

MEDICARE PLATINO CONTRACT

APPENDIX C (3) (23)

SERVICES PROVIDED BY
THE DEPARTMENT OF
HEALTH

EMR

APPENDIX C (3)

Immunization Certification

I, Luis A. Torres Olivera, President, hereby certify that Humana Health Plans of Puerto Rico, Inc. will offer the following services are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH)

Product Platino Identification: H4007-016

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)

Dengvaxia (Indicated for the prevention of dengue disease caused by dengue virus serotypes 1, 2, 3 and 4. is approved for use in individuals 9 through 16 years of age with laboratory-confirmed previous dengue infection and living in endemic areas.

II. ³Vaccines for adults from 21 years of age ***

Haemophilus influenzae type b vaccine – **Hib**

Hepatitis A vaccine – **HepA**

Hepatitis A and hepatitis B vaccine - **HepA-HepB**

Hepatitis B vaccine – **HepB**

Human papillomavirus vaccine – **HPV**



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Influenza vaccine (inactivated) - **IIV4**
Influenza vaccine (live, attenuated) - **LAIV4**
Influenza vaccine (recombinant) - **RIV4**

III. ³Vaccines for adults from 21 years of age ***

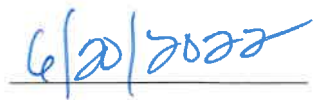
Measles, mumps, and rubella vaccine – **MMR**
Meningococcal serogroups A, C, W, Y vaccine
MenACWY-D
MenACWY-CRM
MenACWY-TT
Meningococcal serogroup B vaccine
MenB-4C
MenB-FHbp
Pneumococcal 15-valent conjugate vaccine - **PCV15**
Pneumococcal 20-valent conjugate vaccine - **PCV20**
Pneumococcal 23-valent polysaccharide vaccine - **PPSV23**
Tetanus and diphtheria toxoids – **Td**
Tetanus and diphtheria toxoids and acellular pertussis vaccine – **Tdap**
Varicella vaccine – **VAR**
Zoster vaccine, recombinant - **RZV**

IV. 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.



Luis A. Torres Olivera
President



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.

***Reference: <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

APPENDIX C (3)

Immunization Certification

I, Luis A. Torres Olivera, President, hereby certify that Humana Health Plans of Puerto Rico, Inc. will offer the following services are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH)

Product Platino Identification: H4007-018

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)

Dengvaxia (Indicated for the prevention of dengue disease caused by dengue virus serotypes 1, 2, 3 and 4. is approved for use in individuals 9 through 16 years of age with laboratory-confirmed previous dengue infection and living in endemic areas.

II. ³Vaccines for adults from 21 years of age ***

Haemophilus influenzae type b vaccine – **Hib**

Hepatitis A vaccine – **HepA**

Hepatitis A and hepatitis B vaccine - **HepA-HepB**

Hepatitis B vaccine – **HepB**

Human papillomavirus vaccine – **HPV**

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Influenza vaccine (inactivated) - **IIV4**
Influenza vaccine (live, attenuated) - **LAIV4**
Influenza vaccine (recombinant) - **RIV4**

III. ³Vaccines for adults from 21 years of age ***

Measles, mumps, and rubella vaccine – **MMR**
Meningococcal serogroups A, C, W, Y vaccine
MenACWY-D
MenACWY-CRM
MenACWY-TT
Meningococcal serogroup B vaccine
MenB-4C
MenB-FHbp
Pneumococcal 15-valent conjugate vaccine - **PCV15**
Pneumococcal 20-valent conjugate vaccine - **PCV20**
Pneumococcal 23-valent polysaccharide vaccine - **PPSV23**
Tetanus and diphtheria toxoids – **Td**
Tetanus and diphtheria toxoids and acellular pertussis vaccine – **Tdap**
Varicella vaccine – **VAR**
Zoster vaccine, recombinant - **RZV**

IV. 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.



Luis A. Torres Olivera
President



Date



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

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.

***Reference: <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

APPENDIX C (3)

Immunization Certification

I, **Luis A. Torres Olivera, President**, hereby certify that **Humana Health Plans of Puerto Rico, Inc.** will offer the following services are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH)

Product Platino Identification: H4007-019

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)

Dengvaxia (Indicated for the prevention of dengue disease caused by dengue virus serotypes 1, 2, 3 and 4. is approved for use in individuals 9 through 16 years of age with laboratory-confirmed previous dengue infection and living in endemic areas.

II. ³Vaccines for adults from 21 years of age ***

Haemophilus influenzae type b vaccine – **Hib**

Hepatitis A vaccine – **HepA**

Hepatitis A and hepatitis B vaccine - **HepA-HepB**

Hepatitis B vaccine – **HepB**

Human papillomavirus vaccine – **HPV**

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Influenza vaccine (inactivated) - **IIV4**
Influenza vaccine (live, attenuated) - **LAIV4**
Influenza vaccine (recombinant) - **RIV4**

III. ³Vaccines for adults from 21 years of age ***

Measles, mumps, and rubella vaccine – **MMR**
Meningococcal serogroups A, C, W, Y vaccine
MenACWY-D
MenACWY-CRM
MenACWY-TT
Meningococcal serogroup B vaccine
MenB-4C
MenB-FHbp
Pneumococcal 15-valent conjugate vaccine - **PCV15**
Pneumococcal 20-valent conjugate vaccine - **PCV20**
Pneumococcal 23-valent polysaccharide vaccine - **PPSV23**
Tetanus and diphtheria toxoids – **Td**
Tetanus and diphtheria toxoids and acellular pertussis vaccine – **Tdap**
Varicella vaccine – **VAR**
Zoster vaccine, recombinant - **RZV**

IV. 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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Luis A. Torres Olivera
President



6/28/2022

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.

***Reference: <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

APPENDIX C (3)

Immunization Certification

I, Luis A. Torres Olivera, President, hereby certify that Humana Health Plans of Puerto Rico, Inc. will offer the following services are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH)

Product Platino Identification: H4007-022

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 (Meningococos serogrupo B Men B -4C [Bexserol] y Men B- FHbp

[Trumenba]

Tdap

Virus Papiloma Humano (VPH)

Dengvaxia (Indicated for the prevention of dengue disease caused by dengue virus serotypes 1, 2, 3 and 4. is

approved for use in individuals 9 through 16 years of age with laboratory-confirmed previous dengue

infection and living in endemic areas.

II. ³Vaccines for adults from 21 years of age ***

Haemophilus influenzae type b vaccine – **Hib**

Hepatitis A vaccine – **HepA**

Hepatitis A and hepatitis B vaccine - **HepA-HepB**

Hepatitis B vaccine – **HepB**

Human papillomavirus vaccine – **HPV**

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Influenza vaccine (inactivated) - **IIV4**
Influenza vaccine (live, attenuated) - **LAIV4**
Influenza vaccine (recombinant) - **RIV4**

III. ³Vaccines for adults from 21 years of age ***

Measles, mumps, and rubella vaccine – **MMR**
Meningococcal serogroups A, C, W, Y vaccine
MenACWY-D
MenACWY-CRM
MenACWY-TT
Meningococcal serogroup B vaccine
MenB-4C
MenB-FHbp
Pneumococcal 15-valent conjugate vaccine - **PCV15**
Pneumococcal 20-valent conjugate vaccine - **PCV20**
Pneumococcal 23-valent polysaccharide vaccine - **PPSV23**
Tetanus and diphtheria toxoids – **Td**
Tetanus and diphtheria toxoids and acellular pertussis vaccine – **Tdap**
Varicella vaccine – **VAR**
Zoster vaccine, recombinant - **RZV**

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Date



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***Reference: <https://www.cdc.gov/vaccines/schedules/downloads/adult/adult-combined-schedule.pdf>

APPENDIX C (3)

Immunization Certification

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Product Platino Identification: H4007-026

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 (Meningococos serogrupo B Men B -4C [Bexserol] y Men B- FHbp [Trumenba]

Tdap

Virus Papiloma Humano (VPH)

Dengvaxia (Indicated for the prevention of dengue disease caused by dengue virus serotypes 1, 2, 3 and 4. is approved for use in individuals 9 through 16 years of age with laboratory-confirmed previous dengue infection and living in endemic areas.

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II. ³Vaccines for adults from 21 years of age ***

Haemophilus influenzae type b vaccine – Hib

Hepatitis A vaccine – HepA

Hepatitis A and hepatitis B vaccine - HepA-HepB

Hepatitis B vaccine – HepB

Human papillomavirus vaccine – HPV

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Influenza vaccine (inactivated) - **IIV4**
Influenza vaccine (live, attenuated) - **LAIV4**
Influenza vaccine (recombinant) - **RIV4**

III. ³Vaccines for adults from 21 years of age ***

Measles, mumps, and rubella vaccine – **MMR**
Meningococcal serogroups A, C, W, Y vaccine
MenACWY-D
MenACWY-CRM
MenACWY-TT
Meningococcal serogroup B vaccine
MenB-4C
MenB-FHbp
Pneumococcal 15-valent conjugate vaccine - **PCV15**
Pneumococcal 20-valent conjugate vaccine - **PCV20**
Pneumococcal 23-valent polysaccharide vaccine - **PPSV23**
Tetanus and diphtheria toxoids – **Td**
Tetanus and diphtheria toxoids and acellular pertussis vaccine – **Tdap**
Varicella vaccine – **VAR**
Zoster vaccine, recombinant - **RZV**

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Date



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APPENDIX C (3)

Immunization Certification

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Product Platino Identification: H4007-027

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

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Tdap

Virus Papiloma Humano (VPH)

Dengvaxia (Indicated for the prevention of dengue disease caused by dengue virus serotypes 1, 2, 3 and 4. is approved for use in individuals 9 through 16 years of age with laboratory-confirmed previous dengue infection and living in endemic areas.

II. ³Vaccines for adults from 21 years of age ***

Haemophilus influenzae type b vaccine – **Hib**

Hepatitis A vaccine – **HepA**

Hepatitis A and hepatitis B vaccine - **HepA-HepB**

Hepatitis B vaccine – **HepB**

Human papillomavirus vaccine – **HPV**

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Influenza vaccine (inactivated) - **IIV4**

Influenza vaccine (live, attenuated) - **LAIV4**

Influenza vaccine (recombinant) - **RIV4**

III. ³Vaccines for adults from 21 years of age ***

Measles, mumps, and rubella vaccine – **MMR**

Meningococcal serogroups A, C, W, Y vaccine

MenACWY-D

MenACWY-CRM

MenACWY-TT

Meningococcal serogroup B vaccine

MenB-4C

MenB-FHbp

Pneumococcal 15-valent conjugate vaccine - **PCV15**

Pneumococcal 20-valent conjugate vaccine - **PCV20**

Pneumococcal 23-valent polysaccharide vaccine - **PPSV23**

Tetanus and diphtheria toxoids – **Td**

Tetanus and diphtheria toxoids and acellular pertussis vaccine – **Tdap**

Varicella vaccine – **VAR**

Zoster vaccine, recombinant - **RZV**

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