

Dear \_\_\_\_\_  
*applicant first name and last name* *date*

\_\_\_\_\_ helped the person below get  
*facility representative name at facility name*  
a temporary Health Safety Net through a Presumptive Determination. The temporary Health Safety Net  
**starts on** \_\_\_\_\_ **and ends either on** \_\_\_\_\_ **or when this person gets a new**  
*start date* *end date*  
**determination based on their Application for Health and Dental Coverage and Help Paying Costs (ACA-3), or Application for Health Coverage for Seniors and People Needing Long-term Care Services (SACA-2), whichever is earlier.** You will not receive another notice when temporary Health Safety Net ends.

Applicant's name (*first name and last name*) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Member ID (*if available*) \_\_\_\_\_

**IMPORTANT!** You must submit a completed full application, either ACA-3 or SACA-2, by \_\_\_\_\_.  
*end date*

Your temporary Health Safety Net will end on this date, and services provided to you will not be eligible for payment by the Health Safety Net.

### **What happens next?**

- MassHealth will send you a notice confirming your temporary Health Safety Net if the Presumptive Determination was made in accordance with Health Safety Net regulations and policies. It will be important for you to bring the notice to your hospital or community health center where you get medical services.
- Until you receive that notice from MassHealth, you can use this letter to show your hospital or community health center that you have temporary Health Safety Net. Because this determination is temporary, they will check MassHealth's records to make sure your determination is still effective on the date of service.
- Please send in the appropriate completed full application to determine if you can continue to receive medical services that can be paid for by the Health Safety Net, or if you qualify for any benefits through MassHealth or the Massachusetts Health Connector.
- Please note that MassHealth may reject this Presumptive Determination if it was not made in accordance with Health Safety Net regulations and policies. In the unlikely event that this happens, we will contact you directly.

### **How can you get the full application?**

1. To apply online, visit [www.MAhealthconnector.org](http://www.MAhealthconnector.org). Create an account if you don't have one already (you'll need an e-mail address) (ACA-3 only).
2. To obtain an ACA-3 or SACA-2 application, call 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) or go to [mass.gov/masshealth](http://mass.gov/masshealth) and click on "Apply for Health Coverage" to download a paper application. Follow the instruction on the application (ACA-3 or SACA-2).

3. To apply by phone (ACA-3 only), call 1-800-841-2900 (TTY: 1-800-497-4648 for people who are deaf, hard of hearing, or speech disabled) or 1-877-MA ENROLL (877-623-6765).

4. To apply in person, visit a MassHealth Enrollment Center to apply in person (ACA-3 or SACA-2).

5. Work with a Certified Assister at our hospital or community health center to fill out a full application. (ACA-3 or SACA-2). To work with a Certified Assister at \_\_\_\_\_,

please call \_\_\_\_\_ at \_\_\_\_\_.  
*assister name* *facility name* *assister phone number*

If you submit your application without the help of our facility staff, please tell us that you have submitted the application. We want to help make sure the Health Safety Net can pay for eligible services you receive from your hospital or community health center after your temporary Health Safety Net ends (if you qualify).

### **How does the Health Safety Net work?**

The Health Safety Net is not insurance. It pays for certain care at Massachusetts community health centers and acute hospitals. Ask your health-care provider what the Health Safety Net can pay for.

**IMPORTANT:** In many hospitals, the doctors work for a private group. They are not hospital employees. The Health Safety Net does not pay for private doctor services or private lab or radiology tests even when you get those services in a hospital. Check to see if your provider accepts the Health Safety Net before you get services.

If the person approved on this letter has other health insurance, they must use that health insurance first, before the Health Safety Net can pay for their services. There may be copays and deductibles. Pay these charges directly to the health-care provider. Keep a copy of all medical bills and payments.

Temporary Health Safety Net through a Presumptive Determination will only be granted to an individual once in a 12-month period.

### **What if you have questions?**

You can

- Contact \_\_\_\_\_  
*staff person name and contact info for hospital facility*
- Go to [www.mass.gov/masshealth](http://www.mass.gov/masshealth)
- Or, call the Health Safety Net Customer Service Center at 1-877-910-2100

Note that decisions about temporary Health Safety Net through Presumptive Determinations, including the start date and end date of such benefits, cannot be appealed. Please send in a completed full application to be considered for subsidized health care coverage.

Thank you.

\_\_\_\_\_  
*hospital or community health center name*