
CMS Manual System

Pub. 100-01 Medicare General Information, Eligibility, and Entitlement

Department of Health & Human Services (DHHS)
Centers for Medicare & Medicaid Services (CMS)

Transmittal 35

Date: FEBRUARY 10, 2006

CHANGE REQUEST 4218

SUBJECT: Revisions to Instructions for Contractors Other Than the Religious Nonmedical Health Care Institution (RNHCI) Specialty Contractor Regarding Claims for Beneficiaries with RNHCI Elections

I. SUMMARY OF CHANGES: This transmittal removes coverage related information regarding religious nonmedical health care institution (RNHCI) services. This information has been relocated to Pub. 100-02, Medicare Benefit Policy Manual, Chapter 1.

NEW/REVISED MATERIAL - EFFECTIVE DATE: May 11, 2006

***IMPLEMENTATION DATE: May 11, 2006**

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (R = REVISED, N = NEW, D = DELETED)

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	5/Table of Contents
R	5/40/Religious Nonmedical Health Care Institution Defined
D	5/40.1/Beneficiary Eligibility
D	5/40.2/Election
D	5/40.2.1/Revocation of Election
D	5/40.2.2/Election after Revocation
D	5/40.3/Beneficiary Liability
D	5/40.4/Qualifying Provisions for a Provider

***III. FUNDING:**

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	Manual Instruction
	Confidential Requirements
	One-Time Notification
	Recurring Update Notification

***Medicare contractors only**

Unless otherwise specified, the effective date is the date of service.

Medicare General Information, Eligibility, and Entitlement

Chapter 5 - Definitions

Table of Contents
(Rev. 35, 02-10-06)

40 - Religious Nonmedical Health Care Institution Defined

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(Rev. 35, Issued: 02-10-06; Effective/Implementation Dates: 05-11-06)

In order for a Medicare or Medicaid provider to meet the definition of an RNHCI, it must satisfy the ten qualifying provisions as contained in Section 1861(ss)(1) of the Act. Section 1861(ss)(1) of the Act states that an RNHCI means an institution that:

- 1. Is described in Subsection (c)(3) of Section 501 of the Internal Revenue Code of 1986 and is exempt from taxes under Subsection (a) of that section. The inability to either gain or retain this status will disqualify an institution from participation as an RNHCI.*
- 2. Is lawfully operated under all applicable Federal, State, and local laws and regulations. Federal law supersedes State and local laws unless the State and local requirements are more stringent than the Federal requirements.*
- 3. Furnishes only nonmedical nursing items and services to patients who choose to rely solely upon a religious method of healing and for whom the acceptance of medical services would be inconsistent with their religious beliefs. Medicare does not cover the religious component of the healing.*
- 4. Furnishes nonmedical items and services exclusively through nonmedical nursing personnel who are experienced in caring for the physical needs of these patients. This care frequently involves: assistance in moving, turning, positioning, and ambulation; meeting nutritional needs; and comfort and support measures.*
- 5. Furnishes nonmedical items and services to inpatients on a 24-hour basis.*
- 6. Does not furnish, on the basis of its religious beliefs, through its personnel or otherwise, medical items and services (including any medical screening, examination, diagnosis, prognosis, treatment, or the administration of drugs) for its patients.*
- 7. Is not owned by, under common ownership with, or has an ownership interest of 5 percent or more in, a provider of medical treatment or services, and is not affiliated with a provider of medical treatment or services, or with an individual who has an ownership interest of 5 percent or more in, a provider of medical treatment or services. For purposes of this requirement, an affiliation does not exist in the circumstances described in Section 1861(ss)(4) of the Act or 42 CFR 403.738(c).*
- 8. Has in effect a utilization review plan that:*
 - Provides for review of admissions to the institution, of the duration of stays, of cases of continuous extended duration, and of the items and services furnished by the institution;*
 - Requires that the reviews be made by an appropriate committee of the institution that includes the individuals responsible for overall administration and for supervision of nursing personnel at the institution;*
 - Provides that records be maintained of the meetings, decisions, and actions of the committee; and*
 - Meets other requirements as the Secretary finds necessary to establish an effective utilization review plan.*

9. Provides information the Secretary may require to implement Section 1821 of the Act, including information relating to quality of care and coverage determinations.

10. Meets other requirements the Secretary finds necessary in the interest of the health and safety of individuals who are furnished services in the institution. These requirements include the conditions of participation in 42 CFR 403, Subpart G. An RNHCI must meet or exceed the conditions of participation in order to qualify as a Medicare provider. The RNHCI must also have a valid provider agreement with CMS.