

of dual eligibility/entitlement after February 1992 and before August 10, 1993. Except as provided in paragraph (b)(4) of this section, if the first month of ESRD-based eligibility or entitlement and first month of dual eligibility/entitlement were after February 1992 and before August 10, 1993, Medicare—

(i) Is primary payer from the first month of dual eligibility/entitlement through August 9, 1993;

(ii) Is secondary payer from August 10, 1993, through the 18th month of ESRD-based eligibility or entitlement; and

(iii) Again becomes primary payer after the 18th month of ESRD-based eligibility or entitlement.

(3) *First month of ESRD-based eligibility or entitlement after February 1992 and first month of dual eligibility/entitlement after August 9, 1993.* Except as provided in paragraph (b)(4) of this section, if the first month of ESRD-based eligibility or entitlement is after February 1992, and the first month of dual eligibility/entitlement is after August 9, 1993, the rules of § 411.162(b) and (c) apply; that is, Medicare—

(i) Is secondary payer during the first 18 months of ESRD-based eligibility or entitlement; and

(ii) Becomes primary after the 18th month of ESRD-based eligibility or entitlement.

* * * * *

§ 411.172 [Corrected]

4. In § 411.172, paragraph (b) is revised to read as follows:

* * * * *

(b) *Special rule for multi-employer plans.* The requirements and limitations of paragraph (a) of this section and of (a)(2)(iii) of § 411.170 do not apply with respect to individuals enrolled in a multi-employer plan if—

(1) The individuals are covered by virtue of current employment status with an employer that has fewer than 20 employees; and

(2) The plan requests an exception and identifies the individuals for whom it requests the exception as meeting the conditions specified in paragraph (b)(1) of this section.

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(Catalog of Federal Domestic Assistance Program No. 93.773, Medicare—Hospital Insurance; and Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: October 13, 1995.

Neil J. Stillman,

Deputy Assistant Secretary for Information Resources Management.

[FR Doc. 95-25840 Filed 10-17-95; 8:45 am]

BILLING CODE 4120-01-P

42 CFR Part 414

[BPD-830-F]

Medicare Program: Authority Citations; Technical Amendments

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Technical Amendment.

SUMMARY: A final rule with comment period published on September 29 at 60 FR 50439 revised the authority citations of most of the Medicare rules and also made a nomenclature change in 42 CFR Part 414. In developing the document, we overlooked two of the sections that require the nomenclature change. This technical amendment corrects that oversight.

DATES: Effective date: This rule is effective as of September 29, 1995.

FOR FURTHER INFORMATION CONTACT: Luisa V. Iglesias (202) 690-6383.

SUPPLEMENTARY INFORMATION:

List of Subjects in 42 CFR Part 414

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR Part 414 is amended as set forth below.

1. The authority citation for part 414 continues to read as follows:

PART 414—[AMENDED]

Authority: Secs. 1102, 1871, and 1881(b)(1) of the Social Security Act (42 U.S.C. 1302, 1395hh, and 1395rr(b)(1)).

§§ 414.28, 414.60 [Amended]

2. In §§ 414.28 and 414.60(a), “physicians’ services” is revised to read “physician services”.

(Catalog of Federal Domestic Assistance Program No. 93773, Medicare Hospital Insurance; Program No. 93.774, Medicare Supplementary Medical Insurance)

Dated: October 11, 1995.

Neil J. Stillman,

Deputy Assistant Secretary for Information Resources Management.

[FR Doc. 95-25839 Filed 10-17-95; 8:45 am]

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42 CFR Part 486

[BPD-836-F]

Medicare Program: Suppliers of Specialized Services; Technical Amendment

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Technical amendment.

SUMMARY: A final rule with comment period, pertaining to providers and

suppliers of specialized services, published on September 29, 1995 at 60 FR 50446, redesignated 42 CFR part 485, subpart D as 42 CFR part 486, subpart G, and corrected internal cross-references as required by the redesignation. This document corrects one cross-reference that we failed to identify in the final rule with comment period.

DATES: Effective date: This rule is effective as of September 29, 1995.

SUPPLEMENTARY INFORMATION:

List of Subjects in 42 CFR Part 486

Health professionals, Medicare, Organ procurement, X-rays.

42 CFR Part 486 is amended as set forth below.

PART 486—[AMENDED]

1. The authority citation for part 486 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C 1302 and 1395hh).

§ 486.304 [Amended]

2. In § 486.304(c)(1), “subpart D of part 485” is revised to read “this subpart”.

(Catalog of Federal Domestic Assistance No. 93-773, Medicare—Hospital Insurance, and No. 93-774, Medicare—Supplementary Medical Insurance)

Dated: October 11, 1995.

Neil J. Stillman,

Deputy Assistant Secretary for Information Resources Management.

[FR Doc. 95-25838 Filed 10-17-95; 8:45 am]

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FEDERAL COMMUNICATIONS COMMISSION

47 CFR Part 73

[MM Docket No. 90-316; RM-7059]

Radio Broadcasting Services; Rocky Mount, NC

AGENCY: Federal Communications Commission.

ACTION: Final rule.

SUMMARY: The Commission denied an application for review filed by New East Communications, Inc. and Roanoke Chowan Broadcasting Corporation which argued that Station WSAY-FM’s license should not have been modified from Channel 253A to Channel 253C3 at Rocky Mount. Instead, they argued that Stations WSAY-FM, WBCG(FM), Murfreesboro, NC and WCZI-FM, Washington, NC, should have been allowed to improve their facilities from 3 kW to 6 kW. The Commission affirmed the *Memorandum Opinion and*