

APPENDIX C (3)

Services Providers by
Department of Health PR



APPENDIX C (3) Immunization Certification

I, **Ricardo Rivera Cardona, 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. **²Vaccines for children from 0-20 years of age (inclusive)**

Hepatitis A

Hepatitis B

Rotavirus (RV)

DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)

Hib (Vacuna conjugada Hib)

PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Immunization Schedule Changes for 2023. CDC

Polio (IPV)

²Vacunas contra la influenza (Virus atenuado LAIV o la IIV).

MMR

Varicela (VAR)

Vacunas Antimeningocócicas - MenACWY-D [Menactra], MenACWY-CRM (Menveo) The MenACWY note was updated to include language stating the newly licensed Menveo® one-vial (all liquid) formulation should not be administered before age 10 years. 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. The Dengue note was **revised** to clarify that the dengue vaccine is recommended for seropositive children living in endemic areas, **not for children traveling to or visiting endemic dengue areas.**



COVID 19: Added new abbreviations for the COVID-19 vaccine products. These abbreviations contain information on the vaccine's valency (i.e., monovalent versus bivalent, indicated by "1v" and "2v," respectively) and vaccine platform (**mRNA** versus acellular protein subunit, or "**aPS**")

II. Vaccines 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**

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**

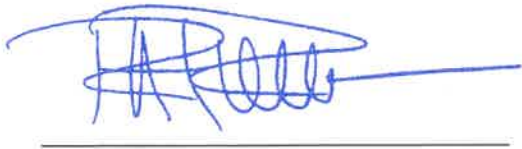


III. COVID 19 Vaccine - not included in the Medicaid Wrap Around but are provided by the Department of Health (DOH). MAO must follow the instructions provided by CMS.

These benefits are subject to change, according to final CMS approval and following the Medicare annual calendar.

EMR





President



06/09/23

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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Product Platino Identification: **MMM Valor Platino (H4003-049)**

I. **Vaccines for children from 0-20 years of age (inclusive)**

Hepatitis A

Hepatitis B

Rotavirus (RV)

DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)

Hib (Vacuna conjugada Hib)

PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Immunization Schedule Changes for 2023. CDC

Polio (IPV)

²Vacunas contra la influenza (Virus atenuado LAIV o la IIV).

MMR

Varicela (VAR)

Vacunas Antimeningocócicas - MenACWY-D [Menactra], MenACWY-CRM (Menveo) The MenACWY note was updated to include language stating the newly licensed Menveo® one-vial (all liquid) formulation should not be administered before age 10 years. 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. The Dengue note was **revised** to clarify that the dengue vaccine is recommended for seropositive children living in endemic areas, **not for children traveling to or visiting endemic dengue areas.**



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EMR

COVID 19: Added new abbreviations for the COVID-19 vaccine products. These abbreviations contain information on the vaccine's valency (i.e., monovalent versus bivalent, indicated by "1v" and "2v," respectively) and vaccine platform (**mRNA** versus acellular protein subunit, or "**aPS**")

II. Vaccines 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**

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**



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

²*View Recommends influenza vaccination 2017-2018*

³*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.*

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



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

I. ¹Vaccines for children from 0-20 years of age (inclusive)

Hepatitis A

Hepatitis B

Rotavirus (RV)

DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)

Hib (Vacuna conjugada Hib)

PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Immunization

Schedule Changes for 2023. CDC

Polio (IPV)

²Vacunas contra la influenza (Virus atenuado LAIV o la IIV).

MMR

Varicela (VAR)

Vacunas Antimeningocócicas - MenACWY-D [Menactra], MenACWY-CRM (Menveo) The MenACWY note was updated to include language stating the newly licensed Menveo® one-vial (all liquid) formulation should not be administered before age 10 years. 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. The Dengue note was **revised** to clarify that the dengue vaccine is recommended for seropositive children living in endemic areas, **not for children traveling to or visiting endemic dengue areas.**



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COVID 19: Added new abbreviations for the COVID-19 vaccine products. These abbreviations contain information on the vaccine's valency (i.e., monovalent versus bivalent, indicated by "1v" and "2v," respectively) and vaccine platform (**mRNA** versus acellular protein subunit, or "**aPS**")

II. Vaccines 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**

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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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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06/09/23

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

I. ²Vaccines for children from 0-20 years of age (inclusive)

Hepatitis A

Hepatitis B

Rotavirus (RV)

DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)

Hib (Vacuna conjugada Hib)

PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Immunization Schedule Changes for 2023. CDC

Polio (IPV)

²Vacunas contra la influenza (Virus atenuado LAIV o la IIV).

MMR

Varicela (VAR)

Vacunas Antimeningocócicas - MenACWY-D [Menactra], MenACWY-CRM (Menveo) The MenACWY note was updated to include language stating the newly licensed Menveo® one-vial (all liquid) formulation should not be administered before age 10 years. 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. The Dengue note was **revised** to clarify that the dengue vaccine is recommended for seropositive children living in endemic areas, **not for children traveling to or visiting endemic dengue areas.**



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COVID 19: Added new abbreviations for the COVID-19 vaccine products. These abbreviations contain information on the vaccine's valency (i.e., monovalent versus bivalent, indicated by "1v" and "2v," respectively) and vaccine platform (**mRNA** versus acellular protein subunit, or "aPS")

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**

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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²*View Recommends influenza vaccination 2017-2018*

³*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.*

*****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: MMM Relax Platino (H4004-062)



I. **Vaccines for children from 0-20 years of age (inclusive)**

Hepatitis A

Hepatitis B

Rotavirus (RV)

DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)

Hib (Vacuna conjugada Hib)

PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Immunization Schedule Changes for 2023. CDC

Polio (IPV)

²Vacunas contra la influenza (Virus atenuado LAIV o la IIV).

MMR

Varicela (VAR)

Vacunas Antimeningocócicas - MenACWY-D [Menactra], MenACWY-CRM (Menveo) The MenACWY note was updated to include language stating the newly licensed Menveo® one-vial (all liquid) formulation should not be administered before age 10 years. 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. The Dengue note was **revised** to clarify that the dengue vaccine is recommended for seropositive children living in endemic areas, **not for children traveling to or visiting endemic dengue areas.**

COVID 19: Added new abbreviations for the COVID-19 vaccine products. These abbreviations contain information on the vaccine's valency (i.e., monovalent versus bivalent, indicated by "1v" and "2v," respectively) and vaccine platform (**mRNA** versus acellular protein subunit, or "**aPS**")

II. Vaccines 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**

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

Meningococcal serogroups A, C, W, Y vaccine

MenACWY-D

MenACWY-CRM

MenACWY-TT

Meningococcal serogroup B vaccine

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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 Plus Platino (H4004-067)

I. ¹Vaccines for children from 0-20 years of age (inclusive)

Hepatitis A

Hepatitis B

Rotavirus (RV)

DTaP (Toxoides de Diphtheria y vacuna pertussis acelular)

Hib (Vacuna conjugada Hib)

PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Immunization Schedule Changes for 2023. CDC

Polio (IPV)

²Vacunas contra la influenza (Virus atenuado LAIV o la IIV).

MMR

Varicela (VAR)

Vacunas Antimeningocócicas - MenACWY-D [Menactra], MenACWY-CRM (Menveo) The MenACWY note was updated to include language stating the newly licensed Menveo® one-vial (all liquid) formulation should not be administered before age 10 years. 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. The Dengue note was **revised** to clarify that the dengue vaccine is recommended for seropositive children living in endemic areas, **not for children traveling to or visiting endemic dengue areas.**



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II. Vaccines 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**

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Influenza vaccine (inactivated) - **IIV4**

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Influenza vaccine (recombinant) - **RIV4**

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

Meningococcal serogroups A, C, W, Y vaccine

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MenACWY-CRM

MenACWY-TT

Meningococcal serogroup B vaccine

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MenB-FHbp

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

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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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