



# 2021-2022 Monthly Planner

Molina Dual Options Medicare-Medicaid Plan



## We Value Your Feedback!

We want to hear from you! Below are a few of the surveys you may receive in the mail:

- Consumer Assessment of Health Care Providers and Systems (CAHPS): this survey asks members about their experiences with health care.
- Health Outcomes Survey (HOS): this survey asks members about their health and how they make their healthcare choices.

If you receive any of these surveys, please respond. Your feedback will tell us what we're doing well. It can also tell us how we can improve your health care. We want to make sure you are getting the care you deserve.





# This book belongs to...

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Molina Dual Options Contacts



### **Nurse Advice Line**

English: (844) 800-5155  
TTY: 711  
24 hours a day, 7 days a week



### **Transportation**

Reservation Line:  
(866) 910-7688 - Upstate  
(866) 445-6860 - Midlands  
(866) 445-9954 - Low-Country  
TTY: 711



### **Member Services**

(855) 735-5831  
TTY: 711  
Monday – Friday, 8 a.m. to 8 p.m., local time



### **Pharmacy**

(800) 665-3086  
TTY: 711  
8 a.m. to 8 p.m. local time, 7 days a week

**Thank you for completing your annual screenings and exams every year!  
Remember to get your flu shot each year!**

# Important Contacts

## Health Care Contact

Provider Type:  Primary Care  Dentist  Vision  Pharmacy  
 Specialist: \_\_\_\_\_  Other: \_\_\_\_\_

Name

Address

Office Phone

Office Hours

Fax

E-mail

Notes

## Health Care Contact

Provider Type:  Primary Care  Dentist  Vision  Pharmacy  
 Specialist: \_\_\_\_\_  Other: \_\_\_\_\_

Name

Address

Office Phone

Office Hours

Fax

E-mail

Notes

## Health Care Contact

Provider Type:  Primary Care  Dentist  Vision  Pharmacy  
 Specialist: \_\_\_\_\_  Other: \_\_\_\_\_

Name

Address

Office Phone

Office Hours

Fax

E-mail

Notes

## Health Care Contact

Provider Type:  Primary Care  Dentist  Vision  Pharmacy  
 Specialist: \_\_\_\_\_  Other: \_\_\_\_\_

Name

Address

Office Phone

Office Hours

Fax

E-mail

Notes

# Important Contacts

## Health Care Contact

Provider Type:  Primary Care  Dentist  Vision  Pharmacy  
 Specialist: \_\_\_\_\_  Other: \_\_\_\_\_

Name

Address

Office Phone                      Office Hours

Fax

E-mail

Notes

## Health Care Contact

Provider Type:  Primary Care  Dentist  Vision  Pharmacy  
 Specialist: \_\_\_\_\_  Other: \_\_\_\_\_

Name

Address

Office Phone                      Office Hours

Fax

E-mail

Notes

## Health Care Contact

Provider Type:  Primary Care  Dentist  Vision  Pharmacy  
 Specialist: \_\_\_\_\_  Other: \_\_\_\_\_

Name

Address

Office Phone                      Office Hours

Fax

E-mail

Notes

## Health Care Contact

Provider Type:  Primary Care  Dentist  Vision  Pharmacy  
 Specialist: \_\_\_\_\_  Other: \_\_\_\_\_

Name

Address

Office Phone                      Office Hours

Fax

E-mail

Notes

# Appointment Expectations and Reminders

What should I expect when making an appointment?

When you call to make an appointment, you can expect the wait times below. Your wait will depend on the reason you need to see a provider.

Visit Type	Standard Wait Times
PCP or Specialist – Urgent Care	Within 24 Hours
PCP-Routine or Non-Urgent Care	Within 4 Weeks
PCP-Adult Preventive Care Visit	Within 4 Weeks
Specialist-Routine or Non-Urgent Care	Within 2 - 4 Weeks
Non-Urgent with a Non-Physician Behavioral Health Care Provider	Within 2 Weeks

If you are a “walk-in” patient, keep in mind:

1. Always take your Molina Dual Options ID card and any other health plan card you may have to each visit.
2. Your provider may not be able to see you until he/she has seen others who have appointments.
3. If your provider cannot see you, you may be given the choice of seeing another provider at the office.

Before your visit:

1. Write down any questions you would like to ask your provider.
2. Bring your medicines to review with your provider.
3. If you have not been feeling well, make a list of your symptoms.

At your visit:

1. Get to your provider’s office 15 minutes early. You may need to fill out forms.
2. Please be patient if your provider is running late.
3. Tell your provider your concerns and symptoms as best as you can.
4. Ask your provider about ways to improve your health.
5. Ask your provider about treatment options.
6. Ask your provider to explain anything you don’t understand.
7. Make sure your provider answers all your questions before you leave.
8. Your provider may refer you to a specialist or other health care provider.
9. Ask if you will need to schedule the visit. Ask for his/her phone number.



# Screenings and Services Checklist

## Prevention

Depending on your age and gender, the services below may need to be done with your PCP. Talk with your PCP for more information.

- |   |   |
|---|---|
| <input type="checkbox"/> Annual Comprehensive Exam  | <b>Completion Date(s):</b> _____  |
| <input type="checkbox"/> Flu Vaccine  | <b>Completion Date(s):</b> _____  |
| <input type="checkbox"/> Breast Cancer Screening  | <b>Completion Date(s):</b> _____  |
| <input type="checkbox"/> Colon Cancer Screening   | <b>Completion Date(s):</b> _____  |
| <input type="checkbox"/> Immunizations<br><i>(Talk with your PCP about what immunizations/shots you need)</i> | <b>Completion Date(s)/Immunization:</b> _____<br><b>Completion Date(s)/Immunization:</b> _____<br><b>Completion Date(s)/Immunization:</b> _____ |

## Diabetes Care

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Kidney Health Evaluation      | <b>Completion Date(s):</b> _____ |
| <input type="checkbox"/> Diabetic Eye Exam             | <b>Completion Date(s):</b> _____ |
| <input type="checkbox"/> HbA1c Test (Every 3-6 Months) | <b>Completion Date(s):</b> _____ |
| <input type="checkbox"/> Blood Pressure                | <b>Completion Date(s):</b> _____ |

## Other Services

Members ages 65 and older may need:

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> Pneumonia Vaccine (2 Doses) | <b>Completion Date(s):</b> _____ |
|--|----------------------------------|

Members with Rheumatoid Arthritis may need:

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Rheumatoid Arthritis education | <b>Completion Date(s):</b> _____ |
| <input type="checkbox"/> At least 1 filled prescription | <b>Completion Date(s):</b> _____ |



## Talk to your PCP!

Talk to your PCP about these health topics at each visit. Use the table below to record the date you spoke with your PCP.

### Well Check-up

Checkups can make sure you are in good health. Seeing your provider for a checkup can also help find health problems early. Health problems that are found early can be treated to keep the problem from getting worse.

### Physical Activity

Routine physical activity is good for you. It can help prevent many health problems. Always ask your PCP before you start any exercise program.

### Physical Health

Talk to your PCP about your health. Ask him/her ways to eat healthy, quit smoking, or lose weight. Discuss topics that you think will help you have good health.

### Emotional and Mental Health

Talk to your PCP if you feel sad for long cycles of time or have a low energy level. He/She can check your emotional health and give you tips to feel better.

### Medication Review

Medicine helps you manage or treat a health problem or illness. It is vital to review all of your prescribed medicines, and over-the-counter medicines with your PCP. Medicine can become dangerous if it is not taken correctly or if it reacts with other medicines you take.

### Pain Management

Talk to your PCP at each visit if you have any type of pain. Discuss treatment options with your PCP.

### Advance Directive

An Advance Directive is a legal form that tells health care providers what kind of care you want if you are very ill and cannot speak for yourself. To avoid choices being made against your will, it is vital to have one. Talk to your PCP about making an Advance Directive. Review it with your PCP at least once a year.

### Fall Prevention

Do not let a fear of falling keep you from being active. Let your PCP know if you have fallen, have trouble walking, or have balance problems. He/She may suggest testing your blood pressure, vision, or hearing to treat balance problems.

## Improving Bladder Control

There are many ways to treat leakage of urine. Your PCP can help you treat and often cure leakage of urine. He/She may suggest training exercises, medicines or surgery. Discuss choices with your PCP that are best for you.

### Questions to ask my PCP:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Topic	Date Discussed
Well Check-up	
Physical Activity	
Physical Health	
Emotional/Mental Health	
Medication Review	
Pain Management	
Advance Directive	
Fall Prevention	
Improving Bladder Control	

# Medication Management

It is vital to take your medicine as prescribed by your PCP. Use this page to keep a list of your medicines and to write down any questions you have. Call a pharmacist in our MTM (Medication Therapy Management) program if you have questions about your medicine or other health issues. The pharmacist phone number is listed below.

## MTM Program

(855) 658-0918, TTY: 711

Monday - Friday, 8 a.m. - 6 p.m. MT

<b>Medication Name:</b>	
<b>Reason for taking:</b>	
<b>Drug Allergies:</b>	
<b>When to take:</b>	
<b>Notes:</b>	

<b>Medication Name:</b>	
<b>Reason for taking:</b>	
<b>Drug Allergies:</b>	
<b>When to take:</b>	
<b>Notes:</b>	

<b>Medication Name:</b>	
<b>Reason for taking:</b>	
<b>Drug Allergies:</b>	
<b>When to take:</b>	
<b>Notes:</b>	

<b>Medication Name:</b>	
<b>Reason for taking:</b>	
<b>Drug Allergies:</b>	
<b>When to take:</b>	
<b>Notes:</b>	

<b>Medication Name:</b>	
<b>Reason for taking:</b>	
<b>Drug Allergies:</b>	
<b>When to take:</b>	
<b>Notes:</b>	

<b>Medication Name:</b>	
<b>Reason for taking:</b>	
<b>Drug Allergies:</b>	
<b>When to take:</b>	
<b>Notes:</b>	

<b>Medication Name:</b>	
<b>Reason for taking:</b>	
<b>Drug Allergies:</b>	
<b>When to take:</b>	
<b>Notes:</b>	

<b>Medication Name:</b>	
<b>Reason for taking:</b>	
<b>Drug Allergies:</b>	
<b>When to take:</b>	
<b>Notes:</b>	

<b>Medication Name:</b>	
<b>Reason for taking:</b>	
<b>Drug Allergies:</b>	
<b>When to take:</b>	
<b>Notes:</b>	

# January 2021

**Monthly Health Topic:** Jumpstart Your New Year

## To Do:

- Schedule your annual wellness exam.
- Talk to your PCP about screenings for the year.
- Make appointments for your screenings. Write down the date and time of your visit in your planner.
- Register for Molina Dual Options member web portal: My Molina to manage your health care online, any time day or night. It's easy!
- Download Molina Dual Options Mobile App from the Apple App Store or Google Play Store and register. Once registered, you can easily manage your health care from your phone.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

# February 2021

**Monthly Health Topic:** Love Your Heart

**To Do:**

- Check your cholesterol and blood pressure.
- Stick to a heart healthy diet. Reduce salt and fat intake.
- Check your BMI (Body Mass Index).
- Quit smoking.
- Take your hypertension medicine daily.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28



# March 2021

**Monthly Health Topic:** Be Active

**To Do:**

- Ask your PCP about the type of physical activity that is safe for you.
- Try new workouts and find something you enjoy.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

# April 2021

**Monthly Health Topic:** Fall Prevention

## To Do:

- Make sure your home is well lit. If needed, equip your home or family members' homes with railings to help with safety.
- Think about using a walker, cane, or wheelchair if advised by your PCP. Or help a family member get a walker, cane, or wheelchair, if needed.
- Talk about any medicines that may affect your balance with your PCP.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

# May 2021

**Monthly Health Topic:** Diabetes Awareness

## To Do:

- Talk to your PCP. Ask about your risk for diabetes. If you have diabetes, schedule your lab tests.
- Call your eye care provider if you need a diabetic eye exam this year.
- Check the skin and feeling in your feet. Tell your PCP if you have sores, reduced feeling or poor blood flow.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

# June 2021

**Monthly Health Topic:** Medication Management

**To Do:**

- Speak with your PCP about your medicines.
- Take your medicine daily and as prescribed even when you feel okay.
- Start a routine for prescription refills.
- Use the mail order pharmacy or request 90 day supplies when possible. Contact Member Services for more details.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

# July 2021

**Monthly Health Topic:** Arthritis Awareness

**To Do:**

- Ask your PCP for medicine recommendations to manage any pain or discomfort.
- Instead of lifting a heavy pot, try to slide it across the counter. Hold books in the palm of your hands, not with your fingers.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

# August 2021

**Monthly Health Topic:** Healthy Eating

**To Do:**

- Eat a large variety of veggies.
- Try to eat more lean meats. Start by making small changes in your weekly diet.
- Plan your meals ahead of time and make sure they are balanced.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
						<b>1</b>
<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>
<b>16</b>	<b>17</b>	<b>18</b>	<b>19</b>	<b>20</b>	<b>21</b>	<b>22</b>
<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>	<b>27</b>	<b>28</b>	<b>29</b>
<b>30</b>	<b>31</b>					

# September 2021

**Monthly Health Topic:** Flu Season Begins

**To Do:**

- Visit a Molina Dual Options network pharmacy or PCP for your flu vaccine.
- Wash your hands often.
- Stay home if sick.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

# October 2021

**Monthly Health Topic:** Breast Cancer Awareness

**To Do:**

- Ask your PCP about the right time to start screening for breast cancer.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31



# November 2021

**Monthly Health Topic:** Osteoporosis Awareness

**To Do:**

- Tell your PCP if you have any severe falls or physical trauma.
- Speak with your PCP about bone density screening.
- Ask about medicine to help with pain management or bone health.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

# December 2021

**Monthly Health Topic:** Have a Happy Holiday

**To Do:**

- Volunteer near your home.
- Call our Nurse Advise Line if you need support. We are here for you!

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

# January 2022

**Monthly Health Topic:** Jumpstart Your New Year

**To Do:**

- Talk to your PCP about screenings for the year.
- Make appointments for your screenings. Write down the date and time of your visit in your planner.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

# February 2022

**Monthly Health Topic:** Love Your Heart

**To Do:**

- Check your cholesterol and blood pressure.
- Stick to a heart healthy diet. Reduce salt and fat intake.
- Check your BMI (Body Mass Index).
- Quit smoking.
- Take your hypertension medicine daily.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

# March 2022

**Monthly Health Topic:** Be Active

**To Do:**

- Ask your PCP about the type of physical activity that is safe for you.
- Try new workouts and find something you enjoy.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

# April 2022

**Monthly Health Topic:** Fall Prevention

## To Do:

- Make sure your home is well lit. If needed, equip your home with railings to help you move around safely.
- Think about using a walker, cane, or wheelchair if advised by your PCP.
- Talk about any medicines that may affect your balance with your PCP.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

# May 2022

**Monthly Health Topic:** Diabetes Awareness

## To Do:

- Talk to your PCP. Ask about your risk for diabetes. If you have diabetes, schedule your lab tests.
- Call your eye care provider if you need a diabetic eye exam this year.
- Check the skin and feeling in your feet. Tell your PCP if you have sores, reduced feeling or poor blood flow.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

# June 2022

**Monthly Health Topic:** Medication Management

**To Do:**

- Speak with your PCP about your medicines.
- Take your medicine daily and as prescribed even when you feel okay.
- Start a routine for prescription refills.
- Use the mail order pharmacy or request 90 day supplies when possible. Contact Member Services for more details.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			









Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. The call is free.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

