



## **Independent Nurse Bulletin 23**

**DATE:** March 2026

**TO:** Independent Nurses Participating in MassHealth

**FROM:** Mike Levine, Undersecretary for MassHealth

**RE:** **Third-Party Liability Requirements for Independent Nurse Providers**

### **Introduction**

This bulletin reminds independent nurse (IN) providers that before billing MassHealth for continuous skilled nursing (CSN) services, they must make diligent efforts to obtain payment first from other resources including, but not limited to, casualty payer payments and commercial insurers so that the MassHealth agency is the payer of last resort.

See [130 CMR 450.316: Third-party Liability: Requirements](#) and [130 CMR 450.317: Third-party Liability: Payment Limitations on Other Health Insurance Claim Submissions](#).

### **Serving MassHealth Members with Commercial Insurance**

Independent nurses who provide CSN services to MassHealth members with commercial insurance must make diligent efforts and seek payment from the commercial insurer before submitting a claim to MassHealth.

IN providers must seek a new coverage determination from a commercial insurer whenever there is

- a new admission; or
- a change in the member's medical condition; or
- a health insurance coverage status, known as a "qualifying event." A qualifying event is defined as any change in a member's condition or circumstance that may trigger a change in insurance coverage. The following list includes some examples of qualifying events that require a coverage determination by a commercial insurer:
  - new CSN services from an independent nurse;
  - new CSN services after discharge from an inpatient hospital or skilled facility stay resulting in a change in the plan of care;
  - new commercial insurance coverage or change of insurer;
  - commencement of annual commercial insurance coverage or other periodic benefit(s);

- reinstatement of insurance benefits; or
- change in the patient's medical condition resulting in a change of the plan of care.

## **Documentation**

### **Payment From Other Resources**

IN providers must document all diligent efforts to obtain payment from other sources and insurance plans for audits.

Specifically:

- If a third-party payer or insurance plan will not reimburse an IN provider for CSN services, the IN must document that the payer will not reimburse the IN.
- If a third-party payer or insurance plan will not contract with an IN provider, the IN must document all efforts to seek a contract and must document the enrollment denial from the insurance plan.

### **Diligent Efforts**

Documentation of an IN provider's diligent efforts must include the following:

- All correspondence with the commercial insurance plan, including the explanation of benefits (EOB) and confirmation that the commercial insurance plan covers CSN services in full or in part.
- If the commercial insurance plan covers CSN services, documentation must include the dollar amount and number of units for which they will provide coverage and evidence of claims submitted by the independent nurse to the commercial insurance plan.
- If the commercial insurance plan does not cover CSN services or will not contract with the independent nurse, documentation must include:
  - an explanation of benefits which demonstrates the commercial insurer does not cover CSN services or that the applicable services have been exhausted;
  - denial of claims due to noncoverage of services; and
  - written confirmation from the commercial insurer stating they will not contract with the independent nurse provider.
- If the member experienced a qualifying event as described in this bulletin, documentation must include records that demonstrate the independent nurse sought coverage again from the commercial insurance plan.

### **Record Retention**

IN providers must maintain records of any documentation from a member's commercial insurer in a separate file and must maintain those records for a minimum of six years after the date of medical services for which claims are made or the date services were prescribed. This is in accordance with 130 CMR 450.205(G).

## Noncompliance

Failure to comply with the provisions of 130 CMR 450.316, 130 CMR 450.317, or this bulletin may subject an IN provider to sanctions and liability for overpayments as determined by the MassHealth agency in accordance with 130 CMR 450.235 through 450.240.

## Questions

If you have questions about the information in this bulletin, please contact us.

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