

MEDICARE PLATINO 2021

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



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. ⁴Vaccines 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)
²Vacunas 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. ³Vaccines for adults from 21 years of age

²Influenza
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. C. Spino

President



06/02/2020

Date

¹The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed

²View Recommends influenza vaccination 2017-2018

³Recommended 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



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. ²Vaccines 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)
²Vacunas 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. ³Vaccines for adults from 21 years of age

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

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J. C. Spain

President

06/02/2020

Date

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

²*View Recommends influenza vaccination 2017-2018*

³*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*






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. ¹Vaccines 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)
²Vacunas 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. ³Vaccines for adults from 21 years of age

⁴Influenza
Td /Tdap (Tetanus Disptheria, Pertusis)
Varicela
VPH Virus Papiloma Humano
Zoster
MMR
Neumococo Polisacárido (PPSV23)
Neumococo 13 Conjugada (PCV13)
Meningococo
Hepatitis A
Hepatitis B



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J. C. Spino

President

06/02/2020

Date

¹The MAO should consult Public Policy documents regarding vaccination and immunization guidelines recommended detailed

²View Recommends influenza vaccination 2017-2018

³Recommended 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





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 Grande Platino (H4003-049)

I. ¹Vaccines 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)
²Vacunas 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. ³Vaccines for adults from 21 years of age

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



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J. C. Spotts

President

06/02/2020

Date

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

²*View Recommends influenza vaccination 2017-2018*

³*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*






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 Conectado Platino (H4003-050)

I. ¹Vaccines 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)
²Vacunas 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. ³Vaccines for adults from 21 years of age

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



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J. C. Spina
President

06/02/2020

Date

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

²*View Recommends influenza vaccination 2017-2018*

³*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*





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. ²Vaccines 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)

²Vacunas 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. ³Vaccines for adults from 21 years of age

²Influenza

Td /Tdap (Tetanus Disphtheria, Pertusis)

Varicela

VPH Virus Papiloma Humano

Zoster

MMR

Neumococo Polisacárido (PPSV23)

Neumococo 13 Conjugada (PCV13)

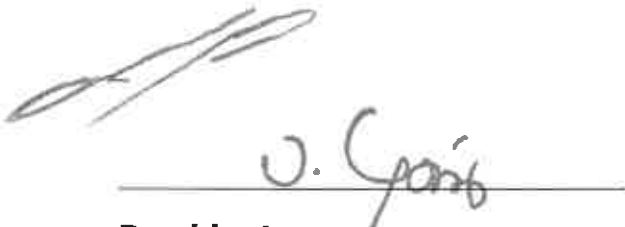
Meningococo

Hepatitis A

Hepatitis B



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²*View Recommends influenza vaccination 2017-2018*

³*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*

