

## § 422.758

money penalties on the MA organization in the amounts specified in § 422.758 in addition to, or in place of, the sanctions that CMS may impose under paragraph (c) of this section.

[63 FR 35113, June 26, 1998, as amended at 68 FR 50859, Aug. 22, 2003; 70 FR 4741, Jan. 28, 2005]

### § 422.758 Maximum amount of civil money penalties imposed by CMS.

If CMS makes a determination under § 422.510(a), as described in § 422.752(b) excepting those determinations under § 422.510(a)(4), CMS may impose civil money penalties in addition to, or in place of, the sanctions that CMS may impose under § 422.756(c) in the following amounts:

(a) If the deficiency on which the determination is based has directly adversely affected (or has the substantial likelihood of adversely affecting) one or more Medicare Advantage enrollees—up to \$25,000 for each determination.

(b) For each week that a deficiency remains uncorrected after the week in which the Medicare Advantage organization receives CMS' notice of the determination—up to \$10,000.

(c) If CMS makes a determination that a MA organization has terminated its contract other than in a manner described under § 422.512 and that the MA organization has therefore failed to substantially carry out the terms of the contract—\$250 per Medicare enrollee from the terminated MA plan or plans at the time the MA organization terminated its contract, or \$100, 000, whichever is greater.

[69 FR 78338, Dec. 30, 2004, as amended at 70 FR 4741, Jan. 28, 2005]

### § 422.760 Other applicable provisions.

The provisions of section 1128A of the Act (except subsections (a) and (b)) apply to civil money penalties under this subpart to the same extent that they apply to a civil money penalty or procedure under section 1128A of the Act.

## 42 CFR Ch. IV (10–1–06 Edition)

### PART 423—VOLUNTARY MEDICARE PRESCRIPTION DRUG BENEFIT

#### Subpart A—General Provisions

Sec.

423.1 Basis and scope.

423.4 Definitions.

423.6 Cost-Sharing in beneficiary education and enrollment-related costs.

#### Subpart B—Eligibility and Enrollment

423.30 Eligibility and enrollment.

423.32 Enrollment process.

423.34 Enrollment of full-benefit dual eligibles

423.36 Disenrollment process

423.38 Enrollment periods.

423.40 Effective dates.

423.44 Involuntary disenrollment by PDP.

423.46 Late enrollment penalty.

423.48 Information about Part D.

423.50 Approval of marketing materials and enrollment forms.

423.56 Procedures to determine and document creditable status of prescription drug coverage.

#### Subpart C—Benefits and Beneficiary Protections

423.100 Definitions.

423.104 Requirements related to qualified prescription drug coverage.

423.112 Establishment of prescription drug plan service areas.

423.120 Access to covered Part D drugs.

423.124 Special rules for out-of-network access to covered Part D drugs at out-of-network pharmacies.

423.128 Dissemination of Part D plan information.

423.132 Public disclosure of pharmaceutical prices for equivalent drugs.

423.136 Privacy, confidentiality, and accuracy of enrollee records.

#### Subpart D—Cost Control and Quality Improvement Requirements

423.150 Scope.

423.153 Drug utilization management, quality assurance, and medication therapy management programs (MTMPs).

423.156 Consumer satisfaction surveys.

423.159 Electronic prescription drug program.

423.160 Standards for electronic prescribing.

423.162 Quality improvement organization activities.

423.165 Compliance deemed on the basis of accreditation.

423.168 Accreditation organizations.

423.171 Procedures for approval of accreditation as a basis for deeming compliance.