

## Department of Health and Human Services

## § 152.2

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 HIPAA requirements for which the penalty was assessed.

## PART 151 [RESERVED]

## PART 152—PRE-EXISTING CONDITION INSURANCE PLAN PROGRAM

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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.

## Subpart A—General Provisions

### § 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.

### § 152.2 Definitions.

For purposes of this part the following definitions apply:

*Creditable coverage* means coverage of an individual as defined in section 2701(c)(1) of the Public Health Service Act as of March 23, 2010 and 45 CFR 146.113(a)(1).

*Enrollee* means an individual receiving coverage from a PCIP established under this section.