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)¹ |  |  |  |  |
| 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-Pay² |  |  |  |  |
| 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) | |
| Benchmarking | Provider Encounter Data  IIS (WyIR) |
| Medicaid Claims Data | Billing System  Doses Administered |
| New Provider Patient Estimate  (12 month) | 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)

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

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