

Dear _____
applicant first name and last name *date*

_____ at _____
facility representative name *facility name*

has determined that the person listed below does not qualify for temporary Health Safety Net through a Presumptive Determination.

applicant first and last name

This is because

- ☐ You are not a resident of Massachusetts.
- ☐ Your income is too high to qualify for temporary Health Safety Net through a Presumptive Determination.
- ☐ You have current subsidized benefits through MassHealth, Children's Medical Security Plan, the Massachusetts Health Connector, or another Health Safety Net determination.
- ☐ You have already had temporary Health Safety Net through a Presumptive Determination within the past 12 months.

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

Even though you do not qualify for temporary Health Safety Net, you may qualify for subsidized health care coverage. To see if you are eligible, please submit a completed Massachusetts Application for Health and Dental Coverage and Help Paying Cost (ACA-3) or an Application for Health Coverage for Seniors and People Needing Long-term Care Services (SACA-2).

How can you get the full application?

1. To apply online, visit www.MAhealthconnector.org. Create an account if you don't have one already. (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 www.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*

What if you have questions?

If you have questions, you can contact

staff person name and contact information for hospital or CHC

- www.mass.gov/masshealth. Go to
 - Or, call the Health Safety Net Customer Service Center at 1-877-910-2100.
- Note that decisions about temporary Health Safety Net through a Presumptive Determination, including the start date and end date, cannot be appealed. Please send in a completed application to be considered for subsidized health care coverage.

Thank you.

hospital or community health center name