

# VFC Replacement Model

Presenter: Michelle Allman

New Enrollment Consultant for the VFC Program



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

# Agenda

- What is the Replacement Model
- Application and Program Requirements
- Financial Capacity
- Reporting Requirements
- Documentation and Submission Report
- Inventory Requirements
- Yearly Assessment
- Uninterrupted Access
- Unavailable Brands or Products
- Replacement Order
- Returns
- Wrap up and questions

# What is the Replacement Model

- The replacement model is intended to allow birthing hospitals to use their private funds to establish an initial vaccine stock for use in providing vaccination services to all patients they serve.
- Birthing Hospitals will have the opportunity to administer their private stock of RSV or Hep B to VFC patients, with the ability to order VFC stock to reimburse these doses.

# Application and Requirements for the Program

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- ✓ Provider must be currently enrolled and in good standing in the VFC Program.
- ✓ The Primary and Back-up coordinators must be current with the recommended VFC training.
- ✓ All vaccine doses (private and state-supplied) must comply with CDC's VFC requirements:
  - Storage and handling
  - Inventory management
  - Eligibility screening and documentation
- ✓ Must meet CDC financial requirements.
- ✓ Submit monthly documentation of patient eligibility (via EHR or NCIR).
- ✓ Designate a responsible person to ensure compliance with all requirements upon proposal submission.



**VFC Program Requirements**

- Because private and public doses are stored together, all of the provider's doses are subject to CDC's VFC program requirements (i.e., eligibility screening, documentation, inventory management, and storage and handling). Although doses in inventory before the replacement process started were ordered and originally paid for by the provider, participation in the VFC Program and agreement with the provisions of the Vaccine Replacement Policy mean that any dose at that provider's site may be administered to a VFC-eligible child at any time. Therefore, the provider must follow VFC Program requirements to ensure the appropriate use and safety of the vaccine.
- The provider must submit VFC re-enrollment and provider profile forms as required by NCIP for provider participation. If the provider profile data changes at any time, the provider will notify NCIP and submit an updated provider profile.
- Providers are required to designate a person at the provider site to implement the replacement model. This person is responsible for ensuring the provider site meets all of the replacement model requirements.
  - The designated person may also be the primary coordinator if appropriate.
  - The designated person must complete all required VFC trainings.
    - [2025 North Carolina Immunization Program Virtual Training](#); or
    - You Call the Shots [Module 10](#) and [Module 16](#)
  - The VFC key staff (Medical Director, Primary Coordinator, and Backup Coordinator) are also responsible for knowing and meeting the replacement model requirements.


☒ I understand and agree to the requirements.

\* must provide value



### Designated Responsible Person

*This person is responsible for administration and oversight of the replacement model at your facility.*

First Name	<input type="text" value="Michelle"/>	Enter the first name of the person responsible for the administration of the replacement model program
Last Name	<input type="text" value="Allman"/>	Enter the last name of the person responsible for the administration of the replacement model program
Email	<input type="text" value="michelle.allman@dhhs.nc.gov"/>	Enter the email of the person responsible for the administration of the replacement model program
Phone	<input type="text" value="(919) 609-3498"/>	Enter the phone number for the person responsible for the administration of the replacement model program
VFC Training Type	<input type="checkbox"/> 2025 North Carolina Immunization Program Virtual Training <input checked="" type="checkbox"/> CDC's You Call the Shots Module 10 (Storage and Handling) and Module 16 (Vaccines for Children) <input type="checkbox"/> Haven't completed either of the above trainings	Which of the following trainings has the provider representative completed?
VFC Training Date	<input type="text" value="07-18-2025"/>  Today <a href="#">M-D-Y</a>	Please provide the date in which the training was completed





# Financial Capacity

Eligible provider locations **MUST** have the financial means to maintain a vaccine inventory that is sufficient to always cover both private and public patients.

Submit site's procurement records for the last 12 months.

An interview with the individual responsible for procuring vaccines may be required if any additional information is needed.



## Financial Capacity

- Eligible provider locations must have the financial means to always maintain a vaccine inventory that is sufficient to cover both their private and public patients at all times. Providers must demonstrate the financial capacity to maintain a vaccine inventory that adequately covers both private and VFC patients.


☒ I understand and agree to the requirements.

\* must provide value

## Financial Capacity Details

Enter the name of the individual who procures vaccines for the site. This individual may be contacted and should therefore be equipped to answer detailed questions related to the financial capability of the site upon request.

First Name	Michelle
Last Name	Allman
Title	MD
Email	michelle.allman@dhhs.nc.gov
Phone	
Describe the mechanism used to procure vaccines for the site (contract, direct order, etc.).	<div>N/A</div> <div>Expand</div>
Have purchases ever been deferred due to an inability to pay?	<input type="radio"/> Yes <input checked="" type="radio"/> No <div>reset</div>
Describe how the organization makes funds available for purchase.	<div>N/A</div> <div>Expand</div>
You must be able to show procurement records (orders/invoices/payment records) for a 12- month period upon request. Are you able and willing to show these records upon request?	<input checked="" type="radio"/> Yes <input type="radio"/> No <div>reset</div>
Please upload procurement records from the last 12 months. An interview may be required if additional information is needed.	<div>Upload file</div>





# Documentation

- All documentation must be submitted within 30 days of administration using NCIR or EHR data and submitted electronically via REDCap.
- Providers must be able to show they have a process for recording dose-level patient eligibility by category.



# Reporting Requirements

Must submit monthly administration data from your site's EHR or NCIR.

NCIR not recommended if patient data is incomplete or legal name is unknown.

Hospitals must continue to report through Vital Records in addition to submitting monthly reports.



# Include in Your Documentation

- Doses administered
- Date of service
- Patient eligibility
- Actual doses being replaced, including total number of doses by vaccine/brand/presentation and eligibility by category
- Patient-level data must validate that only doses used are for VFC-eligible children



**Documentation and Monthly Report Submission**

- All doses administered and the dose-level eligibility of the child on the date of service must be documented within 30 days of administration using NCIR or electronic submission of EHR reports via REDCap.
  - Data to submit:
    - Actual doses to be replaced, including total number of doses by vaccine type/brand/ presentation and eligibility by category.
    - Patient-level data validating that only doses used for VFC-eligible children are being replaced.
      - Patient-level data must be submitted but can be de-identified.
- You must continue to submit administrations through vital records in addition to monthly report submissions to NCIP. Vital records data does NOT include VFC-eligibility data and cannot be used to meet the monthly reporting requirement.

☒ I understand and agree to the requirements.

\* must provide value

Select what system you will use to document VFC eligibility by category and administration details.




☐ EHR  
☒ NCIR

\* must provide value

[reset](#)

Upload a sample of the data report that will be submitted/ reviewed monthly to demonstrate you can fulfill the requirement.



 [Upload file](#)

\* must provide value





[Close survey queue](#)

## Survey Queue

[Get link to my survey queue](#)

# NCDHHS

## Division of Public Health

This is the inventory survey queue page for DUKE CHILDRENS HEALTH CENTER NCA320004.

Monthly inventory reports must be submitted by the 15th day of the following month.

Status	Survey Title
✓ Completed	Starting inventory
✓ Completed	Monthly Report – #1: 09-15-2025
✓ Completed	Monthly Report – #2: 09-15-2025
	<a href="#">+ Click here to submit another report</a>



## Monthly Report

[Survey Queue](#)

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### HANOVER PEDIATRICS NCA650040

#### Instructions

Reports must be submitted by the 15th day of the following month of administration. You must submit EHR reports or IIS reports must contain patient-level data that includes:

1. Vaccine type/brand/presentation
2. Patient eligibility category (i.e., Medicaid, Uninsured, American Indian/Alaskan Native)

Patient-level data must be submitted but can be de-identified.

#### Submit Report Below for for HANOVER PEDIATRICS NCA650040

Upload a copy of the monthly report

\* must provide value

[Upload file](#)

Enter the number of birth doses administered last month to VFC-eligible newborns that you are requesting replacements doses for in the table below.

Trade Name	NDC	Doses Administered
<i>RSV Monoclonal Antibody Products</i>		
Beyfortus® 50mg	49281-0575-15	<input type="text"/>
Beyfortus® 100mg	49281-0574-15	<input type="text"/>
ENFLONSIA™ 1-pack	00006-5073-01	<input type="text"/>
ENFLONSIA™ 10-pack	00006-5073-02	<input type="text"/>
<i>Hepatitis B Vaccines</i>		
Engerix-B	58160-0820-52	<input type="text"/>
Recombivax® HB	00006-4093-02	<input type="text"/>





### Inventory Count

Trade Name	NDC	Doses On-Hand
<i>RSV Monoclonal Antibody Products</i>		
Beyfortus® 50mg	49281-0575-15	45
Beyfortus® 100mg	49281-0574-15	5
ENFLONSIA™ 1-pack	00006-5073-01	65
ENFLONSIA™ 10-pack	00006-5073-02	84
<i>Hepatitis B Vaccines</i>		
Engerix-B	58160-0820-52	456
Recombivax® HB	00006-4093-02	54

Today's date09-24-2025M-D-Y

Submit



Contact Person: Wendy Holcomb 336-832-7301									
VFC-eligible Hep B vaccines administered: 238									
Patient Initials	DOB	Imm. Date	Immunization	NDC Code	Lot #	Expiration Date	Primary	Secondary	
		7/1/2025	Hep B	58160-820-43	AZ4TN	1/25/2027	Commercial		
		7/1/2025	Hep B	58160-820-43	AZ4TN	1/25/2027	Commercial		
		7/1/2025	Hep B	58160-820-43	3N2ND	1/16/2027	Medicaid Advantage		
		7/1/2025	Hep B	58160-820-43	3N2ND	1/16/2027	Medicaid Pending		
		7/1/2025	Hep B	58160-820-43	AZ4ATN	1/25/2027	Self-Pay		
		7/2/2025	Prevnam 20	0005-2000-01	MF0415	3/15/2026	Medicaid Advantage	Medicaid Advantage	
		7/2/2025	HIB (PRP-OMP)	0006-4897-01	Y007178	11/7/2026	Medicaid Advantage	Medicaid Advantage	
		7/2/2025	DTAP / HEP B / IPV	58160-811-43	B532G	4/11/2027	Medicaid Advantage	Medicaid Advantage	
		7/2/2025	Hep B	58160-820-43	3N2ND	1/16/2027	Medicaid Advantage		
		7/2/2025	Hep B	58160-820-43	7NX57	12/12/2026	Medicaid Pending		
		7/2/2025	Hep B	58160-820-43	AZ4TN	1/25/2027	Commercial		
		7/2/2025	Hep B	58160-820-43	3N2ND	1/16/2027	Medicaid Advantage		
		7/2/2025	Hep B	58160-820-43	3N2ND	1/16/2027	Medicaid Advantage		
		7/2/2025	Hep B	58160-820-43	AZ4TN	1/25/2027	Self-Pay		
		7/2/2025	Hep B	58160-820-43	AZ4TN	1/25/2027	Self-Pay		
		7/2/2025	Hep B	58160-820-43	7NX57	12/12/2026	Medicaid Advantage	Medicaid Advantage	
		7/2/2025	Hep B	58160-820-43	AZ4TN	1/25/2027	Self-Pay		
		7/2/2025	Hep B	58160-820-43	AZ4TN	1/25/2027	Commercial		



# Inventory

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- Provider locations **do not** have to maintain a separate stock of state and private vaccines, but it is **recommended**.
- Once approved, your site will need to submit a starting inventory count through RedCap.
- This count must include **privately** purchased doses and NCIP supplied **VFC** doses.



## Starting inventory

[? Survey Queue](#)

A A A



Please complete the survey below.

Thank you!

[Close](#)

### Initial Inventory

Enter a current inventory count of all VFC/state-supplied and privately purchased RSV monoclonal antibody products and hepatitis B vaccine on-hand.

1) Start date




M-D-Y

\* must provide value

Trade Name	NDC	VFC (State) Doses	Private Doses
<i>RSV Monoclonal Antibody Products</i>			
Beyfortus® 50mg	49281-0575-15	<input type="text"/>	<input type="text"/>
Beyfortus® 100mg	49281-0574-15	<input type="text"/>	<input type="text"/>
ENFLONSIA™ 1-pack	00006-5073-01	<input type="text"/>	<input type="text"/>
ENFLONSIA™ 10-pack	00006-5073-02	<input type="text"/>	<input type="text"/>
<i>Hepatitis B Vaccines</i>			
Engerix-B	58160-0820-52	<input type="text"/>	<input type="text"/>
Recombivax® HB	00006-4093-02	<input type="text"/>	<input type="text"/>



# Uninterrupted Access

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1

Each provider **MUST** have a policy and process in place that ensures all VFC-eligible children have uninterrupted access to hepatitis B and RSV monoclonal antibody product birth doses.

2

We request that you provide a copy of the policy and process that is in place at your site that ensures uninterrupted access.



## UNINTERRUPTED ACCESS

### Uninterrupted Access

- Each provider must have a policy and process in place that ensure VFC-eligible children have uninterrupted access to hepatitis B and RSV monoclonal antibody product birth doses.
  - When allowing a single inventory and "virtually" identifying public stock, it is essential that VFC-eligible children are not left vulnerable and unable to obtain vaccines being supplied by the VFC Program. Each provider must have a policy and process in place that ensure VFC-eligible children have uninterrupted access to all ACIP-recommended vaccines for their patient population.



☒ I understand and agree to the requirements.

\* must provide value

**Please upload a copy of the policy and process in place that ensure VFC-eligible children have uninterrupted access to all ACIP-recommended vaccines for your patient population. Please ensure the points above are addressed in the policy.**



 [Upload file](#)

\* must provide value





# Replacement Order

- The monthly submission reports will be reviewed and assessed to validate that only doses used for **VFC-eligible** children are being replaced.
- The current inventory count will be reviewed and documented in **REDCap**, along with the number and type of doses that need to be replaced.
- A replacement order will be placed by the Help Desk team and shipped directly to the provider each month.
- Providers will receive their monthly replacement dose orders once their monthly submission has been reviewed and approved.
- Redistribution is **NOT** Allowed.



# Vaccine Returns

Public vaccine returns must be submitted to represent the public portion of the total vaccine returns.

Vaccine returns, including spoiled/expired/wasted, must be submitted to represent the public portion of the total vaccine return.

In the event there is vaccine loss, and the provider is required to pay back VFC vaccines under the NCIP restitution policy, the percentage of “virtual” public vaccine from the lost stock must be identified and those doses replaced dose for dose.

- The NCIP Help Desk will assist with facilitating any returns in NCIR.



# Unavailable Brands or Products Guidelines

- NCIP will notify providers if a specific brand and presentation used previously for VFC children is unavailable and if an alternate brand may be used.
- Providers must agree to accept an alternate brand or delay replacement until available.
- Providers must notify the NCIP, in advance, if they intend to switch brands to a different product.
- Doses may need to be placed in multiple orders if the replacement amount is significant.
- Please report any vaccine shortages or delays to the Helpdesk by emailing [Ncirhelp@dhhs.nc.gov](mailto:Ncirhelp@dhhs.nc.gov) or call 877-873-6247.



# Yearly Assessment

- Participation and suitability will be assessed annually.
- Failure to re-enroll in the VFC Program and /or failure to submit Annual Provider Profile numbers may be grounds for removal from the program.
- Failure to meet monthly reporting requirements may be grounds for removal from the program.
- Failure to meet VFC Program and site visit requirements may be grounds for removal from the program.
- The provider may terminate their participation in the program with notice to NCIP.





# Questions

Please reach out to:  
Michelle Allman- [michelle.allman@dhhs.nc.gov](mailto:michelle.allman@dhhs.nc.gov) or  
Nikki Barbour – [Nikki.Barbour@dhhs.nc.gov](mailto:Nikki.Barbour@dhhs.nc.gov) with any  
questions or concerns regarding the application  
process for Replacement Model.