

# 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: MMM Diamante Platino (H4003-017)

##### 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 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



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.

President

06/09/21

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*





## 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 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 Disphtheria, Pertusis  
Varicela  
VPH Virus Papiloma Humano  
Zoster  
MMR  
Neumococo Polisacárido (PPSV23)  
Neumococo 13 Conjugada (PCV13)  
Meningococo  
Hepatitis A  
Hepatitis B



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.



  
\_\_\_\_\_  
President

06/09/21  
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





## 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. <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 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



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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\_\_\_\_\_  
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06/09/21  
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<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







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### Immunization Certification

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

#### 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 [Bexsero] 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





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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<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





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### 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. <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



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<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

  






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

**Product Platino Identification: MMM Bono Platino (H4004-062)**

#### 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



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<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

