

MEDICARE PLATINO CONTRACT

APPENDIX C (3) (23)

SERVICES PROVIDED BY
THE DEPARTMENT OF
HEALTH

MCS Advantage, Inc.
P.O. Box 191720
San Juan, P.R. 00919-1720

APPENDIX C (3)
Immunization Certification

I, **James P. O'Drobinak, Chief Executive Officer**, hereby certify that **MCS Advantage, Inc.** will offer the following services that are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH).

Product Platino Identification: H5577-002

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.

EMR

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



[Handwritten signature]

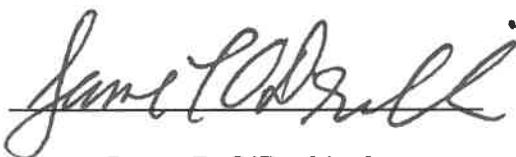
- Hepatitis B vaccine – **HepB**
- Human papillomavirus vaccine – **HPV**
- Influenza vaccine (inactivated) - **IIV4**
- Influenza vaccine (live, attenuated) - **LAIV4**
- Influenza vaccine (recombinant) - **RIV4**

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.



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



EMR
June 21, 2022

Date



APPENDIX C (3) Certification Immunization Medicare Platino 2023

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>



EMR
[Handwritten signature]

MCS Advantage, Inc.
P.O. Box 191720
San Juan, P.R. 00919-1720

APPENDIX C (3)
Immunization Certification

I, **James P. O'Drobinak, Chief Executive Officer**, hereby certify that **MCS Advantage, Inc.** will offer the following services that are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH).

Product Platino Identification: H5577-017

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**

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.

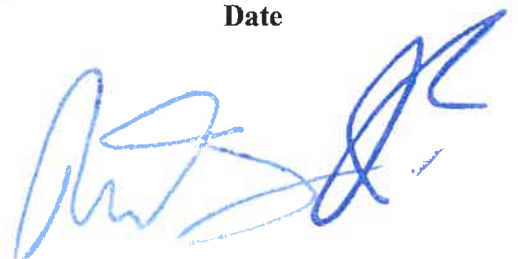


James P. O'Drobinak
Chief Executive Officer
MCS Advantage, Inc.



EMR
June 21, 2022

Date



APPENDIX C (3) Certification Immunization Medicare Platino 2023

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>



EMR

A handwritten signature in blue ink, consisting of several loops and strokes, positioned to the right of the "EMR" text.

MCS Advantage, Inc.
P.O. Box 191720
San Juan, P.R. 00919-1720

APPENDIX C (3)
Immunization Certification

I, **James P. O'Drobinak, Chief Executive Officer**, hereby certify that **MCS Advantage, Inc.** will offer the following services that are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH).

Product Platino Identification: H5577-029

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.

EMR

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



[Handwritten signature]

- Hepatitis B vaccine – **HepB**
- Human papillomavirus vaccine – **HPV**
- 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.



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



EMR
June 21, 2022

Date



APPENDIX C (3) Certification Immunization Medicare Platino 2023

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>



EMR
[Handwritten signature]

MCS Advantage, Inc.
P.O. Box 191720
San Juan, P.R. 00919-1720

APPENDIX C (3)
Immunization Certification

I, **James P. O'Drobinak, Chief Executive Officer**, hereby certify that **MCS Advantage, Inc.** will offer the following services that are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH).

Product Platino Identification: H5577-037

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.

EMR

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



[Handwritten signature]

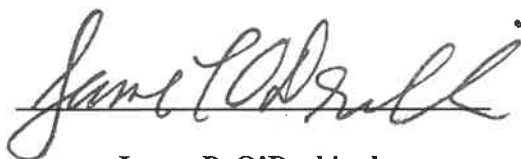
- Hepatitis B vaccine – **HepB**
- Human papillomavirus vaccine – **HPV**
- Influenza vaccine (inactivated) - **IIV4**
- Influenza vaccine (live, attenuated) - **LAIV4**
- Influenza vaccine (recombinant) - **RIV4**

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.

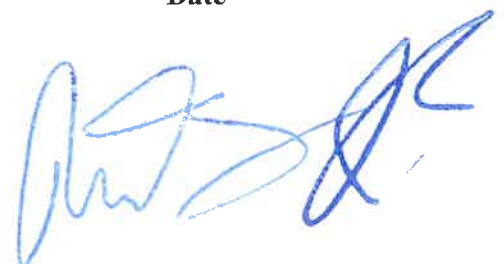


James P. O'Drobinak
Chief Executive Officer
MCS Advantage, Inc.



EMR
June 21, 2022

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>



EMR

MCS Advantage, Inc.
P.O. Box 191720
San Juan, P.R. 00919-1720

APPENDIX C (3)
Immunization Certification

I, **James P. O'Drobinak, Chief Executive Officer**, hereby certify that **MCS Advantage, Inc.** will offer the following services that are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH).

Product Platino Identification: H5577-041

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

III.³ Vaccines 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.

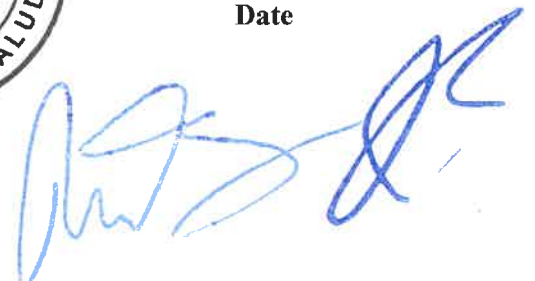


James P. O'Drobinak
Chief Executive Officer
MCS Advantage, Inc.



EMR
June 21, 2022

Date



APPENDIX C (3) Certification Immunization Medicare Platino 2023

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>



EMR

MCS Advantage, Inc.
P.O. Box 191720
San Juan, P.R. 00919-1720

APPENDIX C (3)

Immunization Certification

I, **James P. O'Drobinak, Chief Executive Officer**, hereby certify that **MCS Advantage, Inc.** will offer the following services that are not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH).

Product Platino Identification: H5577-046

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



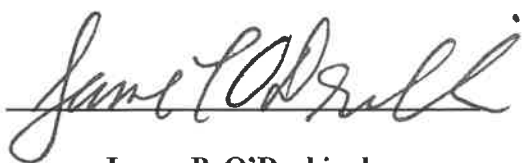
- Hepatitis B vaccine – **HepB**
- Human papillomavirus vaccine – **HPV**
- Influenza vaccine (inactivated) - **IIV4**
- Influenza vaccine (live, attenuated) - **LAIV4**
- Influenza vaccine (recombinant) - **RIV4**

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.



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



June 21, 2022

Date



APPENDIX C (3) Certification Immunization Medicare Platino 2023

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>



EMR

A handwritten signature in blue ink, appearing to be 'EMR' with a stylized flourish below it.