CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 11963	**Date: April 20, 2023**
	Change Request 13108

SUBJECT: Religious Nonmedical Health Care Institution Provisions of the Consolidated Appropriations Act (CAA) of 2023

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to implement section 4138 of the CAA, which includes COVID-19 vaccine services in the definition of 'excepted services' under the Religious Nonmedical Health Care Institution benefit.

EFFECTIVE DATE: October 1, 2023 - Claims processed on or after this date.
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 2, 2023

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. 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: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	3/180/Processing Claims For Beneficiaries With RNHCI Elections by Contractors Without RNHCI Specialty Workloads

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Business Requirements
Manual Instruction

Attachment - Business Requirements

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I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to provide implementing instructions for section 4138 of the Consolidated Appropriations Act of 2023, entitled Remedying Election Revocations Relating To Administration of COVID–19 Vaccines. This section revises the definition of 'excepted services' under the Religious Nonmedical Health Care Institution (RNHCI) benefit to include COVID-19 vaccines and their administration. As 'excepted services,' COVID-19 vaccine claims will not cause a beneficiary's RNHCI benefit election to be revoked. The claim will be processed as excepted and the RNHCI election record on the Common Working File (CWF) will remain open.

B. Policy: Medicare contractors shall process claims for COVID-19 vaccines and their administration as 'excepted services' for purposes of the Religious Nonmedical Health Care Institution benefit.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13108.1	The contractor shall treat claims containing only COVID-19 vaccine services as "excepted services" if the claim overlaps an RNHCI election period. The COVID-19 vaccine service claim shall be accepted and the RNHCI election period shall not be revoked. Note: Claims with COVID-19 vaccine services and other covered services shall still be rejected for a determination of whether the other covered services are excepted or nonexcepted services.								X	
13108.1.1	The contractor shall identify COVID-19 vaccine services from the existing COVID file. Note: This is to ensure existing placeholder codes are handled correctly in the future.								X	

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
13108.2	The contractor shall ensure that edit enforcing the 1 year waiting period for RNCHI re-elections can be overridden.								X	
13108.3	The contractor shall ensure that edit enforcing the 5 year waiting period for RNCHI re-elections can be overridden.								X	
13108.4	The contractor shall create a HICR correction process to update RNHCI election periods, so that election dates or revocation dates can be altered or removed.								X	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
13108.5	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the "MLN Connects" listserv to get MLN content notifications. You don't need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	X				

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements:

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
.3	This is CWF edit 5184.

X-Ref Requirement Number	Recommendations or other supporting information:
.2	This is CWF edit 5183. The overrides in BRs .2 and .3 are being added as a precaution against unexpected circumstances that may arise in the future. MACs will only apply overrides to these edits when directed in writing by CMS.
.1	This requirement revises the set conditions of CWF edit 5189.

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Wil Gehne, wilfried.gehne@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

180 - Processing Claims For Beneficiaries With RNHCI Elections by Contractors Without RNHCI Specialty Workloads

(Rev.11963, Issued:04-20-23, Effective: 10-01-23, Implementation, 10-02-23)

While elections and claims for RNHCI services are processed by the Medicare contractor with RNHCI specialty workload, all Medicare contractors (below 'non-specialty contractors') must understand the nature and purpose of the RNHCI election and the definitions of excepted and non-excepted care defined in Pub. 100-02, Medicare Benefit Policy Manual, Chapter 1, Section 130. Non-specialty contractors may find it advisable to have an identified specialist (or specialists) familiar with excepted and nonexcepted care used in the review of beneficiaries with RNHCI elections, since this process is so unlike other Medicare claims processes.

Beneficiaries may revoke their RNHCI election by submitting a written revocation request to Medicare, but this is rare. Far more commonly, beneficiaries revoke the election simply by receiving nonexcepted medical services and requesting Medicare payment for those services. Any non-specialty contractor may receive a claim for services for a beneficiary with an RNHCI election currently in place. This section provides instructions to non-specialty contractors for the handling of such claims.

Upon receipt of a claim for payment, non-specialty contractors will not be aware that the beneficiary has an RNHCI election in place and will process the claim normally to the point of transmitting the claim to CWF. The CWF searches beneficiary records for all claims to determine whether an RNHCI election is found. If an election is found, CWF takes one of two actions on a claim for non-RNHCI services:

- If the claim is for DME, or prosthetic/orthotic devices, CWF will accept the DMEPOS claim and revoke the RNHCI election. All DMEPOS claims are treated as nonexcepted medical care.

- *If the claim is for COVID-19 vaccine services and no other covered services, CWF will accept the claim and leave the RNCHI election in place. All COVID-19 vaccines and their administrations are treated as excepted medical care.*

- If the claim is for any other Medicare covered services, CWF initially rejects it to the non-specialty contractor. The non-specialty contractor must determine whether the care was excepted or nonexcepted. The claim must never be automatically denied. The RNHCI election revocation does not interfere with the beneficiary's ability to seek other Medicare services within the limits of their Medicare coverage.

The process for non-specialty contractors to follow in responding to this CWF edit is unique among Medicare claims processes. A determination must be made whether the beneficiary's RNHCI election should be revoked. Therefore, unlike other CWF rejects which are processed in an automated fashion, claims rejected by CWF due to the presence of an RNHCI election must be suspended and developed to determine if the beneficiary received excepted care.

At differing points in time, this review consisted of a request for medical records or a series of telephone contacts but these methods were found too workload intensive. In response to a CWF reject due to the presence of an RNHCI election, non-specialty contractors must issue a simple development letter asking the provider of services to respond in a yes or no fashion to three questions:

- Whether the beneficiary paid for the services out of pocket in lieu of requesting payment from Medicare;

- Whether the beneficiary was unable to make his/her beliefs and wishes known before receiving the services that have been billed; and

- Whether, for a vaccination service, the vaccination performed was required by a government jurisdiction.

Each non-specialty contractor may develop the wording and format of this letter based on their experience effectively communicating with their community of providers.

The purpose for this development letter is to determine whether the care received is excepted (leaving the election intact) or whether it is nonexcepted (causing a revocation of the RNHCI election). Provider responses of 'No' to all questions in the letter will determine that the services are found to be non-excepted care. Provider responses of 'Yes' to the questions regarding inability to make beliefs known or regarding required vaccinations will determine that the services are found to be excepted care. Unless reasons to deny these claims are found during the course of claims processing, these claim will normally be paid. A provider response of 'Yes' to the question regarding the beneficiary's paying out of pocket will determine that the services are found to be excepted care, but the claim for payment for medical care must be denied. The claim must be denied because the beneficiary has not made a request for Medicare payment. The beneficiary has accepted liability for these services in order to protect their RNHCI election.

Once the non-specialty contractor makes this determination of whether the care is excepted or nonexcepted, the claim record is annotated accordingly (see section 180.1 below) and returned to CWF. The claim will be approved for payment and if the care was found to be nonexcepted CWF will cause the beneficiary's RNHCI election to be revoked.

In the event that the provider does not reply timely to the development letter, non-specialty contractors must make an excepted/nonexcepted determination based on the evidence presented by the claim itself. Non-specialty contractors shall apply the same timeliness standard to these responses as to all other documentation requests. If the claim contains durable medical equipment or prosthetic/orthotic devices, the non-specialty contractor may make a determination of nonexcepted care on that basis alone. All such claims are treated as nonexcepted care. For all other claims, non-specialty contractor staff with a clinical background must make their best determination based on the diagnoses and procedures reported on the claim whether the services were excepted or nonexcepted care. In cases where the determination cannot be made with certainty but there is some reason to suspect services were nonexcepted care, the non-specialty contractor shall make a determination of nonexcepted care and annotate the claim record accordingly. Determinations must be made within the earlier of 30 days of receipt of the provider's response or 30 days of the end of the timely response period.

The importance of the development of these claims lies in its effect on the beneficiary. If the claim for medical care is denied improperly based on the presence of the RNHCI election, the beneficiary will incur liability in error and may experience financial hardship. Similarly, it is important that the review result in accurate determinations of nonexcepted care since repeated revocations of this benefit can have an impact on the beneficiary's right to access the RNHCI benefit in the future.