

Western Massachusetts

Health Access Network



COMMUNITY PARTNERS, INC.

July 1, 2005

Jones Library – Amherst, MA

Meeting Notes

Attendance:

Magda	Ahmed	Department of Public Health	(413) 586-7525
Stacey	Auger	Health Care For All	(617) 275-2935
Karen	Baumbach	Ecu-Health Care	(413) 663-8711
Isaac	Ben Ezra		(413) 256-6675
Sonia	Bouvier	Cooley Dickinson Hospital	(413) 582-2848
Cameron	Carey	Community Health Center of Franklin County	(413) 772-6157
Michael	DeChiara	Community Partners	(413) 253-4283
Maribel	DelRio-Figueroa	Chicopee Community Health Center	(413) 420-2152
Sue	Dziekonski	Community Health Center of Franklin County	(413) 772-6366
Carolyn	Heiden	Franklin Medical Center	(413) 773-2693
Octavio	Hernandez	Advocacy for Access, Fairview Hospital	(413) 538-5045
Kari	Hewitt	Community Partners	(413) 253-4283
Ana	Martinez	Baystate Medical Center	(413) 794-2722
Simon	Muil	Insurance Partnership/Employee Benefits Resources	(413) 896-0080
Dorothy	Pilkington	Mercy Health Care for the Homeless	(413) 748-9049
Barbara	Rodriguez	Global Link Translations	(860) 698-9353
John	Root		(413) 256-8729
Anne	Rosen	Community Partners	(413) 253-4283
Fern	Selesnick	Community Partners	(413) 563-8074
Drita	Silveira	Global Link Translations	(860) 698-9353
John	Stocks	PDA USA	(413) 736-1534
Lorraine	Swan	Springfield Dept. of HHS HCAP	(413) 787-6458
Dana	Tracy	Hampshire County WIC	(413) 584-3591
Dianne	Wood	Carson Center-TBI Services of Western Mass.	(413) 572-4115
Xu	Ba Tran	Springfield Dept. of HHS HCAP	(413) 787-6458

Welcome and Introductions *Michael DeChiara*, Community Partners, welcomed everyone. After participants introduced themselves, Michael introduced speakers and reviewed the meeting agenda.

Anne Rosen, Community Partners, briefly reviewed the meeting packet's news articles and announcements. (Highlights are at the end of these notes in *Selected Announcements and Resources*.)

- **Reminder:** Although applications for Medicare Part D will not be accepted until November 15, on July 1 the Social Security Administration began accepting applications for an “extra help” subsidy to help those with few resources pay for their prescription drugs when the new benefit goes into effect. Both electronic and paper applications are accepted. Paper applications must be originals. Applications are now available in English and Spanish. To view applications in other languages, go to www.socialsecurity.gov. These are not yet available for use but can be referenced for translation purposes.

Community Updates

Michael noted that Community Updates are an opportunity to share observations and present questions to the group. Two new participant agencies – Centers for Traumatic Brain Injury Services and Global Link Translations – were invited to give brief outlines of their services.

Diane Wood, the Centers for Traumatic Brain Injury Services of Western and Central Massachusetts (CCTBIS).

- **Overview:** TBI is a preventable injury for which there is no cure and which permanently alters the lives of accident victims and their families. A serious problem is the lack of the public's awareness of TBI at a time when traumatic brain injuries are increasing (35,000+ new brain injuries occur annually in Massachusetts).
 - CTBIS was established in 1987 to serve Western and Central Massachusetts residents over age 22 with traumatic brain injury (TBI). Funding is provided by the Statewide Head Injury Program/Massachusetts Rehabilitation Commission. The program works closely with the UMass Brain Injury Association, non-profit organizations, and providers. Offices are in Westfield, Pittsfield, Greenfield and Millbury. CTBIS' mission is to maximize each person's level of independence in the least restrictive environment possible. CTBIS services are free and are not insurance- or Medicare-based.
- **Staff:** includes experts in rehabilitation, case management, rehabilitation counseling, vocational counseling, therapeutic recreation, and neurophysiology.
- **Services:** CTBIS serves individuals and families in its centers, participants' homes and the community, providing: Cognitive rehabilitation/remediation; daily living skills, assessments for vocational rehabilitation services and community living; case management; information and referral; rehabilitation counseling/testing; vocational exploration services; academic support; leisure/recreational activities and family support groups.
- **Referral:** Participants must be formally referred to CTBIS. The agency will help participants complete applications. Applicants are then referred either to CTBIS or to other appropriate organizations.
- **Contact Information:** For western Massachusetts, contact Diane at (413)572-4114, dwood@carsoncenter.org. For central Massachusetts, call (508) 865-4177, khamilton@carsoncenter.org.

Barbara Rodriguez, Owner, Global Link Translations (GLT) and *Drita Silveira*, Global Link Regional Manager. Global Link is a state vendor of verbal and written translation and interpreting services in numerous languages. They also educate providers on culturally appropriate services and cultural awareness. Clients include most major hospitals, the Springfield Department of Social Services, Massachusetts Rehabilitation Commission, and Pittsfield Departments of Public Health and Division of Career Services. Public schools with sufficient funding also use Global Link to translate materials (mandated under the “No Child Left Behind Act”). Contact *Drita*: (413) 472-9412, dritap@comcast.net or *Barbara*: 413-530-5790.

Xu B. Tran, Springfield Department of Health and Human Services Community Access Program (HHS/CAP). HHS/CAP recently held an enrollment event for uninsured and underinsured Vietnamese residents to enroll in MassHealth and Free Care. Six individuals enrolled in MassHealth, including one senior, and one individual enrolled in Free Care.

Maribel DelRio, Holyoke/Chicopee Community Health Center (HCCHC). Virtual Gateway: Both Centers have been very busy. New patients arrive daily, many of whom have no health insurance. A significant number are employed but cannot afford the insurance offered at work. Both sites use Virtual Gateway to provide assistance; however, the Chicopee site uses paper applications until it's time to enter information into the computers. This is due to limited space to work with patients at the computers.

- Extended Hours for Dental Services: Holyoke Health Center now sees dental patients on Wednesdays and Thursdays until 6:00 p.m., with the last appointment at 5:15. New patients and walk-ins can use these hours.
- Oral Surgery: This is now available. For hours, call (413) 420-2200.

Dorothy Pilkington, Mercy Health Care for the Homeless. This program is also very busy. Staff is seeing a significant number of youth (age nineteen and twenty) from outside Massachusetts (MCHH). The program provides assistance through their nurse practitioner.

Octavio Hernandez, Fairview Hospital Advocacy for Access (AFA). On June 28, AFA provided men's health screenings in collaboration with the Community Health Center of the Berkshires. AFA used Real Benefits here (for the first time) to determine eligibility for local and state programs. Despite some technical difficulties, staff succeeded in screening ten participants. AFA plans to increase outreach to individuals who cannot access their services due to transportation or scheduling problems.

Dana Tracey, Hampshire County Women, Infants and Children's Program (*WIC*).

- WIC was formerly administered by the Hampshire Community Action Commission, now closed. Tapestry Health will administer WIC for the next year.
- WIC's Farmers Market Nutrition Program has begun. In addition to their regular WIC checks, eligible WIC participants will receive checks for fresh produce good at any Massachusetts Farmer's market until October 1, 2005.

John Root, a professional musician, is considering a career change. He is certified in hypnotherapy and while he does not want to provide therapy, *John* would like to help people access that service.

Ana Martinez, Financial Counselor, Baystate Health Systems (BHS). *Ana* attended to participate in the discussion about the Virtual Gateway.

Magda Ahmed, Department of Public Health, Refugee and Immigrant Health Program (DPH/RIHP), Amherst Human Rights Commission and The Save Darfur Coalition. The need for interpreter services is

very strong, and funds for payment remain an issue. This quarter, RIHP expects former Soviet Union residents with Turkish backgrounds. Most speak Russian, but some will need Turkish interpreters. There will also be an increasing number of single young men arriving from the southern Sudan who speak several different languages. This trend is increasing among African immigrants. Many from Liberia arrive with paperwork listing “English” as a language competency. However, while most can read and understand written English, the majority need a great deal of help with verbal communication. All new immigrants will either have full health care coverage or receive immediate assistance with their Mass Health applications. As always, a certain number of unanticipated immigrants will also arrive.

Carolyn Heiden, Franklin Medical Center (FMC). *Carolyn* is a financial counselor at FMC and also spends lots of energy on outreach. She also came to discuss the Virtual Gateway.

Sue Dziekonski and *Cameron Carey*, Community Health Center of Franklin County (CHC). *Sue* works with CHC’s billing department. Many applications are being processed, a large number of which are for uninsured patients. *Cameron’s* work includes both outreach and services for patients at the Center.

- CHC’s major project is its new Orange site. Efforts are underway to have all services in place prior to opening to accommodate the area’s many demands.
- Interpreter services are in huge demand. Recent services for callers from Uzbekistan and Brazil demonstrate the breath of diversity and language demand.

John Stocks, Director, Prescription Drug Assistance, USA. (PDA/USA). PDA/USA is a new non-profit, private company assisting people in need of free or low-cost prescription drugs. The program acts as a patient advocate, working with patients, doctors and drug manufacturers to coordinate access to medication. Participants must be U.S. citizens and have prescriptions for which they have no medical coverage. 200+ manufacturers currently participate and over 1900 medications are currently available. PDA is funded by the Heinz Foundation and is seeking grants to help provide their services for free. At present, there is a processing fee of \$10.00 per prescription per month. If unable to obtain the patient’s medications for them, PDA/USA will reimburse any fees paid. Applications can be completed by telephone or online. They will soon be available in Spanish. For applications and more information, go to: www.pdausa.org or contact *John* at: (413) 736-1533 or (413) 575-8728. *John* is also available for presentations.

Isaac Ben Ezra, Massachusetts Senior Action Council (MSAC). *Marketplace* and the Bloomberg news service have reported that Canadian pharmacies giving free drugs to poor people have been sanctioned by the US government. Isaac feels that the sanctions are designed to curb competition. US pharmaceutical companies participate in low cost/free drug programs; however, many Americans will never hear of these free/low cost drug programs and will continue to suffer until access to prescription drugs is a solid component of public policy.

Karen Baumbach, Ecu-Health Care (EHC). EHC is very busy enrolling applicants into its Voluntary Physician Program. Participating physicians contribute services to patients who are ineligible for MassHealth Essential due to the recent cap. EHC is also in the process of hiring a new staff person to replace Becky Moyer.

Simon Muil, Insurance Partnership (IP). The IP’s recent advertising campaign (television, radio and billboard) ended in early June. Simon will be giving a presentation next week at the Massachusetts Technical Forum in Holyoke.

Group Discussion: The Virtual Gateway: How Is It Working For You?

Michael noted that Virtual Gateway has “gone live.” During this discussion, HAN members were invited to answer each other’s questions and to share perspectives, experience and feedback about this important new tool.

Karen Baumbach: Prior to the Virtual Gateway (VG), out-of state patients seeking emergency services could apply for Free Care. Is this possible with the Virtual Gateway?

Maribel DelRio: No. You have to do MassHealth apps on the VG. Although the Virtual Gateway screening program may allow you to complete an online application for out-of-state patients, the benefit itself is gone.

Ana Martinez: Bay State Medical Center (BSM) does offer emergency coverage for out-of-state patients at BSM hospitals and clinics. The program is separate from Virtual Gateway and from the Uncompensated Care Pool

Michael DeChiara: How has the VG affected the way hospitals are helping people with their applications?

Ana Martinez: Outpatient applications are much easier than inpatient applications; if you answer the right question, you’re going to get the right result. Inpatient is more complicated; you take down the information on the “bedside tool,” then you have to come down to your office and put the information into the Virtual Gateway. There’s a question on the VG that isn’t asked on the bedside tool, which creates some extra work. You need to add it to your own bedside tool forms so you don’t forget to ask it of the patient. VG has been notified.

Michael DeChiara: We have heard that information about the status of an application on the Virtual Gateway is not always up to date.

Cameron Carey: An applicant’s status information may be incorrect. At this point the Virtual Gateway cannot be relied on for this component, and workers must call or fax requests for written confirmation of an applicant’s status.

Simon Muil, Insurance Partnership: Does the Insurance Partnership come up as an option in the services section of Virtual Gateway?

The Group: No. Virtual Gateway does ask if patients have the option of health insurance through their employers, but if they do, it directs them to the Family Assistance program. The Insurance Partnership does not come up.

Michael: How are the access programs experiencing Virtual Gateway?

Sonia Bouvier, Hampshire HealthConnect (HHC), noted that Virtual Gateway works well for them. It’s particularly helpful to receive determinations more quickly. HHC still integrates Real Benefits where useful and is changing its tracking system to accommodate Virtual Gateway’s components. For example, HHC now has tracking categories to record when staff have mailed signatures, sent income verification, etc.

Karen Baumbach, EHC, noted that a tedious component of Virtual Gateway is the individual question screens at the end of the application. Moving through these is unnecessarily time consuming. Questions could be combined onto one screen to save time.

Michael: How are providers using Real Benefits now that both programs are available?

Karen Baumbach uses the VG for all new applications and MBRs. Because you won't actually be able to submit applications online through RealBenefits until sometime this fall – you can fill them out online, then print them out and fax them – she uses RealBenefits for MassHealth eligibility reviews and Prescription Advantage, programs the VG doesn't offer. On RealBenefits you can do an over-65 MBR, but you can't do an over-65 eligibility review.

One participant noted that her organization uses Real Benefits as a tracking tool. They can enter their case notes. Collaborating hospitals can view RealBenefits applications for “shared” patients and communicate about missing information, discrepancies, etc. In contrast, Virtual Gateway applications will only show that someone is in the system.

Michael: Have community-based programs had any problems using your hospital ID numbers with Virtual Gateway?

Karen: EHC has not experienced any problems to date.

Michael: How are people handling Virtual Gateway's requirements for on-line applications but mailed signature pages and faxed income information?

Maribel reminded everyone that all documents with signatures must be mailed in with a cover page. She recommends having patients sign two signature pages in the event that one becomes lost in transit. Income information should be faxed with a fax cover page

A number of participants noted that some clients receive notices that MassHealth hasn't received their income verifications, even though they were faxed to MassHealth within the 3-day requirement. Telephone follow-up revealed that the faxed information was not in the system as received, and information had to be re-faxed – a good argument for keeping hard copies.

Ana Martinez, who made a trip to the Central Processing Unit to see the VG in action, said that if an application is a simple “No income,” MA 21 takes care of it. If it's one that requires a human being to look at it, you will get a VC1 notification.

Maribel added an important reminder: In response to the Virtual Gateway checkbox question: “Are you able to fax income within three days?” check “yes,” even if there is NO income. Checking “no” will slow the process. A “no” check triggers the VC1 letters.

Octavio Hernandez: Waiting for the Summary, signature pages and the PSI to print out is a burden for our office staff and our clients. Our office has invested in a high-speed printer. It speeds up the process of getting signature pages and PSI signed for mailing.

Ana Martinez: I have our clients sign 2 copies of the signature page and the PSI. I haven't had a case in which one of those documents got lost, but just to be safe.

Other participants: I write one cover page, make a copy of it, and separate the signature page and the PSI and the income document, mail one and fax the other. These processes have really increased my workload.

Eligibility determination is much faster on the Virtual Gateway than it was with paper. And as long as you check the box on the application that says you'll send the signatures within 3 days, they won't hold up the application.

General Discussion: Relative advantages and disadvantages of Virtual Gateway and RealBenefits

Virtual Gateway has a real advantage right now because applications are submitted electronically and determination is much faster than it was. I'll use the VG for MassHealth until RealBenefits is connected to the MA21 system. Then I'll go back to RealBenefits. I have to generate applications for Center Care, Free Care over 65, Prescription Advantage, Food Stamps, and I'd like to do it all on one system.

On the positive side of the Virtual Gateway, responses arrive much more quickly (8 to 10 days) than with traditional MBRs. It's also possible to receive feedback on what's missing from applications. Patients seem to respond more quickly to a Virtual Gateway information request.

RealBenefits saves your application data after it's been submitted. It also has a data base and can generate reports, track how many people you've helped, etc. Also, if the determination comes back "eligible for Uncompensated Care Pool" and I know it should be MassHealth Standard, I want to see the application, and that's not available on the VG.

The VG keep records for 90 days, but all you can see is the Summary Pages. We print them prior to sending the application in order to keep a record; but this requires time, paper and filing space. The rest of the information is "gone." There is a tracking device by application number, but it just tells you that the application has been submitted. You don't know what's going on.

Michael shared information just learned: RealBenefits is adding the Social Security Administration's application for the Medicare Part D Low-Income Subsidy in the very near future. Also, the Virtual Gateway will be rolling out applications for over-65 programs this summer.

Karen Baumbach: Our understanding is that SSA will only accept an original blue and white application form for the Low-Income Subsidy [and therefore that SSA would not accept a faxed copy of a printed-out application generated on RealBenefits]. How would that work? Can RealBenefits submit on-line to the SSA?

Michael and Anne agreed to investigate and provide the answer.

Update from RealBenefits: Applicants for the Low-Income Subsidy may apply either with an original of SSA's paper application form (no copies of any kind can be processed) or through the SSA website, www.ssa.gov. The application form cannot be downloaded from the SSA site. There is no other way to apply. RealBenefits is making the application available so that the application information may be saved.

Michael and Anne expressed thanks to the group for this valuable discussion and appreciation to those who traveled to HAN for the express purpose of sharing information.

State Budget and Program News: *Stacey Auger*, Health Care for All (HCFA)

The Conference Committee budget has been released. The Governor's decisions included some successes and some serious vetoes, as noted below. HCFA will be working on veto overrides and the need for advocacy remains strong:

➤ MassHealth Essential. Many remain waitlisted in the aftermath of June’s enrollment cap. The House budget appropriated \$119M to cover 43,000 people, which would leave about 12,000 on the waitlist. The Senate recommended \$23M more to cover an additional 10,000.

Outcome: The Conference Committee supported the House’s more conservative recommendations, but legislative leaders announced that \$20M more could be allocated in Fall’s supplemental budget. The Governor did not veto this.

➤ Program Caps. HCFA’s goal is to repeal language that could impose MassHealth enrollment caps in the HIV and CommonHealth programs for disabled adults. While caps have not been enforced, such language could prove problematic in the future. The House did not address the issue, the Senate did.

Outcome: The Conference Committee did not address this issue. The language remains in place.

➤ MassHealth Dental Coverage for Adults. HCFA recommends restoring all MassHealth adult dental benefits (eliminated in 2002). The House budget made no provisions. The Senate restored dental coverage for pregnant women and mothers with children up to age 3.

Outcome: The Conference budget supported House recommendations. The Governor did not veto restoring benefits for pregnant women but did veto covering new mothers with children under 3.

Update: On July 21 the legislature overrode the Governor’s veto and restored coverage for new mothers with children under 3.

➤ Smoking Cessation. The House budget made no provisions. The Senate added a smoking cessation benefit for pregnant woman and new mothers with children below age 3.

Outcome: The Conference supported Senate recommendations. The Governor did not veto coverage for pregnant women but did veto it for new mothers.

Update: The legislature also overrode this veto and restored coverage for new mothers.

➤ Legal Immigrants. Both House and Senate funded coverage for 3500 senior and disabled legal immigrants and prohibited MassHealth from evaluating sponsors’ income to determine eligibility.

Outcome: The Conference supported the House and Senate. Governor Romney vetoed it.

Update: The legislature overrode this veto and these immigrants will be able to keep their MassHealth coverage.

➤ Children’s Medical Security Plan (CMSP) Premiums. In 2003 premiums increased four-fold for many MassHealth and CMSP families. The House made no provisions addressing the issue. The Senate provisions restored the pre-2003 premium schedule by eliminating premiums for those below 200% of the federal poverty level (FPL) and restructuring premiums for those between 200% and 300% of the FPL.

Outcome: The Conference Committee accepted the Senate version. The Governor vetoed it.

Update: The legislature overrode this veto and premiums will be rolled back.

➤ Outreach and Enrollment Grants. Both the House and Senate proposed \$500,000 for outreach and enrollment grants, with funds allocated specifically for Western Massachusetts Health Access Network (WMHAN) and Covering Kids and Families (CKF).

Outcome: The Conference Committee approved the \$500,000, with funding for WMHAN and CKF and no vetoes from the Governor. The MassHealth Defense Coalition believes additional monies may be anticipated. Senate President Travaglini has filed a supplemental appropriations bill to allocate \$3 million for outreach and enrollment.

➤ MassHealth Hearings. Both the House and Senate provided language requiring hearings at which consumers can testify prior to state cuts in eligibility or benefits.

Outcome: The Conference Committee supported these provisions. Governor Romney issued a veto.

Update: The legislature overrode this veto and hearings will be held.

➤ Prescription Advantage. The House included \$90.2 million for Prescription Advantage with no open enrollment period set. The Senate proposed \$92.2 million, a one-month open enrollment period in Spring 2005, and \$5 million for cost-sharing to subsidize co-payments.

Outcome: The Conference Committee supported the Senate figures, allowed open enrollment, and required covering those costs not covered by Medicare. However, the budget does not include the \$5M appropriated by the Senate to subsidize co-payments. The Governor did not veto anything.

Isaac Ben Ezra asked if there would be a cap on open enrollment. He also noticed a contradiction in the fact that costs not covered by Medicare are supposed to be covered, but the \$5M to subsidize co-payments is not in the budget. *Michael* said that Community Partners was considering hosting a forum in the fall to take up the many unanswered questions remaining at this time.

Next Steps

➤ On Wednesday, July 6, The Joint Committee on Health Care Financing will meet. *Stacey* encouraged calling the Senate President and Speaker of the House with a full list of override issues and urging them move ahead on overrides. Also call or write your legislator. For a list of vetoes, go to the www.mass.gov, and click on the Governor's website.

➤ For more information and/or a list of Health Care Financing Committee Chairs, contact HCFA's Consumer Health Policy Coordinator, Melissa Shannon: (617) 350-0974, ext. 2913, shannon@hcfama.org. HCFA also has sample individual and organizational letters (hard copy and email versions) to send to legislators. For e-mail samples, contact Stacey at (617) 350-0974, Ext. 2936, auger@hcfama.org.

Medicaid Spending and the State Budget. *Stacey* distributed an excerpt from a report by the Congressional Research Service on the impact of Medicaid on state budgets. Because more than half of Medicaid is financed with federal dollars, the real state tax hit from Medicaid for Massachusetts is far less than most people assume – about 12.2% in FY2004. The national average is 12.7%,

Michael thanked Stacey for her presentation and the group for their contributions and participation. He also reminded people there will be no August meeting. The next meeting will be Friday, September 9 at Jones Library in Amherst.

The meeting was adjourned at 12:00 pm.

Selected Announcements and Resources

Education and Training

- Certificate in Community Human Service Management Program. The Massachusetts Council of Human Service Providers, in partnership with Clark University's College of Professional and Continuing Education, offers this certificate at Clark's Worcester Campus. Applications are currently being accepted. For more information or an application, go to www.providers.org.
- Agencies to Host Clerkships. University of Massachusetts' Medical School seeks host agencies for two-week, interdisciplinary clerkships for first year medical students and first year master of nursing students. Host agencies will provide students with intensive experience in community-based and community-oriented health care, areas not usually covered in providers' academic careers. Contact Robin Toft Klar: (508) 856-5295, robin.klar@umassmed.edu.
- Massachusetts Institute for Community Health Leadership. Sponsored by Blue Cross Blue Shield of Massachusetts Foundation to help build leadership capacity among health care organizations serving low income and uninsured residents. For applications or information, contact Blue Cross Blue Shield of Massachusetts, Attn: Massachusetts Institute for Community Health Leadership, Landmark Center, 401 Park Drive, Boston, MA 02215-3326 or www.bluecrossmafoundation.com

Employment Opportunities

- Senior Staff Attorney. Health Law Advocates, Boston, MA, seeks a Senior Staff Attorney. Application deadline; July 15, 2005. For more information, call (617) 338-5241, www.hia-inc.org. Resumes and cover letters to Laurie Martinelli, Esq., Executive Director, Health Law Advocates, Inc. 30 Winter Street, Suite 1004, Boston, MA 02108.

Events

Oral Health Advocacy Task Force Hearing. Wednesday, July 6. The Health Care Finance Committee will hear HCFA's Oral Health Care Task Force's two bills to restore dental benefits.

Resource Materials

- Paying a Premium: The Added Cost of Care for the Uninsured. A report from Families USA, available on line at www.familiesusa.org.
- Pathways to Public Health Insurance Coverage for Massachusetts Residents. Published by the Massachusetts Medicaid Policy Institute and the UMass Medical School Center for Health Policy and Research. An excellent (and simple) guide to all Massachusetts publicly funded health care programs. Contains charts and key questions to identify eligibility guidelines for people seeking health insurance. Copies can be ordered or downloaded at www.pathwaystocoverage.org. A live, up-to-date web version will soon be available at www.massmedicaid.org.