



LifeTimes™

Your guide to lifelong health

Winter 2022

Health and wellness or prevention information

Transitioning to Adulthood

Children go through many stages, big and small. As they get older, their needs change, too. Though it may be hard to think about the future right now, you can prepare your child for these changes.

Tips to prepare for change periods

Follow these tips when possible, based on your child's abilities.

- Let your child play an active role in their health care. When your child is younger, make their disability or illness clear. Make sure they can tell their disability or illness to others. As they get older, teach self-care for their disability or illness, such as taking care of pain, resting and proper eating habits. Help your child grow a bond with their doctor. Encourage them to ask questions and take part in visits.
- Teach your child basic life and living skills. Teach them how to handle money, time management, coping skills and how to access information and care.
- Introduce responsibility, work and earning money. Give your child age- and skill-appropriate chores and tasks at an early age. Keep in mind their hobbies when looking for training and vocational programs.



- Record major events in your child's life. These events can be linked to health concerns, family changes, finances or schooling. Review this record or book of events from time to time and share it with your child at an age-appropriate time.
- Be a good role model. Remember that you and other family members are your child's most important teachers.

Source: www.parenthelp123.org/special-needs/transition-to-adulthood

COVID-19: At Blue Cross and Blue Shield of Texas (BCBSTX), the health, safety and well-being of our members is our top priority. We want to help you stay informed about COVID-19 and get the care you need. For more information, visit www.bcbstx.com/medicaid/coronavirus-information.

Have you been on your BCBSTX Medicaid Plan longer than 12 months during the COVID-19 pandemic? If so, it's time to renew at www.yourtexasbenefits.com.



Human Papillomavirus (HPV) Vaccination

HPV is a virus that can be spread through sexual contact. Not all cases of HPV have symptoms and some symptoms may not present themselves until years later. HPV can sometimes go away on its own, but if left untreated, it could lead to cancer.

Gardasil®9 is currently the only HPV vaccine given in the United States. This vaccine is FDA approved for boys and girls between the ages of nine through 26 years old. Completing the full vaccine series, prior to becoming sexually active, provides the greatest benefits to the individual. Currently, the Center for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices recommends getting the vaccine between ages 11 and 12 years old. If both doses of the vaccine series are given less than five months apart or after the individual turns 15 years old, a third dose of the vaccine will be required to complete the series.

Recommended Vaccine for Your Preteen:

- HPV Vaccine Series (two or three doses)
 - Begin HPV series as early as age nine
 - Prevents HPV and several cancers

Resources:

- For more information on the HPV Vaccine Schedule and Dosing, visit the Centers for Disease Control and Preventions website at www.cdc.gov/hpv/hcp/schedules-recommendations.html.
- For more information on Preventive Health Guidelines, visit the BCBSTX member website at www.bcbstx.com/pdf/medicaid/medicaid-preventive-health-tx.pdf.
- CDC Videos for Parents are available at www.cdc.gov/hpv/parents/can-i-ask-you-a-question/index.html.



Affordable Connectivity Program (ACP)

Households on Medicaid may be eligible for an internet service benefit. This program is offered by the U.S. government. The ACP can help pay for internet services, broadband services and devices like a laptop or tablet.

Eligible households can get:

- Up to a \$30/month discount on internet service
- A one-time discount of up to \$100 for a laptop, tablet or desktop computer (with a co-payment of more than \$10 but less than \$50)
- Up to a \$75/month discount if your household is on qualifying Tribal lands

To receive this benefit, go to www.affordableconnectivity.gov:

- 1.** Check to see if you qualify
- 2.** Find a company that offers ACP discounts
- 3.** Apply online, through the mail or by contacting your current internet provider

If you have questions or need help applying, call the ACP Support Center at **(877) 384-2575**. You can also call your internet provider to apply.

Sources: Internet Discount Services Program

Winter Crafts



Handprint Mittens

Supplies:

- Construction paper
- Kid's paint
- Glue
- Scissors
- Glitter (optional)
- Hole punch (optional)
- Yarn or string (optional)



Instructions:

1. Spread paint on your hand and gently press your hand on a sheet of paper.
2. Once your handprint is dry, draw a mitten outline around the handprint and cut it out.
3. Cut a paper rectangle shape the same width as the bottom of your mitten. Write your name and the year on it or leave it blank and glue it to the bottom of your mitten.
4. Outline the edge of your mitten with paint or use glue and sprinkle it with glitter. Let dry.

Optional: Punch a hole through the bottom of your mitten and tie ribbon through it to make an ornament. If you make a handprint for each hand, you can tie both mittens together.

Snowman Thumbprint Art

Supplies:

- White paper
- Extra paper (any color)
- Orange and black paper or markers
- Pencil
- 3 round cups of different sizes for tracing (optional)
- Scissors
- Masking tape
- Blue paint (different shades of blue optional)

Directions:

1. Make a three-piece snowman stencil with your extra paper: Draw a small, medium and large circle or trace around three different size round cups. Cut out the circles.
2. Gently tape each of the three circles to your white sheet of paper stacking them to look like the shape of a snowman.
3. Make blue thumbprints or fingerprints on your white paper next to each other along the edge of the entire snowman stencil shape first. This will make the outline of your snowman on your white paper that will appear when you remove your stencil.
4. Next, make scattered fingerprints all around the white paper. Try a few different colors of blue or use just one color. The scattered fingerprints are meant to look like snowflakes.
5. After you're finished making fingerprints all around the paper, it's time to remove your stencil and reveal your snowman. This is the fun part. Slowly and gently remove your paper circles, being careful not to tear your white, painted paper.
6. Draw a face on your snowman with markers or cut small black paper circles for eyes and a mouth and an orange paper triangle for a carrot nose to glue to your paper.

Source: <https://funhandprintartblog.com/handprint-mittens-craft.html>

Source: www.adabofgluewilldo.com/snowman-thumbprint-art

Holiday Food Favorites



Easy Pumpkin Pie

Ingredients:

- 1 refrigerated rolled pie crust
- 1 can (15 ounces) pumpkin
- 1 can (15 ounces) sweetened condensed milk
- 2 eggs
- 2 teaspoons pumpkin pie spice
- ½ teaspoon salt (*optional*)
- Whipped cream for serving (*optional*)

Directions:

1. Preheat oven to 425 degrees. Unroll pie crust and place in 9" pie plate.
2. Mix pumpkin, condensed milk, eggs, pumpkin pie spice and salt in a mixing bowl and beat on medium speed until well blended, about one minute.
3. Pour pumpkin mixture into pie crust.
4. Fold over pie crust edges and crimp with your fingers to make a decorative edge. Cover pie crust edges with foil to keep from overbrowning.
5. Bake at 425 degrees for 15 minutes; reduce heat to 350 degrees and bake 40-50 minutes longer, until the pie is set. (The pie is set if you can poke a knife or toothpick in the center and it will come out clean.) Cool for two hours. Serve with whipped cream.

Source: www.livingwellspendingless.com/easy-5-ingredient-pumpkin-pie

Your Voice Matters, You Matter

We want to hear from you!

You will soon be receiving a package from us asking for your participation in a survey about your health care experience with Blue Cross and Blue Shield of Texas and your health care providers. We are committed to promoting your health and wellness and want to know how we can better serve you.

An important part of this is hearing from you. We will not see your responses, the survey is being conducted by an independent firm, which ensures your responses will be kept private. The survey may take 10 minutes or less and you can take it by phone, mail or on a computer using the internet.



Complaints and Appeals for BCBSTX STAR Kids Members

If you have a complaint about a service or care you received from BCBSTX or one of our providers, please call a Customer Advocate at **1-877-688-1811**, (TTY **711**). You can file a complaint by phone or ask for a complaint form to be mailed to you.

Not happy with a decision that was made about your care? You can file an appeal.

You can file an appeal if:

- You are not getting a service you wanted.
- You did not get all the services approved that you asked for.
- You had a service approved before, but now it is ending.
- It is taking a long time to get the service you asked for.

Your appeal can be filed by your health care provider, friend, relative, lawyer or anyone else you choose. When you file an appeal, we will take another look at your case and see if there is something more we can do to help.

How to File an Appeal

Request a health plan appeal by either:

- Filling out a "Health Plan Appeal Request Form" and mailing or faxing it to us using the address or fax number listed at the top of the form. The form is located at www.bcbstx.com/starkids.
- Calling the BCBSTX Customer Advocate department toll-free at **1-877-688-1811**, (TTY **711**), Monday through Friday, 8 a.m. to 5 p.m., Central time.
- Sending an email to GPDTXMedicaidAG@bcbsnm.com.
- Calling a Member Advocate for help filing an appeal at **1-877-375-9097** (TTY **711**).

You must request an appeal by 60 days from the date your notice for denial of services was mailed. We will give you a decision on your appeal within 30 days.

Emergency Health Plan Appeal

If you feel your health will be seriously harmed by waiting for a decision on your health plan appeal, you or your doctor can ask for an emergency health plan appeal. If you qualify for an emergency health plan appeal, we must decide to approve or deny your appeal within 72 hours of your request.

State Fair Hearings and External Medical Reviews

If your appeal is denied, you have the right to ask for either a non-emergency or emergency State Fair Hearing or External Medical Review. A state fair hearing is when the Texas Health and Human Services Commission (HHSC) directly reviews our decisions with your medical care.

If you ask for a state fair hearing, you can also ask for an external medical review where independent healthcare experts review your request to receive services. The external medical review is an optional, extra step you can take to get your case reviewed for free before your state fair hearing. It doesn't change your right to a state fair hearing.

Find out more about filing complaints, appeals, emergency appeals, state fair hearings and external medical reviews by calling one of the following numbers:

- BCBSTX Customer Advocate Department: **1-877-688-1811** (TTY: **711**).
- STAR Kids Member Advocate in the Central Service Delivery Area: **1-855-497-0857** (TTY: **711**).
- STAR Kids Member Advocate in the Travis Service Area: **1-877-375-9097** (TTY: **711**).

Get STAR Kids Updates Sent Straight to Your Phone!

STAR Kids members can get text messages with plan benefit updates, notices about STAR Kids meetings, events in your area and health care tips.

You can opt in to get text messages sent to your phone by texting **STAR Kids** to **33633**. Once you join the program, you may get up to four text messages per month.*

To cancel STAR Kids text messages, text **STOP** to **33633**.

To learn more about our texting program, call Member Outreach at **1-855-497-0857** if you are in the Central service area or **1-877-375-9097** if you are in the Travis service area.



Tell Us What You Think!

Member Advisory Group (MAG) – now online or by phone

Every three months, we invite STAR Kids members to attend a MAG meeting to give us feedback on our member education materials and Value Added Services, and get health plan program updates. One \$25 gift card per member family will be given for each meeting attended. A member family can get up to four gift cards each year, for a total of \$100 worth of gift cards. MAG meetings are now offered by phone and online meetings.

You can visit www.bcbstx.com/starkids to see a schedule of MAG meetings or call a BCBSTX Member Advocate in the Central service area at **1-855-497-0857** (TTY: **711**) for details and to register for a meeting. For a Member Advocate in the Travis service area, call **1-877-375-9097** (TTY: **711**).



LifeTimes™

Your guide to lifelong health

LifeTimes is published for BCBSTX STAR Kids members. Each issue brings you news about your health plan and staying healthy, along with important phone numbers for you to keep. If you have questions or need help, call the Customer Advocate Department.

Articles in *LifeTimes* are meant to educate. They are not meant as medical advice. Please check with your doctor for any advice about your health.

Helpful Phone Numbers	Toll-Free Number	TTY Line (hearing/speech loss)
BCBSTX STAR Kids Customer Advocate	1-877-688-1811	711
Service Coordination	1-877-301-4394	711
Behavioral Health Services Hotline	1-800-424-0324	1-800-635-2883
BCBSTX Member Advocate in the Central service area	1-855-497-0857	711
BCBSTX Member Advocate in the Travis service area	1-877-375-9097	711
24/7 Nurse Hotline	1-855-802-4614	711
Medicaid Managed Care Helpline	1-866-566-8989	711
HHSC MDCP or Deaf Blind Multiple Disabilities (DBMD) Services Helpline	1-844-999-9543	

Blue Cross and Blue Shield of Texas will continue to contract with Magellan Behavioral Health, Inc. (“Magellan”), an independent company, until May 31, 2020 to administer BCBSTX’s managed mental health program.

*Message and data rates may apply. Terms and conditions and privacy policy at www.bcbstx.com/mobile/text-messaging.

Blue Cross and Blue Shield of Texas, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Findhelp, formerly Aunt Bertha, is an independent company that provides community resource listings and discount programs for BCBSTX members.

To get auxiliary aids and services, or to get written or oral interpretation to understand the information given to you, including materials in alternative formats such as large print, braille or other languages, please call the Blue Cross and Blue Shield of Texas STAR Kids Customer Advocate Department at **1-877-688-1811** (TTY: **711**).

Blue Cross and Blue Shield of Texas complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross and Blue Shield of Texas does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross and Blue Shield of Texas provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats and more)
- Free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Blue Cross and Blue Shield of Texas has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Civil Rights Coordinator, Office of Civil Rights Coordinator, 300 E. Randolph St., 35th floor, Chicago, Illinois 60601, **1-855-664-7270**, TTY/TDD: **1-855-661-6965**, Fax: **1-855-661-6960**. You can file a grievance by mail or fax. If you need help filing a grievance, Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-710-6984 (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-710-6984 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-710-6984 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-710-6984 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-710-6984 (TTY: 711) 번으로 전화해 주십시오.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-710-6984 (رقم هاتف الصم والبكم: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-855-710-6984 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-710-6984 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-710-6984 (ATS: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-710-6984 (TTY: 711) पर कॉल करें।

اب دشاب یم مهارف امش یارب ناگیار تروص هب ینابز تلایهست، دینک یم وگتفگ یسراف نابز هب رگا: هجوت 1-855-710-6984 (TTY: 711) دیریگب سامت.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-710-6984 (TTY: 711).

सुचना: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-855-710-6984 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-710-6984 (телетайп: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-710-6984 (TTY: 711) まで、お電話にてご連絡ください。

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຮ່ວມໃຫ້ທ່ານ. ໂທສ 1-855-710-6984 (TTY: 711).