

## Health Related Social Needs (HRSN) Provider FAQ

Effective January 1, 2025, MassHealth members enrolled in the Mass General Brigham Accountable Care Organization (ACO) may be able to receive additional housing and/or nutrition support through the MassHealth Health Related Social Needs (HRSN) Supplemental Services program. This framework will combine existing Community Support Programs, (Community Support for Homeless Individuals (CSP-HI), Community Support Program for Individuals with Justice Involvement (CSP-JI), and Community Support Program Tenancy Preservation Program (CSP-TPP)) and the Flexible Services Program (FSP) into a new Supplemental Services construction.

HRSN Supplemental Services are a standard set of services developed by MassHealth. Each HRSN Supplemental Service has specific programmatic eligibility that a member must meet in order to qualify. For complete HRSN Supplemental Services eligibility, please see the Supplemental Service Manuals found on the [HRSN webpage](#) for additional information.

## Health Related Social Needs Frequently Asked Questions

### **How does a Social Service Organization (SSO) participate with Mass General Brigham's Health Plan to provide HRSN Supplemental Services?**

Mass General Brigham's Contracting team will be reaching out to qualified providers to execute a contract.

### **What are the requirements for contracting?**

The HRSN Provider will need to be approved by MassHealth and is deemed as an HRSN Provider.

### **What if any credentialing documents will an HRSN provider need to submit to Mass General Brigham's Health Plan?**

The following documentation will be needed for the credentialing process:

- Completed Mass General Brigham Health Plan Application
- Valid National Provider Identifier (NPI)
- W-9 or other Tax Information
- Completed MassHealth Federally Required Disclosures Form (FRDF)
- Any Applicable Accreditation or Licensure

### **How long is the contracting process?**

The process typically averages between 30-60 days from discussion to execution. The length of process may depend on the HRSN provider.

### **What happens next after the contract is signed?**

The contract along with credentialing documents are sent to Mass General Brigham's Provider Enrollment team for system implementation. With this information, the team will add the HRSN provider to Mass General Brigham's system as a participating provider.

### **How will an HRSN Provider know when to start servicing an Enrollee?**

Once the system implementation is complete, an HRSN provider will be sent a welcome letter. The letter will serve as a notice to start offering Supplemental Services to MassHealth members enrolled in the MGB ACO.

#### **Can a new provider join the HRSN framework?**

New HRSN providers cannot be added to the Mass General Brigham network until the next calendar year (January 1, 2026).

#### **How will member eligibility be determined?**

Mass General Brigham ACO will ensure all required elements are screened for including Health Needs Based Criteria (HNBC), Risk Factors, and other programmatic criteria, all of which are defined as Medical Necessity. For complete HRSN Supplemental Services eligibility, please see the Supplemental Service Manuals found on the [HRSN webpage](#) for additional information.

HRSN Providers will be required to confirm Enrollee's MGB ACO MassHealth eligibility through various pathways, depending on HRSN provider responses specified on the ACO Readiness Review including but not limited to the following:

- MGB Provider Portal – Electronic Verification System (EVS)
- Consulting Firm Partnerships
- EHR Platforms
- Virtual Gateways

#### **What is the service registration process?**

Prior to a member receiving HRSN Services, providers must submit a notification to the HRSN central team and receive a response prior to beginning services. Service registration alerts the Plan to an HRSN provider's intent to provide services to its members and supports budget monitoring. The HRSN central team must respond to service registration requests no later than 7 business days after receipt of the request.

#### **Who funds the HRSN services framework?**

Accountable Care Organizations (ACOs) are funded by MassHealth to provide this benefit to a percentage of their Medicaid population who meet a specific set of eligibility criteria. Mass General Brigham is an ACO and therefore is eligible to participate in the program.

#### **If MassHealth runs out of funds under the HRSN services framework, can a member still receive service benefits?**

After submitting responses to the ACO Readiness Review, ACOs must decide which of the HRSN supplemental services they wish to offer to their members in 2025. Once the ACO offers the service, it must be offered to all eligible members, **subject to funding availability**. If MassHealth does not have enough funding to provide these services to all eligible members, MassHealth will notify all Plans and pause on HRSN services.

#### **How will an HRSN Provider be reimbursed for services?**

MGB Health Plan will make retrospective payments to HRSN providers based on claims submitted for services rendered.

#### **Should an HRSN Provider include receipts along with claims?**

Yes, if anything requires receipt, the HRSN provider must submit a paper claim with the receipt.

### **How can an HRSN Provider submit claims to the MGB Health Plan?**

To submit claims for HRSN Supplemental Services, an HRSN provider can refer to the [Mass General Brigham Claims Landing Page](#). Preferred methods of claims submissions include electronic (EDI vendor, clearinghouse, etc.) or paper (mail) method.

For additional step-by-step guidance, HRSN providers should refer to Section 7 of the [MGB ACO Provider Manual.pdf](#). HIPAA companion guidance is also available on the [Mass General Brigham Health Plan Provider Resources Page](#).

### **Who should an HRSN Provider contact for questions/issues?**

#### **Provider Services**

- [HealthPlanProvidersServices@mgb.org](mailto:HealthPlanProvidersServices@mgb.org)

#### **Community Support Program (CSP) Questions**

- [dmacadam@mgb.org](mailto:dmacadam@mgb.org)

#### **Supplemental Services Questions**

- [mgbflexibleservices@mgb.org](mailto:mgbflexibleservices@mgb.org)

#### **General Questions**

- [mgbflexibleservices@mgb.org](mailto:mgbflexibleservices@mgb.org)

#### **Conditional Eligibility Clarification**

- [mgbflexibleservices@mgb.org](mailto:mgbflexibleservices@mgb.org)

#### **MassHealth Related Questions**

- [FlexibleServices@mass.gov](mailto:FlexibleServices@mass.gov)

#### **Contracting Questions**

- [Ehenry4@mgb.org](mailto:Ehenry4@mgb.org)

### **How would an HRSN Provider submit business changes?**

If an HRSN Provider were to receive updated business information (i.e., address, key contact, TIN, etc.), submissions should be made directly to Mass General Brigham's Provider Enrollment team ([HealthPlanPEC@mgb.org](mailto:HealthPlanPEC@mgb.org)).

## **Additional Provider Education Tools**

### **Claims Submission**

To submit claims for HRSN Supplemental Services, please refer to the [Mass General Brigham Claims Landing Page](#).

The [National Uniform Claim Committee \(NUCC\) 1500 Claim Form](#) and [Reference Instruction Manual](#) are also available for reference.

### **Where can an HRSN Provider refer to the appeals and grievance process?**

Please refer to Section 3: Provider Management of [MGB ACO Provider Manual](#) for the provider appeals process.