

## Instruction for Completing 2019 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 2018. 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 "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

**Home**  
Patients  
Patient Merge  
**Clinic**  
Vaccines  
Reports  
Settings  
About I-CARE

**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 2019 link next to VFC Enrollment.**

Search for Clinic or Group name...  
View a different Clinic...

**Clinic** | Appointments | Reports | Employees | Employee Search | Account Search

Change My Clinic | Edit | Add Contract | Add Group | Add Clinic

**Clinic ID:** 193  
**Clinic Name:** IMMUNIZATION PROGRAM AT WSCDC  
**Clinic Group:** CHICAGO DEPARTMENT OF PUBLIC HEALTH - GROUP

**Address:** 2160 W OGDEN AVE  
RM 302  
CHICAGO, IL 60612-4219  
**County:** COOK  
**Jurisdiction County:** COOK  
**Region:** CHICAGO/COOK CO REGION - 08

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

**VFC PIN Number:** C05000  
**VFC Status:** Active  
**VFC Enrollment:**

- 2017 Complete
- 2018 Complete
- **2019 NOT STARTED**

**Original VFC Date:** 11/25/2095  
**Current VFC Date:** 08/01/2018  
**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 scanned and emailed to [ChicagoVFC@cityofchicago.org](mailto:ChicagoVFC@cityofchicago.org) 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 [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:** 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 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.**

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

**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.

-----

**Current Status:** Draft **NOTE: Must change status to "Requested" to submit enrollment**

**Status Date:** 02/21/2017

-----

**New Status:**  Status change effective when record is saved.

-----

**Status Comments:** 02/21/2017 01:36 PM -  
TEST

**Add Comment:**

NOTE: Your name and the current date/time will be automatically included with each Comment added.

---

**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.**