Medical Policy: RELIGIOUS NONMEDICAL HEALTHCARE INSTITUTION (RNHCI)

Benefit Type: Medicare

Original Date: Sept. 3, 2026 | **Last Review Date:** Sept. 3, 2026 | **Effective Date:** Sept. 3, 2026

Policy Statement

In accordance with Medicare, it is the policy of Gold Coast Health Plan Total Care Advantage (HMO D-SNP) to include Medicare covered religious nonmedical healthcare Institution (RNHCI) for all Total Care Advantage eligible beneficiaries following evidence-based guidelines with prior authorization.

Purpose

To provide guidance related to the coverage of medically necessary services administer in a RNHCI.

Health Equity Statement

Total Care Advantage is committed to the vision in which all Californians equitably benefit from resources and systems that give everyone the opportunity to achieve their optimal health, resulting in communities that thrive.

Total Care Advantage adopts the American Medical Association (AMA) and the state Department of Health Care Services DHCS commitments to whole-person centered, evidence-based and integrated strategies to advance health equity, addressing social and structural drivers of health. Decisions are therefore based on the evidence-based criteria as well as considerations of the member's social and structural drivers of health, and considerations that the decisions create no harm nor exacerbate existing harms.[1, 2]

Definitions

Excepted Medical Treatment: Any care or treatment that is not voluntary and is required under federal, state, or local law.

Non-excepted Medical Treatment: Any care or treatment that is voluntary and not required by any federal, state, or local law.

Religious Nonmedical Healthcare Institution (RNHCI): Extended care hospitals (inpatient or posthospital), certified by Medicare, that furnish nonmedical nursing items and services to individuals 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.

Coverage

1. The beneficiary must have a valid election for RNHCI services and would otherwise qualify for care in a conventional hospital or post hospital extended care facility that was not a religious nonmedical health care institution.
   a. Signed document indicating the Member is against getting medical treatment that's "non-excepted."
2. RNHCI coverage is treated as a Total Care Advantage in-network benefit, which requires coverage and coordination of medically necessary Medicare Part A inpatient covered services.

3. Coverage for up to 90 days per benefit period from a religious non-medical health care provider at the same cost of an inpatient hospital stay. See the benefits chart in Chapter 4 for more information.
4. Total Care Advantage does not cover religious aspects of care.

Religious Nonmedical Healthcare Institutions

1. For additional information about Religious Nonmedical Healthcare Institutions and the CMS certification processes, refer to the CMS website at https://www.cms.gov/medicare/health-safety-standards/certification-compliance/religious-nonmedical-health-care-institutions

References

1. American Medical Association (AMA). (2023, December 21). AMA Center for Health Equity Mission and Guiding Principles.
2. Department of Health Care Services (DHCS) Comprehensive Quality Strategy. (PDF).
3. GCHP Total Care Advantage (HMO D-SNP) Member Handbook
4. 42 CFR § 422.112(a)(1)(iii)
5. 42 CFR Part 403 Subpart G
6. Medicare Benefit Policy Manual Chapter 1 - Inpatient Hospital Services Covered Under Part A
7. Religious Nonmedical Health Care Institutions

Disclaimer

Guidelines provide references identified at the time of review. New guidelines or medical literature may emerge and/or been published. Treating health care professionals are solely responsible for diagnosis, treatment and medical guidance. Total Care Advantage regularly reviews and updates these guidelines to provide the most current information.

History

CREDENTIALING PEER REVIEW COMMITTEE (C/PRC) GUIDELINE HISTORY			
Adopted By CPRC	**Reapproved**	**Revised**	**Retired**
Sept. 3, 2026			