

PROVIDER POPULATION

***ALL APPLICABLE FIELDS ARE REQUIRED**

Provider Population based on patients seen during the previous 12 months.

Report the number of patients who received vaccinations at your facility, by age group. Only count a patient once based on the status at the last immunization visit, regardless of the number of visits made. The following table documents how many patients received publicly supplied vaccine, by category, and how many received private vaccine

PEDIATRIC POPULATION

VFC Vaccine Eligibility Categories	# of children who received VFC Vaccine by Age Category				
	<1 Year	1-2 Years	3-6 Years	7-18 Years	Total
Enrolled in Medicaid					
No Health Insurance					
American Indian/Alaskan Native					
Underinsured at FQHC/RHC or deputized facility ¹					
Total VFC:					
Non-VFC Vaccine Eligibility Categories	# of children who received non-VFC Vaccine by Age Category				
	<1 Year	1-2 Years	3-6 Years	7-18 Years	Total
Health Insurance (Wyoming residents/WyVIP-eligible)					
Health Insurance (NOT Wyoming residents)					
Other Underinsured ²					
Children's Health Insurance Program (CHIP)					
Total Non-VFC:					
TOAL PATIENTS: (must equal sum of Total VFC + Total Non-VFC)					

¹Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance.

In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate underinsured children.

²Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children.

³CHIP – Children enrolled in the state Children's Health Insurance Program (CHIP). These children are considered insured and are not eligible for vaccines through the VFC program. Each state provides specific guidance on how CHIP vaccine is purchased and administered through participating providers.

TYPE OF DATA USED TO DETERMINE PROVIDER POPULATION

(choose all that apply)

Benchmarking	Doses Administered	Other (must describe): _____
Medicaid Claims	Provider Encounter Data	
WylR	Billing System	

Name of person completing this form:	Date:
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