





## WYIR: COVERAGE RATE REPORTS

Then it is time to create your report output. There are a few options:

- ◆ **Export Patient List**—This will create an Excel spreadsheet file with the patients meeting the criteria selected above.
- ◆ **Create Patient List**—This will open a new tab that will display the patients meeting the criteria selected above.
- ◆ **Export Coverage Report**—This will create an Excel spreadsheet file with the coverage rate report data
- ◆ **Create Coverage Report**—This will open a new tab that will display the coverage rate report data

Examples of the Coverage Rate Report and Patient List are found below. Patient lists can be used in conjunction with coverage rates to identify those patients that are missing doses and are not up to date.

### Coverage Rate Report

| Report Criteria      |   | Report Date: 10/22/2018                 |
|----------------------|---|---|
| Run By:              | Ownership   |   |
| As of Date:          | 10/22/2018  |   |
| Series:              | DTaP/DT/Td(4), HIB(3), POLIO(3), HEP-B 3 DOSE(3), MMR(1), VARICELLA(1), PNEUMO (PCV)(4) | Age Range: 24 Months through 35 Months  |
| Vaccine:             |   | Vaccine Date Range: All                 |
| Patient Status:      | Active  | Vaccine Status: Valid Vaccinations Only |
| Patient Race:        | All   | Gender: All                             |
| State:               | WY  | Patient County: All                     |
| District/Region:     | All   | Zip Code: All                           |
| Organization (IRMS): | OUR FAKE ORGANIZATION   | Facility: AFIX KIDS                     |
| Evaluate At Age:     | All   | Patient VFC Status: All                 |

| Aggregate (Total Only) | Total Patients | Completion By Vaccine |    | Missed Opportunities | Series Complete |         |
|------------------------|----------------|-----------------------|----|----------------------|-----------------|---------|
| TOTAL                  | 9              | DTaP/DT/Td            | ≥4 | 9 (100%)             | 5 (56%)         | 4 (44%) |
|                        |                | HIB                   | ≥3 | 9 (100%)             |                 |         |
|                        |                | POLIO                 | ≥3 | 5 (56%)              |                 |         |
|                        |                | HEP-B 3 DOSE          | ≥3 | 7 (78%)              |                 |         |
|                        |                | MMR                   | ≥1 | 9 (100%)             |                 |         |
|                        |                | VARICELLA             | ≥1 | 8 (89%)              |                 |         |
|                        |                | PNEUMO (PCV)          | ≥4 | 5 (56%)              |                 |         |

### Series-Specific Patient Forecast

| Report Criteria      |   | Age Range: 24 Months through 35 Months             |
|----------------------|---|--|
| Run By:              | Ownership   |  |
| As of Date:          | 10/22/2018  |  |
| Series:              | DTaP/DT/Td(4), HIB(3), POLIO(3), HEP-B 3 DOSE(3), MMR(1), VARICELLA(1), PNEUMO (PCV)(4) | Vaccine Date Range: All                            |
| Vaccine:             |   | Vaccine Status: Valid Vaccinations Only            |
| Patient Status:      | Active  | Gender: All  |
| Patient Race:        | All   | Patient County: All                                |
| State:               | WY  | Zip Code: All                                      |
| District/Region:     | All   | Facility: AFIX KIDS                                |
| Organization (IRMS): | OUR FAKE ORGANIZATION   | Exclude patients who have completed or aged out: N |
| Evaluate At Age:     | All   |  |
| Patient VFC Status:  | All   |  |

Patients selected: 9

| Patient ID | Ownning IRMS/Facility Id | Patient Name        | Birthday    | Age       | Gender           | WyVIP Eligibility | Guardian F.N. | Patient Phone Number | County  | Zip Code | Chart Number     |
|------------|--------------------------|---------------------|-------------|-----------|------------------|-------------------|---------------|----------------------|---------|----------|------------------|
| 831238     | 7772414 / 7052           | FRAN AFIX           | 05/01/2016  | 29 months | F                | Medicaid          | BOB           |                      | LARAMIE | 82001    | SIISCLIENT831238 |
|            |                          | Vaccine Family Name | Dose Number |           | Recommended Date |                   | Minimum Date  |                      |         |          |                  |
|            |                          | POLIO               | 3           |           | 11/29/2016       |                   | 11/29/2016    |                      |         |          |                  |
|            |                          | HEP-B 3 DOSE        | 3           |           | 11/01/2016       |                   | 10/16/2016    |                      |         |          |                  |
|            |                          | PNEUMO (PCV)        | 4           |           | 05/01/2017       |                   | 05/01/2017    |                      |         |          |                  |

| Patient ID | Ownning IRMS/Facility Id | Patient Name   | Birthday   | Age       | Gender | WyVIP Eligibility | Guardian F.N. | Patient Phone Number | County  | Zip Code | Chart Number     |
|------------|--------------------------|----------------|------------|-----------|--------|-------------------|---------------|----------------------|---------|----------|------------------|
| 831237     | 7772414 / 7052           | ALEXANDER AFIX | 03/31/2016 | 30 months | M      | Medicaid          | BOB           |                      | LARAMIE | 82001    | SIISCLIENT831237 |

Patient has met the requirements for the vaccines in the series

**Still have questions?** Contact the **Clinical Consultant** at 307-777-8981 or [heidi.gurov@wyo.gov](mailto:heidi.gurov@wyo.gov) for further assistance.