

Health-Related Social Needs (HRSN) Supplemental Services – MassHealth ACO Payment Policy

Applicability

This Policy applies to the following Fallon Health products:

- Fallon Medicare Plus, Fallon Medicare Plus Central (Medicare Advantage)
- MassHealth ACO
- NaviCare HMO SNP
- NaviCare SCO (Medicaid-only)
- Summit Eldercare PACE
- Fallon Health Weinberg PACE
- Fallon Health Weinberg Managed Long-Term Care
- Community Care (Commercial/Exchange)

Policy

The Plan covers Health-Related Social Needs (HRSN) Supplemental Services in accordance with requirements set by the Executive Office of Health and Human Services (EOHHS) and as outlined in the Accountable Care Partnership Plan (ACPP) Contract for the MassHealth Accountable Care Organization (ACO) Program. The Plan reimburses HRSN Supplemental Services based on the terms of the HRSN Supplemental Services Provider’s individual contracts with the Plan and when HRSN Supplemental Services are approved by the Plan’s Community Services Program Team or Primary Care Team (PCT) and a referral has been placed with a contracted HRSN Supplemental Service provider.

Definitions

Primary Care Team (PCT) - The PCT is a multidisciplinary team that acts as a foundation of support to help maintain the Plan member’s wellbeing. The PCT includes the Plan member as the primary member of the team, with the member’s PCP and Accountable Care Organization (ACO) Care Team as Core Supports.

Reimbursement

HRSN providers will be reimbursed according to the terms of the HRSN provider contract with the Plan.

Referral/notification/prior authorization requirements

HRSN Supplemental Services require approval via a referral to the HRSN Supplemental Service provider and HRSN Supplemental Service providers must receive a referral prior to coordinating and/or rendering services.

Billing/coding guidelines

HRSN Supplemental Services should be billed in the following manner, and in accordance with the published MassHealth HRSN Supplemental Services Fee Schedule, regarding units and benefits limitations, and as specified in the HRSN provider’s contract with the Plan.

Service Type	Service Name	Service Description	Description of Specific code and modifier combination	Code	Modifier 1	Modifier 2

Housing	Housing Navigation – services	Assistance to help an Enrollee experiencing housing instability to access benefits, negotiate with landlords, seek out legal assistance, apply for new housing (if needed), or take other actions in order to help stabilize an Enrollee’s housing situation	N/A	T2050	N/A	N/A
Housing	Housing Navigation - goods	Assistance to help an Enrollee experiencing housing instability to access benefits, negotiate with landlords, seek out legal assistance, apply for new housing (if needed), or take other actions in order to help stabilize a Enrollee’s housing situation	Goods could be housing application fees, background checks, and identification documents related to delivery of Housing Navigation services	T2050	U1	N/A
Housing	Healthy Homes - services	Goods and/or remediation services proven to improve housing conditions related to health needs that are not the responsibility of the housing owner/landlord	Purchase/Delivery/Installation of Healthy Homes Goods	H0044	UC	N/A
Housing	Healthy Homes - services	Goods and/or remediation services proven to improve housing conditions related to health needs that are not the responsibility of the housing owner/landlord	In-home environmental assessment	S9441	U1	N/A
Housing	Healthy Homes - services	Goods and/or remediation services proven to	Coordination with Remediation	S9441	U3	N/A

		improve housing conditions related to health needs that are not the responsibility of the housing owner/landlord	Services Contractors			
Housing	Healthy Homes - goods	Goods and/or remediation services proven to improve housing conditions related to health needs that are not the responsibility of the housing owner/landlord	Allowable Healthy Homes goods that improve the air quality of the housing, allow the member to store and use needed medicine, or allow for improved pest control	H0044	U2	N/A
Housing	Healthy Homes - goods	Goods and/or remediation services proven to improve housing conditions related to health needs that are not the responsibility of the housing owner/landlord	Contracted remediation services	S9441	U2	N/A
Nutrition	Nutritionally Appropriate Food Boxes	Minimally prepared grocery items or a Community Supported Agricultural (CSA) share	N/A	S9977	U7	N/A
Nutrition	Nutritionally Appropriate Food Prescriptions and Vouchers	Nutrition vouchers and grocery store gift cards to procure healthy food	N/A	S9977	U8	N/A
Nutrition	Medically Tailored Home Delivered Meals	Prepared medically tailored meals that reflect appropriate nutritional needs based on defined medical diagnosis and standards reflecting evidence-based practice guidelines, deliver to the Enrollee	N/A	S5170	U6	UA

Nutrition	Nutrition Education - Classes	Provision of nutrition education classes and skills development (e.g., cooking classes as education) for the purposes of meeting the Enrollee's nutritional and dietary needs	Provide Enrollees experiencing Food Insecurity with nutrition education and skills in the form of group classes	S9452	N/A	N/A
Nutrition	Nutrition Education - 1:1 Nutrition Education	Provision of nutrition education classes and skills development (e.g., cooking classes as education) for the purposes of meeting the Enrollee's nutritional and dietary needs	Provide Enrollees experiencing Food Insecurity with nutrition education and skills in the form of 1-on-1 sessions to help an Enrollee meet their nutritional and dietary needs	S9452	U2	N/A
Nutrition	Nutrition Counseling	Provision of nutrition counseling for the purposes of meeting the Enrollee's nutritional and dietary needs	N/A	S9470	U6	N/A
Nutrition	Kitchen Supplies	Provision of and assistance with obtaining cooking supplies (e.g., pots and pans, utensils, refrigerator) to meet the Enrollee's nutritional and dietary needs	N/A	T2028	U1	N/A

Place of service

This policy applies to HRSN Supplemental Services delivered in all settings.

Policy history

Origination date: 01/01/2025 (policy origination)
 Previous revision date(s): N/A

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or

supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply, and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.