



## APPENDIX C (3)

### Immunization Certification

The following services are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH)

#### Product Platino Identification: MMM Diamante Platino (H4003-017)

##### I. Vaccines for children from 0-20 years of age (inclusive)

Hepatitis B  
Rotavirus (RV)  
DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)  
HIB (Vacuna conjugada HIB)  
PCV13 Y PPSV23 (Vacunas antineumocólicas)  
Polio (IPV)  
<sup>2</sup>Vacunas contra la influenza (Virus atenuado LAIV o la IIV).  
MMR  
Varicela (VAR)  
Hepatitis A  
Vacunas Antimeningocócicas - HIb-MenCY [MenHibrix], MenACWY-D [Menactrà], MenACWY-CRM (Menveo) MenB (Meningeococos serogrupo B Men B -4C [Bexserol] y Men B- FHbp [Trumenba]  
Tdap  
Virus Papiloma Humano (VPH)

##### II. Vaccines for adults from 21 > 65 years of age

<sup>2</sup>Influenza  
Td /Tdap (Tetanus Disptheria, Pertusis)  
Varicela  
VPH Virus Papiloma Humano  
Zoster  
MMR  
Neumococo Polisacárido (PPSV23)  
Neumococo 13 Conjugada (PCV13)  
Meningococo  
Hepatitis A  
Hepatitis B



These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

*J. Cortés*

**President**

06/03/2019

**Date**

*<sup>1</sup>The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed*

*<sup>2</sup>View Recommends influenza vaccination 2017-2018*

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## APPENDIX C (3)

### Immunization Certification

The following services are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH)

#### **Product Platino Identification: MMM Completo Platino (H4003-041)**

##### **I. <sup>2</sup>Vaccines for children from 0-20 years of age (inclusive)**

Hepatitis B  
Rotavirus (RV)  
DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)  
HIB (Vacuna conjugada HIB)  
PCV13 Y PPSV23 (Vacunas antineumocólicas)  
Polio (IPV)  
<sup>2</sup>Vacunas contra la influenza (Virus atenuado LAIV o la IIV).  
MMR  
Varicela (VAR)  
Hepatitis A  
Vacunas Antimeningocólicas - Hib-MenCY [MenHibrix], MenACWY-D [Menactra], MenACWY-CRM (Menveo) MenB (Meningeococos serogrupo B Men B -4C [Bexserol] y Men B- FHbp [Trumenba]  
Tdap  
Virus Papiloma Humano (VPH)

##### **II. Vaccines for adults from 21 > 65 years of age**

<sup>2</sup>Influenza  
Td /Tdap (Tetanus Disphtheria, Pertusis)  
Varicela  
VPH Virus Papiloma Humano  
Zoster  
MMR  
Neumococo Polisacárido (PPSV23)  
Neumococo 13 Conjugada (PCV13)  
Meningococo  
Hepatitis A  
Hepatitis B



These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

*J. Garib*

**President**

06/03/2019

**Date**

*<sup>1</sup>The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed*

*<sup>2</sup>View Recommends influenza vaccination 2017-2018*

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## APPENDIX C (3)

### Immunization Certification

The following services are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH)

#### Product Platino Identification: MMM Valor Platino (H4003-047)

##### I. <sup>1</sup>Vaccines for children from 0-20 years of age (inclusive)

Hepatitis B  
Rotavirus (RV)  
DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)  
HIB (Vacuna conjugada HIB)  
PCV13 Y PPSV23 (Vacunas antineumocócicas)  
Polio (IPV)  
<sup>2</sup>Vacunas contra la influenza (Virus atenuado LAIV o la IIV).  
MMR  
Varicela (VAR)  
Hepatitis A  
Vacunas Antimeningocócicas - HIB-MenCY [MenHibrix], MenACWY-D [Menactra], MenACWY-CRM (Menveo) MenB (Meningeococos serogrupo B Men B -4C [Bexserol] y Men B- FHbp [Trumenba]  
Tdap  
Virus Papiloma Humano (VPH)

##### II. Vaccines for adults from 21 > 65 years of age

<sup>2</sup>Influenza  
Td /Tdap (Tetanus Disphtheria, Pertusis)  
Varicela  
VPH Virus Papiloma Humano  
Zoster  
MMR  
Neumococo Polisacárido (PPSV23)  
Neumococo 13 Conjugada (PCV13)  
Meningococo  
Hepatitis A  
Hepatitis B



These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

J. González

**President**

06/03/2019

**Date**

*<sup>1</sup>The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed*

*<sup>2</sup>View Recommends influenza vaccination 2017-2018*

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## APPENDIX C (3)

### Immunization Certification

The following services are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH)

#### **Product Platino Identification: MMM Bienestar Platino (H4003-049)**

##### **I. Vaccines for children from 0-20 years of age (inclusive)**

Hepatitis B  
Rotavirus (RV)  
DTaP (Toxoídes de Diphtheria y vacuna pertussis acelular)  
HIB (Vacuna conjugada HIB)  
PCV13 Y PPSV23 (Vacunas antineumocócicas)  
Polio (IPV)  
<sup>2</sup>Vacunas contra la influenza (Virus atenuado LAIV o la IIV).  
MMR  
Varicela (VAR)  
Hepatitis A  
Vacunas Antimeningocócicas - Hib-MenCY [MenHibrix], MenACWY-D [Menactra], MenACWY-CRM (Menveo) MenB (Meningeococos serogrupo B Men B -4C [Bexserol] y Men B- FHbp [Trumenba]  
Tdap  
Virus Papiloma Humano (VPH)

##### **II. Vaccines for adults from 21 > 65 years of age**

<sup>2</sup>Influenza  
Td /Tdap (Tetanus Disphtheria, Pertusis)  
Varicela  
VPH Virus Papiloma Humano  
Zoster  
MMR  
Neumococo Polisacárido (PPSV23)  
Neumococo 13 Conjugada (PCV13)  
Meningococo  
Hepatitis A  
Hepatitis B



These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

*J. Garib*

**President**

06/03/2019

**Date**

*<sup>1</sup>The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed*

*<sup>2</sup>View Recommends influenza vaccination 2017-2018*

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## APPENDIX C (3)

### Immunization Certification

The following services are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH)

#### Product Platino Identification: MMM Relax Platino (H4004-061)

##### I. Vaccines for children from 0-20 years of age (inclusive)

Hepatitis B  
Rotavirus (RV)  
DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)  
HIB (Vacuna conjugada HIB)  
PCV13 Y PPSV23 (Vacunas antineumocócicas)  
Polio (IPV)  
<sup>2</sup>Vacunas contra la influenza (Virus atenuado LAIV o la IIV).  
MMR  
Varicela (VAR)  
Hepatitis A  
Vacunas Antimeningocócicas - HIb-MenCY [MenHibrix], MenACWY-D [Menactra], MenACWY-CRM (Menveo) MenB (Meningeococos serogrupo B Men B -4C [Bexserol] y Men B- FHbp [Trumenba]  
Tdap  
Virus Papiloma Humano (VPH)

##### II. Vaccines for adults from 21 > 65 years of age

<sup>2</sup>Influenza  
Td /Tdap (Tetanus Disphtheria, Pertusis)  
Varicela  
VPH Virus Papiloma Humano  
Zoster  
MMR  
Neumococo Polisacárido (PPSV23)  
Neumococo 13 Conjugada (PCV13)  
Meningococo  
Hepatitis A  
Hepatitis B



These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

*J. Gait*

**President**

06/03/2019

**Date**

*<sup>1</sup>The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed*

*<sup>2</sup>View Recommends influenza vaccination 2017-2018*

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## APPENDIX C (3)

### Immunization Certification

The following services are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH)

#### Product Platino Identification: PMC Premier Platino (H4004-048)

#### I. Vaccines for children from 0-20 years of age (inclusive)

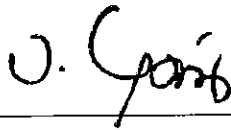
Hepatitis B  
Rotavirus (RV)  
DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)  
HIB (Vacuna conjugada HIB)  
PCV13 Y PPSV23 (Vacunas antineumocócicas)  
Polio (IPV)  
<sup>2</sup>Vacunas contra la influenza (Virus atenuado LAIV o la IIV).  
MMR  
Varicela (VAR)  
Hepatitis A  
Vacunas Antimeningocócicas - HIb-MenCY [MenHibrix], MenACWY-D [Menactra], MenACWY-CRM (Menveo) MenB (Meningeococos serogrupo B Men B -4C [Bexserol] y Men B- FHbp [Trumenba]  
Tdap  
Virus Papiloma Humano (VPH)

#### II. Vaccines for adults from 21 > 65 years of age

<sup>2</sup>Influenza  
Td /Tdap (Tetanus Disphtheria, Pertusis)  
Varicela  
VPH Virus Papiloma Humano  
Zoster  
MMR  
Neumococo Polisacárido (PPSV23)  
Neumococo 13 Conjugada (PCV13)  
Meningococo  
Hepatitis A  
Hepatitis B



These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.



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**President**

06/03/2019

**Date**

*<sup>1</sup>The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed*

*<sup>2</sup>View Recommends influenza vaccination 2017-2018*

