

MEDICARE PLATINO CONTRACT

APPENDIX C (3) (23)

SERVICES PROVIDED BY
THE DEPARTMENT OF
HEALTH

APPENDIX C (3)

Immunization Certification

I, Juan R. Serrano, **Chief Strategy Officer & President**, hereby certify that **Triple S Advantage** 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: Platino Ultra-025

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)



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**

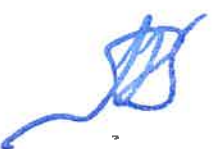
Human papillomavirus vaccine – **HPV**

Influenza vaccine (inactivated) - **IIV4**

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

Influenza vaccine (recombinant) - **RIV4**

EMR



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**

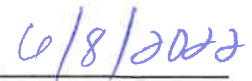
Zoster vaccine, recombinant - **RZV**

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.



Chief Strategy Officer & 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, Juan R Serrano C, Chief Strategy Officer, hereby certify that Triple S Advantage 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: Platino Plus 024

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



EMR



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 TSS-TSA
Chief Strategy Officer**

06/20/2022

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>



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Immunization Certification

I, Juan R Serrano C, Chief Strategy Officer, hereby certify that Triple S Advantage 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: Platino Ultra 025

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



EMR

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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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**President TSS-TSA
Chief Strategy Officer**

06/20/2022

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>



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Immunization Certification

I, Juan R Serrano C, Chief Strategy Officer, hereby certify that Triple S Advantage 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: Platino Advance 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.

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



EMR

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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**President TSS-TSA
Chief Strategy Officer**

06/20/2022

Date



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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

I, Juan R Serrano C, Chief Strategy Officer, hereby certify that Triple S Advantage 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: Platino Blindao 028

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



EMR



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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**President TSS-TSA
Chief Strategy Officer**

06/20/2022

Date



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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>



APPENDIX C (3)

Immunization Certification

I, Juan R Serrano C, Chief Strategy Officer, hereby certify that Triple S Advantage 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: Platino Alcance 035

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 [Bexsero] 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**



EMR



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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**President TSS-TSA
Chief Strategy Officer**

6/20/2022

Date



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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>



APPENDIX C (3)

Immunization Certification

I, Juan R Serrano C., Chief Strategy Officer, hereby certify that Triple S Advantage 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: Platino Titán 036

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.

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**President TSS-TSA
Chief Strategy Officer**

06/20/2022

Date



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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: Platino Advance-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)

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



EMR

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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.



Chief Strategy Officer & President



Date



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²View Recommends influenza vaccination 2017-2018

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

APPENDIX C (3)

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Product Platino Identification: Platino Blindao-028

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)

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

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Chief Strategy Officer & President



6/8/2022

Date

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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>

APPENDIX C (3)

Immunization Certification

I, Juan R. Serrano, Chief Strategy Officer & President, hereby certify that Triple S Advantage 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: Platino Alcance-035

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)

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.



Chief Strategy Officer & President



6/8/2022

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: Platino Titán-036

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)



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**

EMR
[Signature]

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

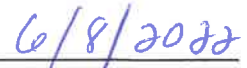
Zoster vaccine, recombinant - RZV

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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Chief Strategy Officer & President



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