

Table of Contents

18.01.06 - Rule to Implement Uniform Coverage for Newborn and Newly Adopted Children

000. Legal Authority.	2
001. Title And Scope.	2
002. Written Interpretations.	2
003. Administrative Appeals.	2
004. Incorporation By Reference.	2
005. Office -- Office Hours -- Mailing Address, Street Address And Web Site.	2
006. Public Records Act Compliance.	2
007. -- 009. (Reserved).	2
010. Definitions.	2
011. Coverage Requirements.	3
012. Notification And Payment Requirments.	3
013. Portability.	4
014. -- 999. (Reserved).	4

**IDAPA 18
TITLE 01
CHAPTER 06**

**18.01.06 - RULE TO IMPLEMENT UNIFORM COVERAGE
FOR NEWBORN AND NEWLY ADOPTED CHILDREN**

000. LEGAL AUTHORITY.

This rule is promulgated and adopted pursuant to the authority vested in the Director under Title 41, Chapter 2, Idaho Code. (4-2-08)

001. TITLE AND SCOPE.

01. Title. This Rule shall be cited in full as Idaho Department of Insurance Rule IDAPA 18.01.06, "Rule to Implement Uniform Coverage for Newborn and Newly Adopted Children." (4-2-08)

02. Scope. This rule sets forth uniform requirements to be followed by health plans providing coverage to newborn and newly adopted children in accordance with Sections 41-2140, 41-2210, 41-3437, 41-3923, 41-4023 and 41-4123, Idaho Code. (4-2-08)

002. WRITTEN INTERPRETATIONS.

In accordance with Section 67-5201(19)(b)(iv), Idaho Code, this agency may have written statements which pertain to the interpretation of the rules of the chapter, or to the documentation of compliance with the rules of this chapter. These documents will be available for public inspection and copying at cost in the main office and each regional or district office of this agency. (4-2-08)

003. ADMINISTRATIVE APPEALS.

All administrative appeals shall be governed by Chapter 2, Title 41, Idaho Code, and the Idaho Administrative Procedure Act, Title 67, chapter 52, Idaho Code, and IDAPA 04.11.01, "Idaho Rules of Administrative Procedure of the Attorney General." (4-2-08)

004. INCORPORATION BY REFERENCE.

There are no documents incorporated by reference. (4-2-08)

005. OFFICE -- OFFICE HOURS -- MAILING ADDRESS, STREET ADDRESS AND WEB SITE.

01. Office Hours. The Department of Insurance is open from 8 a.m. to 5 p.m. except Saturday, Sunday and legal holidays. (4-2-08)

02. Mailing Address. The department's mailing address is: Idaho Department of Insurance, P.O. Box 83720, Boise, ID 83720-0043. (4-2-08)

03. Street Address. The principal place of business is 700 West State Street, 3rd Floor, Boise, Idaho 83702-0043. (4-2-08)

04. Web Site Address. The department's web address is <http://www.doi.idaho.gov>. (4-2-08)

006. PUBLIC RECORDS ACT COMPLIANCE.

Any records associated with these rules are subject to the provisions of the Idaho Public Records Act, Title 9, Chapter 3, Idaho Code. (4-2-08)

007. -- 009. (RESERVED).

010. DEFINITIONS.

As used in this chapter the following terms shall have the following meanings. (4-2-08)

01. Congenital Anomaly. "Congenital anomaly" means a condition existing at or from birth that is a significant deviation from the common form or function of the body, whether caused by a hereditary or

developmental defect or disease. For the purposes of this chapter, the term significant deviation is defined to be a deviation which impairs the function of the body and includes but is not limited to the conditions of cleft lip, cleft palate, webbed fingers or toes, sixth toes or fingers, or defects of metabolism and other conditions that are medically diagnosed to be congenital anomalies. (4-2-08)

02. Health Plan. “Health plan” means any type of benefit plan or contract of coverage that is subject to the requirements of Sections 41-2140, 41-2210, 41-3437, 41-3923, 41-4023 or 41-4123, Idaho Code. (4-2-08)

03. Health Plan Member. “Health plan member” means a person entitled to benefits as a member, subscriber or insured under a health plan and who, under the terms of the health plan contract, may add dependents for coverage under the health plan. (4-2-08)

04. Newborn Child. “Newborn child” means: (4-2-08)

a. A child born to a health plan member and added to the health plan as a newborn dependent in accordance with the terms of the health plan contract; or (4-2-08)

b. An adopted newborn child placed with the adopting health plan member within sixty (60) days of birth and added to the adopting health plan member’s health plan as a newborn dependent in accordance with the terms of the health plan contract. (4-2-08)

05. Newly Adopted Child. “Newly adopted child” means a child under the age of 18 who is placed with the adopting health plan member more than sixty (60) days after the child’s birth and added to the adopting health plan member’s health plan as a dependent in accordance with the terms of the health plan contract. (4-2-08)

06. Placed. “Placed” means physical placement in the care of the adopting health plan member. If physical placement is prevented due to the medical needs of the child, “placed” means the date the adopting health plan member signs an agreement for adoption of the child and assumes financial responsibility for the child. (4-2-08)

011. COVERAGE REQUIREMENTS.

01. Coverage of Newborn and Newly Adopted Children. A health plan subject to this chapter shall provide coverage to: (4-2-08)

a. A newborn child of a health plan member from the moment of birth; or (4-2-08)

b. A newly adopted child of a health plan member from the date the child is placed with the adopting health plan member. (4-2-08)

02. Coverage Requirements. Coverage of newborn and newly adopted children shall be at least equivalent to the coverage afforded other health plan members under the health plan and shall also include, but not be limited to, coverage for the medically necessary care and treatment of congenital anomalies. (4-2-08)

03. Pre-Existing Conditions. A health plan may not apply a pre-existing condition exclusion to a newborn or newly adopted child. (4-2-08)

04. Cosmetic Surgery. A health plan may not exclude as cosmetic surgery reconstructive surgery for congenital anomalies of a covered dependent child entitled to congenital anomaly coverage under this chapter. (4-2-08)

05. Limitations on Coverage for Congenital Anomalies. A health plan may apply exclusions, requirements or benefit limitations, including cost sharing requirements, to coverage for congenital anomalies that are consistent with the requirements of this rule and no more restrictive than exclusions, requirements or benefit limitations applied to coverage for similar treatments, conditions and services provided under the health plan. (4-2-08)

012. NOTIFICATION AND PAYMENT REQUIREMENTS.

01. Notification and Payment. (4-2-08)

a. If notice and payment of additional premium are required for dependent coverage under the health plan contract, the contract may require notice of birth, placement or adoption and payment of required premium as a condition of coverage for newborn and newly adopted children. The notification period shall be not less than sixty (60) days from the date of birth for a newborn child or, for newly adopted children, sixty (60) days from the earlier of the date of adoption or placement for adoption. The due date for payment of any additional premium, if required, shall be not less than thirty-one (31) days following receipt by the health plan member of a billing for the required premium. (4-2-08)

b. All requirements for notice and payment of premium applied by the health plan for the enrollment of newborn or newly adopted children shall be clearly set forth in the health plan contract and provided to the health plan members in a manner reasonably calculated to provide notice to the members of the requirements. (4-2-08)

c. If the health plan member fails to provide the required notification, or make the required premium payment, the health plan may decline to enroll a dependent child as a newborn or newly adopted child, but shall treat a newborn or newly adopted child no less favorably than it treats other applicants who seek coverage at a time other than when the applicant was first eligible to apply for coverage. (4-2-08)

013. PORTABILITY.

The coverage provided by this chapter applies to any subsequent health plan that is issued providing coverage to the newborn or newly adopted child. If there is a break in coverage that exceeds sixty-three (63) days, the health plan may treat a congenital anomaly as a pre-existing condition and apply pre-existing condition exclusions as allowed under the applicable state and federal laws. (4-2-08)

014. -- 999. (RESERVED).

Subject Index

C

Congenital Anomaly 2
Cosmetic Surgery 3
Coverage Requirements 3
Coverage of Newborn & Newly
Adopted Children 3

D

Definitions 2

H

Health Plan 3
Health Plan Member 3

L

Limitations on Coverage for Congenital
Anomalies 3

N

Newborn Child 3
Newly Adopted Child 3
Notification & Payment 4
Notification & Payment
Requirements 3

P

Placed 3
Portability 4
Pre-Existing Conditions 3