

Pt. 150

date of the award agreeing to the terms and conditions of the award letter.

[68 FR 23414, May 2, 2003, as amended at 72 FR 41238, July 27, 2007]

PART 149 [RESERVED]

PART 150—CMS ENFORCEMENT IN GROUP AND INDIVIDUAL INSURANCE MARKETS

Subpart A—General Provisions

Sec.

- 150.101 Basis and scope.
- 150.103 Definitions.

Subpart B—CMS Enforcement Processes for Determining Whether States Are Failing To Substantially Enforce HIPAA Requirements

- 150.201 State enforcement.
- 150.203 Circumstances requiring CMS enforcement.
- 150.205 Sources of information triggering an investigation of State enforcement.
- 150.207 Procedure for determining that a State fails to substantially enforce HIPAA requirements.
- 150.209 Verification of exhaustion of remedies and contact with State officials.
- 150.211 Notice to the State.
- 150.213 Form and content of notice.
- 150.215 Extension for good cause.
- 150.217 Preliminary determination.
- 150.219 Final determination.
- 150.221 Transition to State enforcement.

Subpart C—CMS Enforcement With Respect to Issuers and Non-Federal Governmental Plans—Civil Money Penalties

- 150.301 General rule regarding the imposition of civil money penalties.
- 150.303 Basis for initiating an investigation of a potential violation.
- 150.305 Determination of entity liable for civil money penalty.
- 150.307 Notice to responsible entities.
- 150.309 Request for extension.
- 150.311 Responses to allegations of non-compliance.
- 150.313 Market conduct examinations.
- 150.315 Amount of penalty—General.
- 150.317 Factors CMS uses to determine the amount of penalty.
- 150.319 Determining the amount of the penalty—mitigating circumstances.
- 150.321 Determining the amount of penalty—aggravating circumstances.
- 150.323 Determining the amount of penalty—other matters as justice may require.

45 CFR Subtitle A (10–1–07 Edition)

- 150.325 Settlement authority.
- 150.341 Limitations on penalties.
- 150.343 Notice of proposed penalty.
- 150.345 Appeal of proposed penalty.
- 150.347 Failure to request a hearing.

Subpart D—Administrative Hearings

- 150.401 Definitions.
- 150.403 Scope of ALJ's authority.
- 150.405 Filing of request for hearing.
- 150.407 Form and content of request for hearing.
- 150.409 Amendment of notice of assessment or request for hearing.
- 150.411 Dismissal of request for hearing.
- 150.413 Settlement.
- 150.415 Intervention.
- 150.417 Issues to be heard and decided by ALJ.
- 150.419 Forms of hearing.
- 150.421 Appearance of counsel.
- 150.423 Communications with the ALJ.
- 150.425 Motions.
- 150.427 Form and service of submissions.
- 150.429 Computation of time and extensions of time.
- 150.431 Acknowledgment of request for hearing.
- 150.435 Discovery.
- 150.437 Submission of briefs and proposed hearing exhibits.
- 150.439 Effect of submission of proposed hearing exhibits.
- 150.441 Prehearing conferences.
- 150.443 Standard of proof.
- 150.445 Evidence.
- 150.447 The record.
- 150.449 Cost of transcripts.
- 150.451 Posthearing briefs.
- 150.453 ALJ decision.
- 150.455 Sanctions.
- 150.457 Review by Administrator.
- 150.459 Judicial review.
- 150.461 Failure to pay assessment.
- 150.463 Final order not subject to review.
- 150.465 Collection and use of penalty funds.

AUTHORITY: Secs. 2701 through 2763, 2791, and 2792 of the PHS Act (42 U.S.C. 300gg through 300gg-63, 300gg-91, and 300gg-92).

SOURCE: 64 FR 45795, Aug. 20, 1999, unless otherwise noted.

Subpart A—General Provisions

§ 150.101 Basis and scope.

(a) *Basis.* CMS's enforcement authority under sections 2722 and 2761 of the PHS Act and its rulemaking authority under section 2792 of the PHS Act provide the basis for issuing regulations under this part 150.

(b) *Scope—(1) Enforcement with respect to group health plans.* The provisions of