \*

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 [Vaccine Loss and Replacement Policy](#). \*

**Optional:**  Uncheck this box if you do not want to be listed on the IDPH website as a resource for parents needing immunizations.

May we list your clinic on the IDPH VFC Provider Search website at <http://vfc.illinois.gov/search/> as a resource for parents needing CHIP vaccinations?

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**Step 6: 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.**

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**Step 7: Once all fields are completed, click on “Change Status” button at the bottom of the enrollment form**

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**Step 8: 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.

The screenshot shows a web form for updating an enrollment status. At the top, it displays 'Current Status: Draft' and 'Status Date: 02/21/2017'. A red note reads: 'NOTE: Must change status to "Requested" to submit enrollment'. Below this, the 'New Status' dropdown menu is set to 'Requested' and is highlighted with a red box. To the right of the dropdown, it says 'Status change effective when record is saved.' Underneath, the 'Status Comments' field contains the text '02/21/2017 01:36 PM - TEST'. There is an 'Add Comment:' label followed by a large empty text box. Below the text box, a note states: 'NOTE: Your name and the current date/time will be automatically included with each Comment added.' At the bottom of the form, there are three buttons: 'Save' (with a green checkmark icon and highlighted with a red box), 'Change Status...' (with a blue play button icon), and 'Cancel' (with a red X icon).

**Note: you can save your work at any time by clicking the “Save” button at the bottom of the enrollment form**

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.**