

# MEDICARE PLATINO 2021

APPENDIX C (3) (21)  
SERVICES PROVIDED BY THE  
DEPARTMENT OF HEALTH

## Appendix C-3

Certification of Immunization services of the department of  
Health of PR

PBP-  
H5577-002

**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: H5577 002**

**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. <sup>3</sup>Vaccines for adults from 21 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.

  
James P. O'Drobinak  
Chief Executive Officer  
MCS Advantage, Inc.

  
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**

**<sup>3</sup>Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection. Recommended vaccination for adults with an additional risk factor or another indication**





PBP-  
H5577-017



A handwritten signature or scribble, possibly representing an official approval or signature.

**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: H5577 017**

**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 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. <sup>3</sup>Vaccines for adults from 21 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.



James P. O'Drobinak  
Chief Executive Officer  
MCS Advantage, Inc.



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***

***<sup>3</sup>Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection. Recommended vaccination for adults with an additional risk factor or another indication***





PBP-  
H5577-028



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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: H5577 028**

**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. <sup>3</sup>Vaccines for adults from 21 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.

  
James P. O'Drobinak  
Chief Executive Officer  
MCS Advantage, Inc.

  
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**

<sup>3</sup>**Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection. Recommended vaccination for adults with an additional risk factor or another indication**





PBP-  
H5577-029



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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: H5577 029**

**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. <sup>3</sup>Vaccines for adults from 21 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.



James P. O'Drobinak  
Chief Executive Officer  
MCS Advantage, Inc.



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**

**<sup>3</sup>Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection. Recommended vaccination for adults with an additional risk factor or another indication**



PBP-  
H5577-036



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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: H5577 036**

**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 (Meningococos serogrupo B Men B -4C [Bexserol] y Men B- FHbp [Trumenba]
- Tdap
- Virus Papiloma Humano (VPH)

**II. <sup>3</sup>Vaccines for adults from 21 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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James P. O'Drobinak  
Chief Executive Officer  
MCS Advantage, Inc.

  
\_\_\_\_\_  
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***

***<sup>3</sup>Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection. Recommended vaccination for adults with an additional risk factor or another indication***





PBP-  
H5577-037



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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: H5577 037**

**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. <sup>3</sup>Vaccines for adults from 21 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.



James P. O'Drobinak  
Chief Executive Officer  
MCS Advantage, Inc.



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***

***<sup>3</sup>Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection. Recommended vaccination for adults with an additional risk factor or another indication***

