Illinois Hospitals Prepare for COVID-19 Vaccine Distribution

November 30, 2020

This webinar is a collaboration between the Illinois Department of Public Health Office of Health Protection and the Illinois Health and Hospital Association

Agenda

- Overview/Purpose and Introduction of Speakers (Tim Nuding)
- Goal and Scope of IL Mass Vaccination Plan (Brandy Lane)
- Priority Populations (Brandy Lane)
- Overview of I-CARE (April Caulk)
- COVID-19 Vaccine Provider Enrollment (Heather Shryock)
- Summary (April Caulk)
- Questions (IDPH team)

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State of Illinois Mass Vaccination

Overall Goal:

Administer, potentially, two doses of a COVID – 19 Vaccine to **80% of Illinois citizens** according to CDC guidelines.

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The National Academies of SCIENCES ENGINEERING MEDICINE

Priority Populations
IDPH is adopting the NASEM Framework

- **Phase 1a: High-risk health workers and first responders. Hospitals play a critical role in this phase.**
- **Phase 1b: People with significant comorbid conditions (2 or more); and older adults in congregate or overcrowded settings.**
- **Phase 2**: K-12 teachers and school staff and child care workers; critical workers in high-risk setting; people with moderate comorbid conditions; people in homeless shelters or group homes and staff; incarcerated/detainded people and staff; and all older adults.
- **Phase 3**: Young adults; children; workers in industries important to the dunctioning of society.
- **Phase 4**: All other individuals residing in the US who are interested in receiving the vaccine for personal protection.

- *Source:* ***nationalacademies.org****/COVIDVaccineFramework Accessed 11/25/20*

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Most hospitals are already enrolled in I-CARE

If not, enrollment in I-CARE must be completed **prior** to accessing the COVID-19 Provider Enrollment Forms(*can take up to 14 days*).

**most efficient to use staff that already have access to I-CARE to submit the COVID vaccine provider enrollment.*

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I-CARE

Illinois Cares!

Illinois Comprehensive Automated Immunization Registry Exchange

INSTRUCTIONS: 1. Apply for a web portal account to access I-CARE at https://wpur.dph.illinois.gov/WPUR/

2. Each user within your facility must complete this form

3. Return page one of this form (1)by scanning document and e-mail as an attachment to:

DPH.ICARE@illinois.gov.

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Definitions

PRA: Portal Registration Authority users accessing the IDPH web portal must first have approval from their PRA. There can be up to two PRAs per site

I-CARE User: any one with approved portal and I-CARE access. *This should be a limited number of people per site. Every person who administers vaccine does NOT need access to I-CARE.

Redistribution: an affiliated site orders and receives the vaccine, but then redistributes that vaccine to an affiliated site(s). *Each site involved in this process would need an approved COVID-19 Vaccine Provider Agreement submitted via I-CARE.

Emergency Use Authorization: allows the FDA to allow unapproved medical products used to be used in an emergency to diagnose, treat, or prevent serious or life-threatening diseases

Before you begin Provider Enrollment, please…

- Determine if your facility is already enrolled in I-CARE. If not, I-CARE enrollment comes first.
- Check to see who your I-CARE authorized employees are: It will be helpful to utilize current I-CARE users to complete the Provider Agreement.
- Gather information on current make/model/brand of refrigerator/ freezers for vaccine storage (this will save you time later) and capacity of each unit.
- Gather information needed for the Provider Agreement, including he estimated amount of influenza vaccine delivered and total number of individuals served by the individual organization.

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Provider Agreement and Redistribution Forms

- Created and required by the Centers for Disease Control and Prevention (CDC) for all entities planning to administer the COVID-19 vaccine.
- Section A refers to the *Legal Agreement and Provider Requirements.* It requires signatures from the responsible officers.
- Section B, the *CDC COVID-19 Vaccination Program Provider Profile,* **must be completed for each vaccination location covered under the Organization listed in Section A.**
- **Several signatures are required in Section A and one in Section B of the provider agreement.**
- IDPH is required to submit this information at least twice weekly. It is extremely important that all information is correct. The CDC performs audits and will return forms that are incomplete.
- Copies of these forms can be accessed in I-CARE. However, all enrollment must be done online in I-CARE. *Once you complete the entries in I-CARE, the actual CDC form will be populated for you to print and obtain all required signatures for upload.*

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Provider Agreement and Redistribution Forms

- **Redistribution:** an affiliated site orders and receives the vaccine, but then redistributes that vaccine to an affiliated site(s). *each site involved in this process would need an approved COVID vaccine provider agreement that they submitted via I-CARE.

- Who should complete a Redistribution form? Any parent site that will order and receive vaccine and redistribute it to other affiliated sites. Each of those receiving sites must also have a completed/signed vaccine provider agreement submitted in I-CARE.

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Organization must agree to: (Accessed from *COVID-19 Vaccination Program Provider Agreement)*

Administer COVID-19 vaccine in accordance with all requirements and recommendations of CDC and CDC's Advisory Committee on Immunization Practices.

Within 24 hours of administering a dose of COVID-19 vaccine, organization must record in the vaccine recipients' record and report required information to IDPH.

Submit Vaccine Administration Data through I-CARE per IDPH instructions.

Organization's COVID -19 vaccination services must be conducted in compliance with *CDC's Guidance for Immunization Services During the COVID-19 Pandemic for safe delivery of vaccines.*

Organization must comply with CDC requirements for COVID-19 vaccine management (*storage and handling, monitor vaccine storage unit temperatures, report temperature excursions, monitor expiration dates, maintain records for a minimum of 3 years)*

Organization must report the number of doses of COVID-19 vaccine and adjuvants that were unused, spoiled, expired, or wasted as required by the relevant jurisdiction (IDPH).

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Complete your Vaccine Provider Agreements as soon as possible. Agreements received after 11/30/20 will still be processed.

Read the Step-by-Step Instructions first!
Instructions with screenshots are located on the
I-CARE home page under Announcements.

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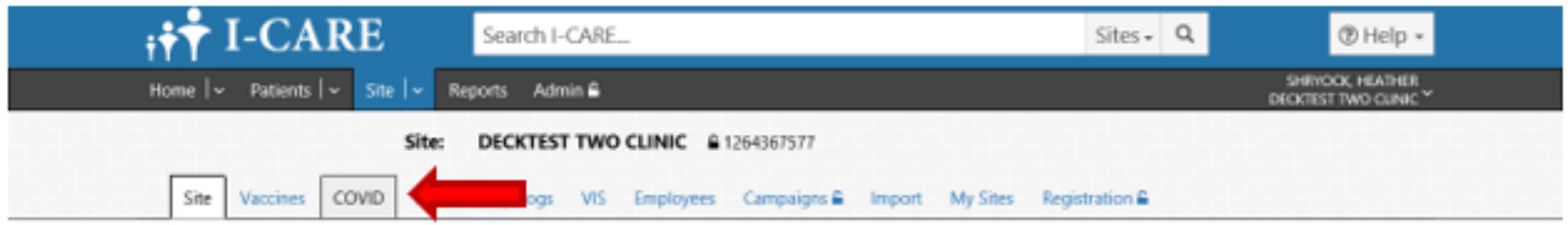
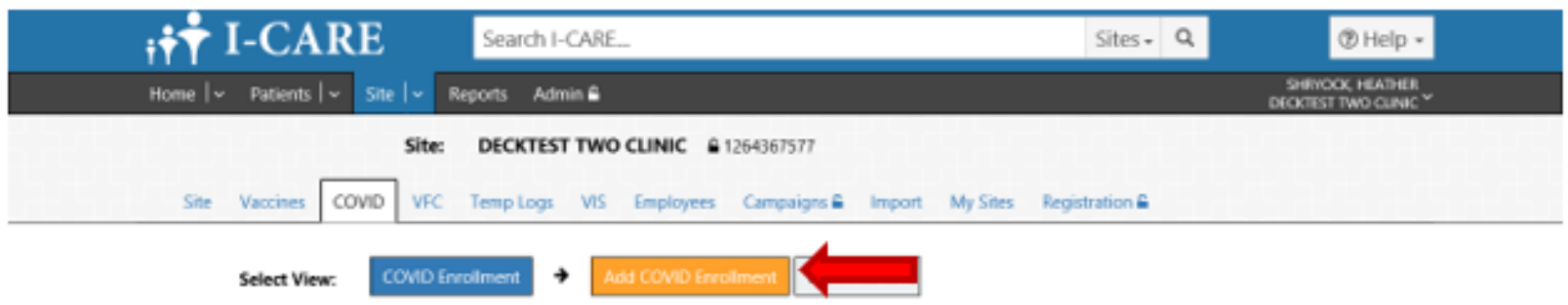
Directions for COVID-19 Enrollment in I-CARE

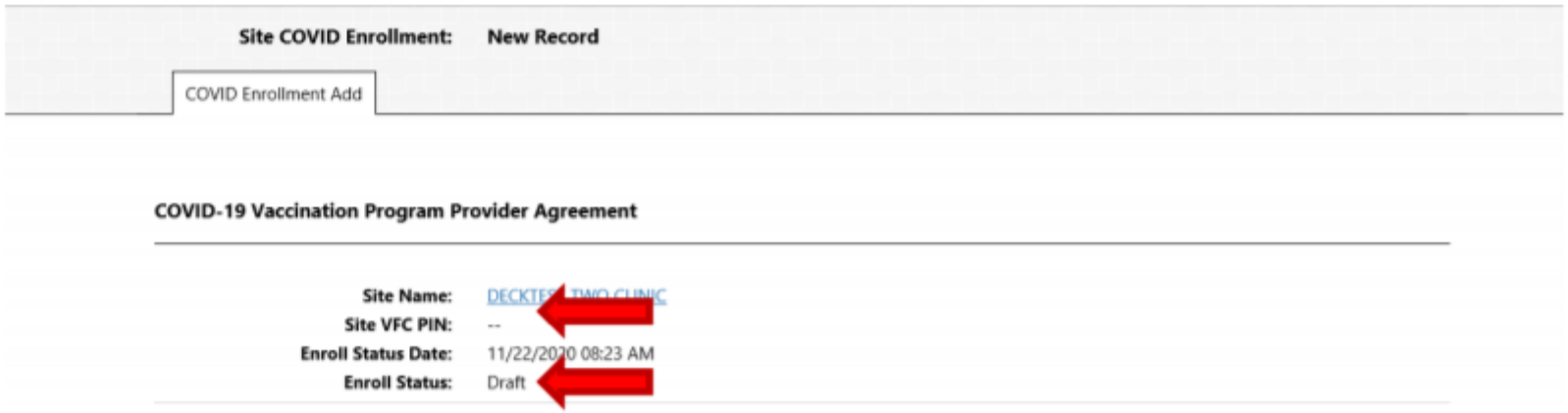
Locate your site in I-CARE and click on the **COVID** tab. *(If you do not see the COVID tab, you may not have the correct rights as an I-CARE user. Please contact DPH.ICARE@illinois.gov.)*



Click on **COVID** tab an select **Add COVID Enrollment**. *(If you do not see the COVID tab or if nothing happens when you click on it, you may not have the correct rights as an I-CARE user. Please contact DPH.ICARE@illinois.gov.)*



If your site is a current provider in the Vaccine for Children (VFC) Program, the **State VFC PIN number** will be listed. If your site is not a current VFC provider, the PIN will be assigned when your enrollment is approved. Your initial enrollment will appear in **Draft Status**.



The **Date Application Received** and **Date Application Dispositioned** will be completed by internal staff during the enrollment approval process and need not be completed by the enrolling site.

The **Org COVID ID** Num may populate for current VFC providers. For non VFC providers, this will be assigned when your enrollment is approved.

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Please ensure the following fields are complete and accurate:

Organization's Legal Name

Number of Locations *(Enter the number of locations affiliated with this organization and will participate with vaccine administration.)*

Organization Telephone, including any extension

Email address must not exceed *40 characters total. Email addresses exceeding 40 characters will not be accepted. ***This email address must be monitored and will serve as dedicated contact method for the COVID-19 Vaccination Program) ****

Organization Address (Street, City, State, Zip Code)

County

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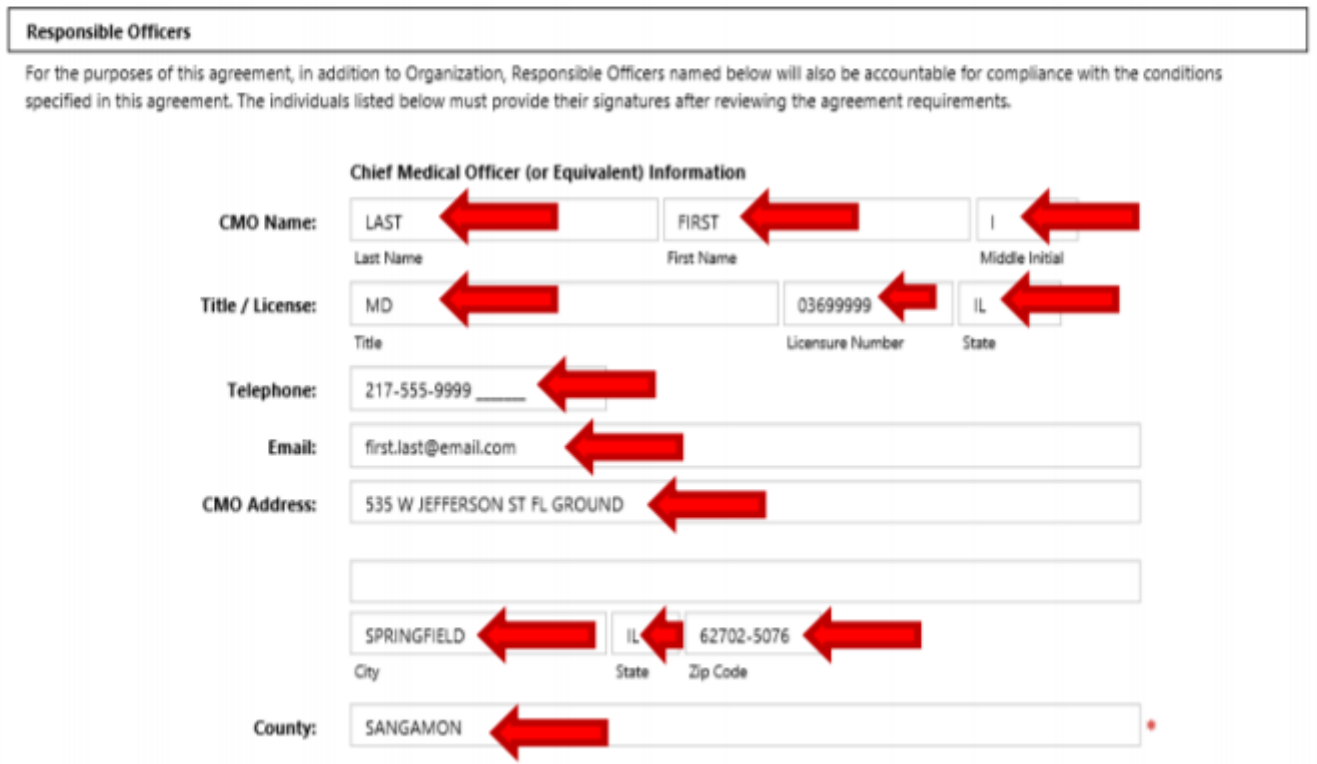
For the Chief Medical Officer (or Equivalent), please complete:

CMO Last Name
CMO First Name
CMO Middle Initial
CMO Title, Licensure Number and State
Telephone, including any extension
Email address *** (*limit of 40 characters* ***
Address (Street, City, State, Zip Code)
County



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For the Chief Executive Officer (or Chief Fiduciary), please complete:

CMO Last Name
CMO First Name
CMO Middle Initial
CMO Title, Licensure Number and State
Telephone, including any extension
Email address *** (*limit of 40 characters* ***
Address (Street, City, State, Zip Code)
County

Please enter **CMO** and **CEO Signature/Dates**. (**Signatures** are mandatory for approval. Signatures may be obtained digitally or manually when the competed enrollment form is downloaded or printed.)

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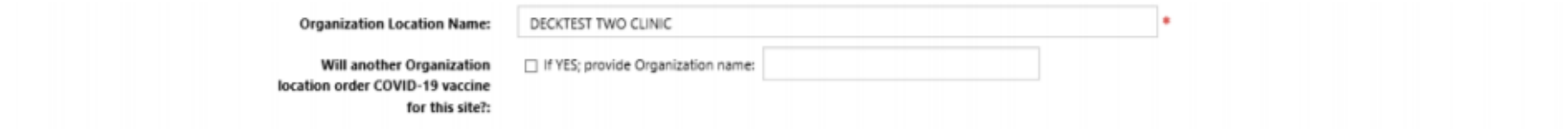
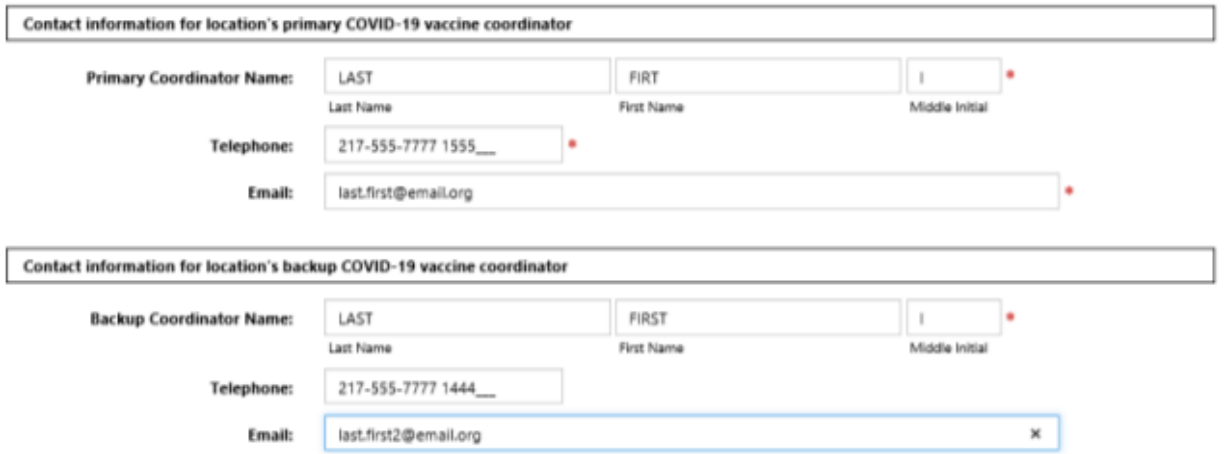
Enter the **Organization Location Name**.

If another Organization location will be ordering COVID-19 vaccine for this site, please select **YES** and list that **Organization name**.



Enter the following information for both the **primary** and **backup COVID-19 Vaccine Coordinators**:

Last name
First Name
Middle Initial
Telephone, including any extension
Email address *** (*limit of 40 characters* ***



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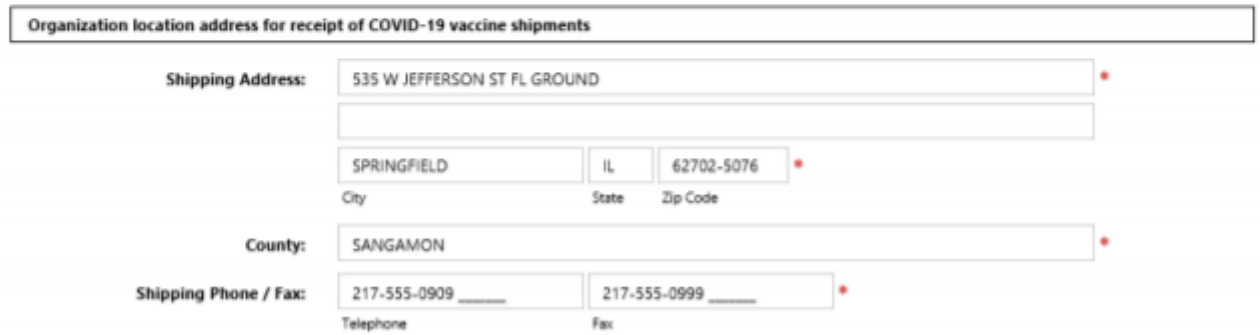
Enter the following **Shipping Information** for COVID-19 Vaccine.

*** This is an extremely important field. Check for accuracy. ***

Address (Street, City, State, Zip Code)
County
Shipping Phone, including any extension
Shipping Fax



Enter the address where COVID-19 vaccine will be administered * **ONLY** * if different from the receiving location.

* **Address** (Street, City, State, Zip Code)
* **County**
* **Shipping Phone,** including any extension
* **Shipping Fax**

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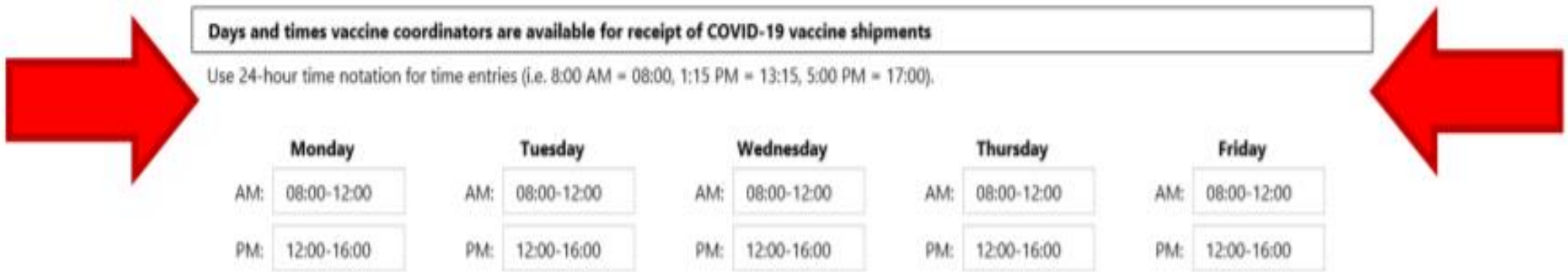
Enter days and times vaccine coordinators are available for receipt of COVID-19 vaccine shipments. These are **required** and must be listed in military time. Both AM and PM must have time ranges.

*** This area is very important. It will be used by the vaccine couriers. ***



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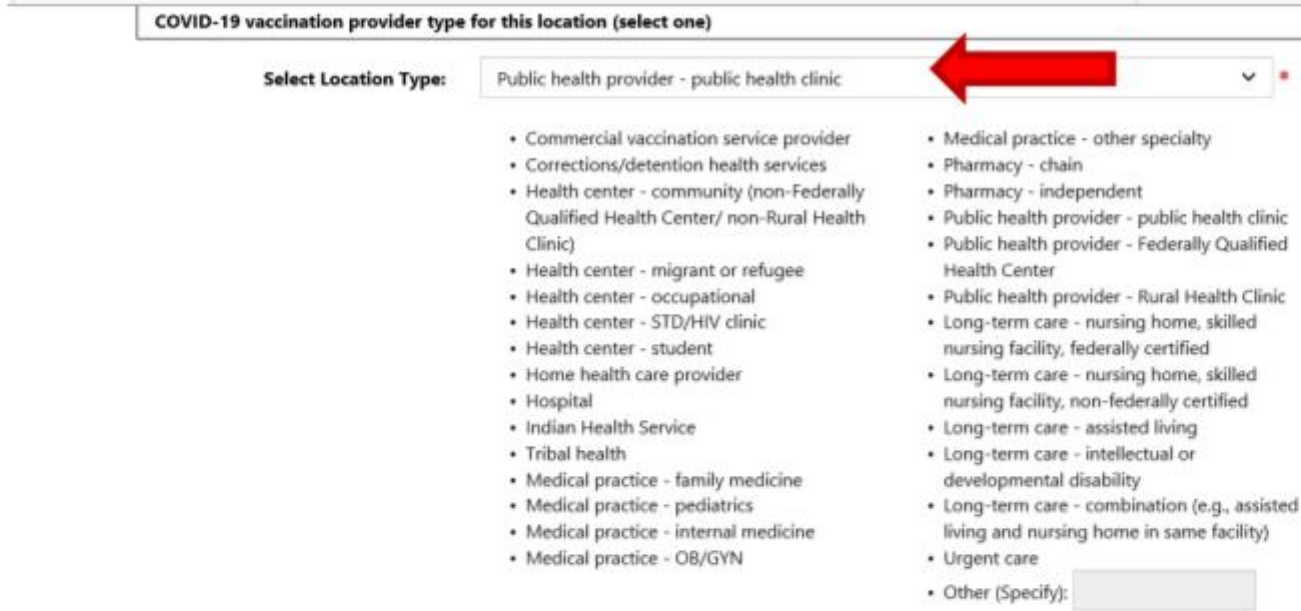
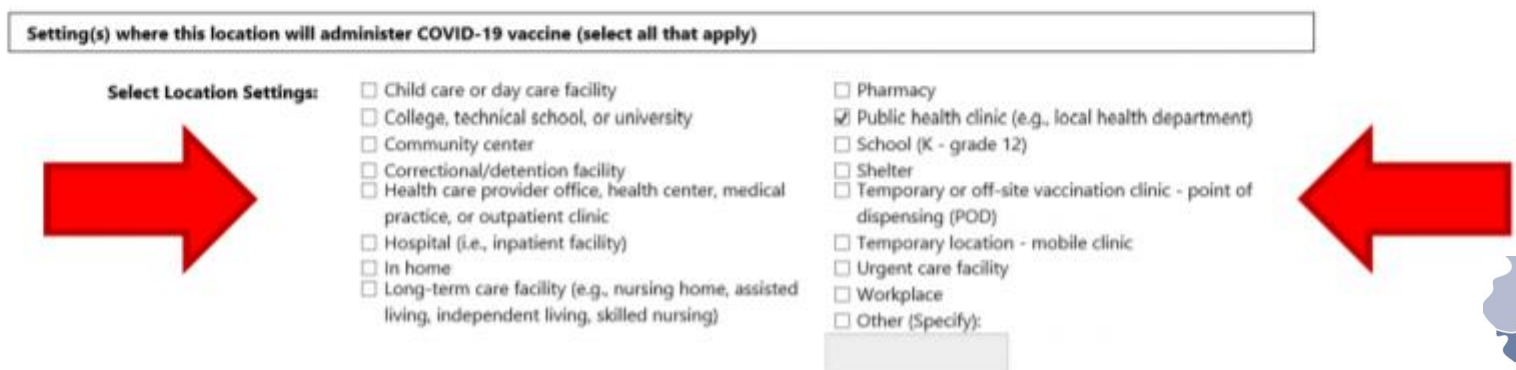
One selection must be made for COVID-19 vaccination provider type for this location



All settings where COVID-19 vaccinations from this location will take place should be selected:



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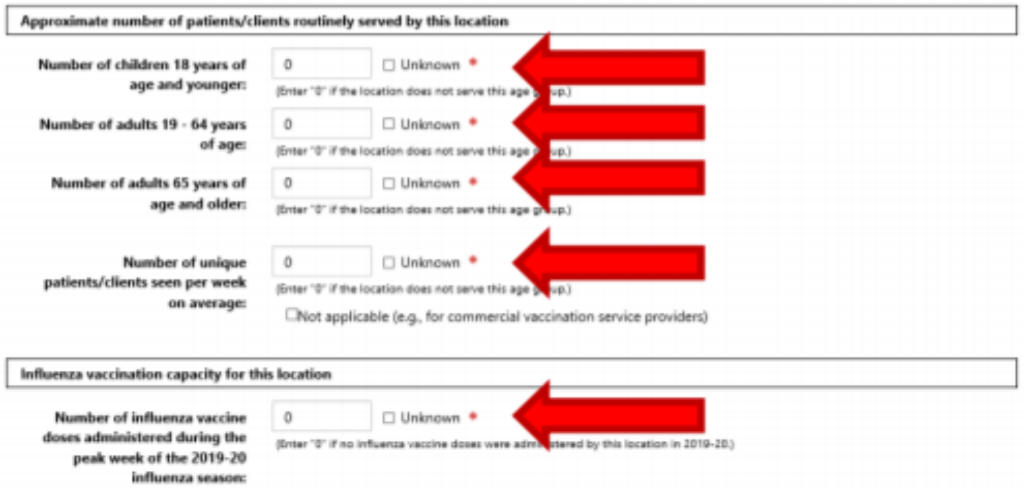
Enter the number of patients/clients served by this location as well as the Influenza vaccination capacity for this location. Unknown is acceptable as is zero **only** if not previously vaccinating. These are **required.**



Select **all populations** to be served by this location. Also indicate if organization is currently reporting in I-CARE. If currently reporting, the IIS Identifier is I-CARE.

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List the number of 10-dose multidose vials the location can store during peak vaccination periods at the following temperatures (**required**). List brand/model/type of storage units to be used. Complete the date and signature of the of Medical/pharmacy or location's vaccine coordinator date.
(Medical/pharmacy director or location's vaccine coordinator **Signature** will be obtained digitally or manually after the competed enrollment form is downloaded or printed.)

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List the primary prescribing provider(s) at this location and their license number(s). At least one prescribing provider is **required**.

Save the form. Print or electronically send for signatures. Once all signatures are obtained, upload a copy as shown below.

Save and Select Change Status. Choose ***Requested*** from the drop down. Scroll to the bottom and select ***SAVE***.

This completes your COVID-19 enrollment submission. Thank you.

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How do I know if my Provider Enrollment has been approved by IDPH?

To check the status of your enrollment, locate your site in I-CARE and click on the **COVID** tab. If the enrollment has been approved, the State VFC PIN and the Enroll Status Date will be listed, and the Enroll Status will read ***COMPLETE***.

Site VFC PIN:	V09002
Enroll Status Date:	11/22/2020 10:39 AM
Enroll Status:	Complete

If you have questions regarding COVID-19 enrollment, please send an email to:

DPH.immunizations@illinois.gov

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State of Illinois SIREN Rapid Electronic Notification

SIREN is a secure web-based persistent messaging and alerting system that leverages email, phone, text, pagers and other messaging formats to provide 24/7/365 notification, alerting, and flow of critical information. This system provides rapid communication, alerting and confirmation between state and local agencies, public and private partners, target disciplines and authorized individuals in support of state and local emergency preparedness and response.

ALL HOSPITALS SHOULD REGISTER: siren.Illinois.gov to Register

SIREN is the communication system \ for information on COVID-19 Mass Vaccination.

Email: dph.siren@illinois.gov for registration assistance.

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Summary

Read the Provider Enrollment instructions first! Screenshots and further explanation are provided here. Do not put in Requested status without making sure the completed and signed agreement is uploaded into I-CARE, all fields are completed in I-CARE, and the vaccine shipment receiving times are entered in a range for both am and pm, using military time.

If you can access the COVID tab in I-CARE but are unable to access the provider agreement or upload attachments, you may have restricted access within I-CARE. Please email dph.immunizations@illinois.gov as soon as possible.

Use only: dph.immunizations@illinois.gov for COVID vaccine provider enrollment issues or questions. Please do not email any other IDPH staff or other IDPH mailbox. It will slow the process and create duplication.

It is not necessary for every single provider practice in a hospital system to enroll as a COVID-19 vaccine provider (site). Some hospital system providers may choose to partner with another practice/clinic to provide COVID-19 vaccine to their staff and patients.

Complete the Provider Enrollment before you obtain all required signatures: Complete all fields, Hit SAVE, either print for wet signatures or upload the document and obtain digital signatures.

Register to receive SIREN Alerts.

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