§ 150.461

(b) Certification of administrative record. CMS promptly certifies and files with the court the record upon which the penalty was assessed.

(c) Standard of review. The findings of CMS and the ALJ may not be set aside unless they are found to be unsupported by substantial evidence, as provided by 5 U.S.C. 706(2)(E).

§ 150.461 Failure to pay assessment.

If any entity fails to pay an assessment after it becomes a final order, or after the court has entered final judgment in favor of CMS, CMS refers the matter to the Attorney General, who brings an action against the entity in the appropriate United States district court to recover the amount assessed.

§ 150.463 Final order not subject to review.

In an action brought under §150.461, the validity and appropriateness of the final order described in §150.459 is not subject to review.

§ 150.465 Collection and use of penalty funds.

(a) Any funds collected under §150.461 are paid to CMS.

(b) The funds are available without appropriation until expended.

(c) The funds may be used only for the purpose of enforcing the PHS Act requirements for which the penalty was assessed.

[64 FR 45795, Aug. 20, 1999, as amended at 78 FR 13440, Feb. 27, 2013]

PART 151 [RESERVED]

PART 152—PRE-EXISTING CONDITION INSURANCE PLAN PROGRAM

Subpart A—General Provisions

Sec.
152.1 Statutory basis.
152.2 Definitions.

Subpart B—PCIP Program Administration

152.6 Program administration.
152.7 PCIP proposal process.

Subpart C—Eligibility and Enrollment

152.14 Eligibility.

§ 152.1 Statutory basis.

(a) Basis. This part establishes provisions needed to implement section 1101 of the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act), which requires the Secretary of the Department of Health and Human Services to establish a temporary high risk health insurance pool program to provide health insurance coverage for individuals described in §152.14 of this part.

(b) Scope. This part establishes standards and sets forth the requirements, limitations, and procedures for the temporary high risk health insurance pool program, hereafter referred to as the “Pre-Existing Condition Insurance Plan” (PCIP) program.

SOURCE: 75 FR 45029, July 30, 2010, unless otherwise noted.

Subpart A—General Provisions

§ 152.15 Enrollment and disenrollment process.

Subpart D—Benefits

152.19 Covered benefits.
152.20 Prohibitions on pre-existing condition exclusions and waiting periods.
152.21 Premiums and cost-sharing.
152.22 Access to services.

Subpart E—Oversight

152.26 Appeals procedures.
152.27 Fraud, waste, and abuse.
152.28 Preventing insurer dumping.

Subpart F—Funding

152.32 Use of funds.
152.33 Initial allocation of funds.
152.34 Reallocation of funds.
152.35 Insufficient funds.

Subpart G—Relationship to Existing Laws and Programs

152.39 Maintenance of effort.
152.40 Relation to State laws.

Subpart H—Transition to Exchanges

152.44 End of PCIP program coverage.
152.45 Transition to the exchanges.

AUTHORITY: Sec. 1101 of the Patient Protection and Affordable Care Act (Pub. L. 111–148).

SOURCE: 75 FR 45029, July 30, 2010, unless otherwise noted.