MEDICARE PLATINO CONTRACT

APPENDIX C (3) (22)

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: H5577 002

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)

²Vacunas contra la influenza (Virus atenuado LAIV o la IIV).

MMR

Varicela (VAR)

Hepatitis A

Vacunas Antimeningocócicas - Hlb-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 Disptheria, Pertusis

Varicela

VPH Virus Papiloma Humano

Zoster

MMR





III. COVID 19 Vaccine - not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH). MAO must follow the instructions provided by CMS.

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

Chief Executive Officer

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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: H5577 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 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 Disptheria, Pertusis

Varicela

VPH Virus Papiloma Humano

Zoster

MMR





III. COVID 19 Vaccine - not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH). MAO must follow the instructions provided by CMS.

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Chief Executive Officer

Date

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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: H5577 029

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)

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. Vaccines for adults from 21 years of age

²Influenza

Td /Tdap (Tetanus Disptheria, Pertusis

Varicela

VPH Virus Papiloma Humano

Zoster

MMR



III. COVID 19 Vaccine - not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH). MAO must follow the instructions provided by CMS.

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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

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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. 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)

²Vacunas contra la influenza (Virus atenuado LAIV o la IIV).

MMR

Varicela (VAR)

Hepatitis A

Vacunas Antimeningocócicas - Hlb-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 Disptheria, Pertusis

Varicela

VPH Virus Papiloma Humano

Zoster

MMR



III. COVID 19 Vaccine - not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH). MAO must follow the instructions provided by CMS.

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Chief Executive Officer

Date

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The 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: H5577 037

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)

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 Disptheria, Pertusis

Varicela

VPH Virus Papiloma Humano

Zoster

MMR



III. COVID 19 Vaccine - not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH). MAO must follow the instructions provided by CMS.

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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: H5577 041

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)

²Vacunas contra la influenza (Virus atenuado LAIV o la IIV).

MMR

Varicela (VAR)

Hepatitis A

Vacunas Antimeningocócicas - Hlb-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 Disptheria, Pertusis

Varicela

VPH Virus Papiloma Humano

Zoster

MMR



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Contrato Nómero

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

²View Recommends influenza vaccination 2017-2018

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