

MEDICARE PLATINO CONTRACT

2/10

APPENDIX C (3) (23)

SERVICES PROVIDED BY
THE DEPARTMENT OF
HEALTH

EMR



APPENDIX C (3)
Immunization Certification

I, **Orlando González, President**, hereby certify that **MMM Healthcare, LLC** 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: MMM Diamante Platino (H4003-017)

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 (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.

President



06/21/22

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>



I, **Orlando González**
services are not included
(DOH)

Product Platino Iden

I. ²Vaccines for children

- Hepatitis B
- Rotavirus (RV)
- DTaP (Toxoides)
- HIB (Vacuna conjugada)
- PCV13 Y PPSV23
- Polio (IPV)
- ²Vacunas contra la
- MMR
- Varicela (VAR)
- Hepatitis A
- Vacunas Antimeningococales
- MenACWY-CRM (Menveo)
- B- FHbp [Trumenba]
- Tdap
- Virus Papiloma Humano (VPH)
- Dengvaxia (Indicated for the 4
- serotypes 1, 2, 3 and 4. is applied
- laboratory-confirmed previous

II. ³Vaccines for adults from 21 years

- Haemophilus influenzae type b
- Hepatitis A vaccine – **HepA**
- Hepatitis A and hepatitis B vaccine
- Hepatitis B vaccine – **HepB**

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Handwritten initials

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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. 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**
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- Tetanus and diphtheria toxoids – **Td**
- Tetanus and diphtheria toxoids and acellular pertussis vaccine – **Tdap**
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- Zoster vaccine, recombinant - **RZV**

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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>



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Product Platino Identification: MMM Valor Platino (H4003-047)

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**

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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.

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



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Immunization Certification

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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)

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**

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Product Platino Identification: MMM Dorado Platino (H4003-058)

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**

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



APPENDIX C (3)
Immunization Certification

I, **Orlando González, President**, hereby certify that **MMM Healthcare, LLC** 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: 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)

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**


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APPENDIX C (3)

Immunization Certification

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Product Platino Identification: MMM Relax Platino (H4004-062)

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)

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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**
- 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**
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- Pneumococcal 15-valent conjugate vaccine - **PCV15**
- Pneumococcal 20-valent conjugate vaccine - **PCV20**
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- Tetanus and diphtheria toxoids and acellular pertussis vaccine – **Tdap**
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