

# Adult Population Form

All health care providers participating in public vaccine programs for adults must complete this form annually or more frequently if the number of adults served changes or the status of the facility changes during the calendar year.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PROVIDER POPULATION

Provider Population is based on patients seen during the previous 12 months. Report the number of adults who received vaccinations at your facility, by age group. Only count an adult **once** based on the status at the last immunization visit, regardless of the number of visits made. The following table documents the number of eligible adults who received publicly funded vaccines by category and the number of adults who received privately purchased vaccines.

Publicly Funded Adult Vaccine Initiative Eligibility Categories	# of adults who are eligible to receive publicly purchased adult vaccines by age category			
	Years of Age			
	19-34	35-49	50+	Total
No Health Insurance				
Under-Insured (health insurance does not cover vaccines) <sup>1</sup>				
American Indian/Alaska Native				
Incarcerated				
Total Public Adult Vaccine:				
Private Adult Vaccine Eligibility Purchased Categories	# of adults who are eligible to receive privately purchased vaccine by age category			
	19-34	35-49	50+	Total
Insured (private pay/health insurance covers vaccines)				
Self-Pay <sup>2</sup>				
Total Private Adult Vaccine:				
Total Patients: (must equal sum of Total Adult Initiative + Total Private Adult)				

## Type of Data Used to Determine Provider Population (choose all that apply)

<input type="checkbox"/> Benchmarking	<input type="checkbox"/> Provider Encounter Data	<input type="checkbox"/> IIS (WyIR)
<input type="checkbox"/> Medicaid Claims Data	<input type="checkbox"/> Billing System	<input type="checkbox"/> Doses Administered
<input type="checkbox"/> New Provider Patient Estimate (12 month)	<input type="checkbox"/> Other (must describe)	

This record is to be submitted to and kept on file with the Wyoming Department of Health Immunization Unit, and must be updated yearly or with changes to the Medical Direct/Secondary Authority. **A copy of this completed document is considered the same as the original.**  
Please email the completed form to: [wdh.pvpreporting@wyo.gov](mailto:wdh.pvpreporting@wyo.gov)

<sup>1</sup>Underinsured includes adults with health insurance that does not include first-dollar coverage for vaccines.

<sup>2</sup>Self-Pay includes adults with health insurance that only covers vaccines once deductible has been met.

