

APPENDIX C-3

SERVICES PROVIDED BY DEPARTMENT OF HEALTH



APPENDIX C (3)

Immunization Certification 2026

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. 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

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Yca.

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. 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

Monkey Pox. Mpox (some adults in age group should get the vaccine)

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

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

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

⁴Respiratory Syncytial Virus- RSV (19-49 if pregnant during RSC season.) (60 years

and older)

Tetanus and diphtheria toxoids – **Td**

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

Varicella vaccine – **VAR**

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III. Post-transplanted bone marrow patients of any age will be covered for all required vaccinations.

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

06/03/25

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.

⁴2025 Recommended immunizations for adults aged 19 and older. <https://www.cdc.gov/vaccines/imz-schedules/adult-easyread.html>; <https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf>

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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 Dorado Platino (H4003-058)

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

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Yes

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. 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

Monkey Pox. Mpox (some adults in age group should get the vaccine)

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

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

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

⁴Respiratory Syncytial Virus- RSV (19-49 if pregnant during RSC season.) (60 years

and older)

Tetanus and diphtheria toxoids – **Td**

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

Varicella vaccine – **VAR**

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III. Post-transplanted bone marrow patients of any age will be covered for all required vaccinations.

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

06/03/25

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.

⁴2025 Recommended immunizations for adults aged 19 and older. <https://www.cdc.gov/vaccines/imz-schedules/adult-easyread.html>; <https://www.cdc.gov/vaccines/hcp/imz-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

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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. 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

Monkey Pox. Mpox (some adults in age group should get the vaccine)

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

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

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

⁴Respiratory Syncytial Virus- RSV (19-49 if pregnant during RSC season.) (60 years

and older)

Tetanus and diphtheria toxoids – **Td**

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

Varicella vaccine – **VAR**

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III. Post-transplanted bone marrow patients of any age will be covered for all required vaccinations.

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.



06/03/25

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.

⁴2025 Recommended immunizations for adults aged 19 and older. <https://www.cdc.gov/vaccines/imz-schedules/adult-easyread.html>; <https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf>

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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 Combo Platino (H4004-068)

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

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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. 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

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Monkey Pox. Mpox (some adults in age group should get the vaccine)

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

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

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

⁴Respiratory Syncytial Virus- RSV (19-49 if pregnant during RSC season.) (60 years

and older)

Tetanus and diphtheria toxoids – **Td**

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

Varicella vaccine – **VAR**

III. Post-transplanted bone marrow patients of any age will be covered for all required vaccinations.

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

06/03/25

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.

⁴2025 Recommended immunizations for adults aged 19 and older. <https://www.cdc.gov/vaccines/imz-schedules/adult-easyread.html>; <https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf>

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APPENDIX C (3) Immunization Certification 2026

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 Flexi Platino (H4004-069)

I. ^AVaccines for children from 0-20 years of age (inclusive)

- Hepatitis A
- Hepatitis B
- Rotavirus (RV)
- DTaP (Toxoides de Diphtheria y vacuna pertussis acellular)
- Hib (Vacuna conjugada Hib)
- PCV 15 PCV13 Y PPSV23 (Vacunas antineumocócicas): Child and Adolescent Immunization Schedule Changes for 2023. CDC
- Polio (IPV)
- ^AVacunas 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

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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. 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

Monkey Pox. Mpox (some adults in age group should get the vaccine)

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

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

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

⁴Respiratory Syncytial Virus- RSV (19-49 if pregnant during RSC season.) (60 years

and older)

Tetanus and diphtheria toxoids – **Td**

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

Varicella vaccine – **VAR**

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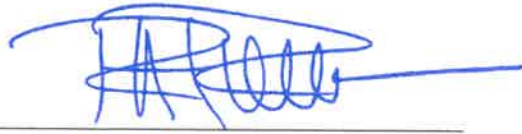
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III. Post-transplanted bone marrow patients of any age will be covered for all required vaccinations.

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.



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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.

⁴2025 Recommended immunizations for adults aged 19 and older. <https://www.cdc.gov/vaccines/imz-schedules/adult-easyread.html>; <https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf>

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Product Platino Identification: MMM Relax Platino (H4004-072-01; H4004-072-02; H4004-072-03)

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

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YCA

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. 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

Monkey Pox. Mpox (some adults in age group should get the vaccine)

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

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

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

⁴Respiratory Syncytial Virus- RSV (19-49 if pregnant during RSC season.) (60 years

and older)

Tetanus and diphtheria toxoids – **Td**

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

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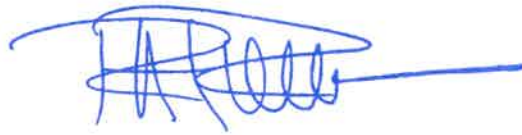
Varicella vaccine – **VAR**

Zoster vaccine, recombinant – **RZV**

III. Post-transplanted bone marrow patients of any age will be covered for all required vaccinations.

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

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Date

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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.

⁴2025 Recommended immunizations for adults aged 19 and older. <https://www.cdc.gov/vaccines/imz-schedules/adult-easyread.html>; <https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf>

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