

# SECTION 5

## The Health Safety Net

The Health Safety Net (HSN) pays Massachusetts acute hospitals and community health centers for certain health care services provided to low-income patients. HSN pays for services provided to Massachusetts residents with household income at or below 300% of the federal poverty level. Eligibility for the HSN is determined by MassHealth.

### Who can get benefits

The HSN may be able to pay for certain services you receive from an acute hospital or a community health center if you are a resident of Massachusetts and are uninsured or underinsured (your health insurance does not cover all medically necessary services).

### Income standards

You must give us proof of your income for every person in your household. The HSN generally covers individuals with household income at or below 300% of the federal poverty level. If your income is above 150% of the federal poverty level, and at or below 300%, an annual deductible based on income may apply. The deductible is a certain amount of health care costs you are responsible for. Both paid and unpaid bills can count toward your deductible. Only services that the HSN can pay for will count toward your deductible. Private doctor and private lab or radiology bills do not count toward the deductible, even if you get these services in a hospital. Ask your provider which bills can count toward your deductible.

### Covered services

For the HSN, services must be provided by a Massachusetts acute hospital or community health center. The HSN will generally pay for the same services that are covered by MassHealth Standard. The HSN pays for some pharmacy services, but you must fill your prescription at a pharmacy associated with the doctor who wrote your prescription. There may be some limits, so you should always check with a provider to see if they offer the service. You may be charged copays and deductibles.

### Some of the services not covered

Some noncovered services are listed below. You should check with your provider to find out the full list of what is and is not covered.

- Physicians that are not employed by the hospital, even if they work at the hospital
- Ambulance services
- Lab charges that are not billed by a Massachusetts acute care hospital or community health center

- Radiology services that are not billed by a Massachusetts acute care hospital or community health center
- Durable medical equipment, except for crutches and canes provided during a medical visit
- Nonmedical services (social, educational, vocational)
- Nonmedically necessary services
- Experimental or unproven services

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A more detailed description of the services covered and any limitations can be found in the HSN regulations at 101 CMR 613.00.

## Eligibility begins

If you are eligible, your HSN eligibility may begin up to 10 days before the date MassHealth gets your application, if we get all the needed information within 90 days. Ask your provider if you have retroactive HSN eligibility.

## Deductible income standard

If your income is above 150% of the federal poverty level, you may be responsible for a deductible. An HSN deductible is either equal to the current annual cost of the lowest ConnectorCare monthly premium (\$576 as of the date of the publication of this Senior Guide), or 40% of the difference between the lowest MAGI income in your Premium Billing Family Group and 200% of the federal poverty level, whichever is higher.

## Grievance process

Patients may request that the HSN conduct a review of a medical hardship eligibility determination, or of provider compliance with the HSN regulations. To file a grievance with the HSN, send a letter to

Health Safety Net Office  
Attn. HSN Grievances  
100 Hancock Street, 6<sup>th</sup> floor  
Quincy, MA 02171.

The letter should include your name and address, and, if possible, information about the situation, the reason for the grievance, the provider's name (if a provider is involved), and any other relevant information. Questions about filing a grievance should be directed to the HSN Help Line at (877) 910-2100.