promote just and equitable principles of trade, and, in general, to protect investors and the public interest. The Commission agrees with NASD Regulation that the proposal promotes just and equitable principles of trade by providing enhanced guidance to both NASD members and the NASD Regulation examination staff regarding the application of the Association’s breakpoint sales rule. The Commission further believes that the proposal, by drawing attention to the importance of (a) maintaining records describing the reasons for a particular asset allocation plan, and (b) disclosing breakpoint sales practices and discounts to customers, the rule should help to deter fraudulent and manipulative acts and practices by NASD members.

III. Conclusion

The Commission believes that the proposed rule change is consistent with the Act, and, particularly, with Section 15A thereof. In approving the proposal, the Commission has considered its impact on efficiency, competition, and capital formation. It is therefore ordered, pursuant to Section 19(b)(2) of the Act, that the proposed rule change (SR–NASD–98–69) is approved.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.

Margaret H. McFarland, Deputy Secretary.

SOCIAL SECURITY ADMINISTRATION

Demonstration to Improve Enrollment in State Buy-in to Medicare for Low-Income Medicare Beneficiaries

AGENCY: Social Security Administration.

ACTION: Notice, request for comments and solicitation for demonstration participation by States.

SUMMARY: Title IV of Division A, Social Security Administration, of the Omnibus Consolidated and Emergency Supplemental Appropriations Act, 1999, Public Law 105–277, directs the Commissioner of Social Security to expend $6,000,000 for Federal-State partnerships which will evaluate activities about the Medicare and Medicaid programs, categorically needy Medicaid eligibility determinations in most States and referral activities for certain Medicaid beneficiaries in all States. The scope of SSA’s involvement in the Medicare and Medicaid programs is defined in the Act and in agreements between SSA and HCFA and between SSA and the States.

The demonstration project specified in Public Law 105–277 will assist SSA’s low-income disabled beneficiaries and beneficiaries age 65 and over who are or could be eligible for Medicaid benefits to help pay their Medicare costs. SSA intends to work with HCFA to identify and investigate barriers and to foster enrollment of those beneficiaries in the Medicare buy-in programs. SSA is requesting public comment about these plans and soliciting States to express their interest in participating in this demonstration.

DATES: Interested persons are invited to submit comments on or before December 18, 1998. States interested in participating in this demonstration should submit expressions of interest on or before December 18, 1998 to the address below.

ADDRESSES: Written comments and expressions of State interest in participation should be addressed to Craig A. Streett, Office of Program Benefits, Social Security Administration, 6401 Security Boulevard, Room 3–M–1 Operations Building, Baltimore, MD 21235, or should be electronically mailed to the internet address Craig.Streett@ssa.gov, or should be faxed to 410–966–0980. All comments and expressions of State interest in participation received at the internet address will be acknowledged by electronic mail to confirm receipt.

FOR FURTHER INFORMATION CONTACT:
Craig A. Streett, (410) 965-9793.
Individuals who use a
telecommunications device for the deaf
(TDD) may call 1-410-966-5609
between 7:00 AM and 7:00 PM, Eastern
Time, Monday through Friday.

SUPPLEMENTARY INFORMATION: Section
the rules for entitlement to Medicare
Hospital Insurance (HI) benefits, also
known as Medicare Part A. Generally,
Social Security beneficiaries who have
attained age 65 are entitled to Medicare
Part A benefits without filing an
application or other request for those
benefits, as are disabled beneficiaries
who have received 24 consecutive
months of Social Security benefits.
Under section 226A of the Act [42
U.S.C. 426-1], certain individuals who
suffer from end stage renal disease can
also become entitled to Medicare HI
benefits. Some individuals may also be
to Medicare HI benefits through
purchase under the rules in sections
1818 and 1818A of the Act [42 U.S.C.
1395j-2 and 1395j-2a].

Section 1840 of the Act [42 U.S.C.
1395s] describes the rules for purchase
of Medicare Supplementary Medical
Insurance (SMI) benefits, also known as
Medicare Part B. Generally, Medicare
Part B benefits will begin when
Medicare Part A benefits begin unless the
beneficiary declines the Part B
benefits. Usually the beneficiary is
responsible for the payment of a
monthly premium for Medicare Part B
benefits. Section 1843 of the Act [42
U.S.C. 1395v] describes the agreements
States may enter into to purchase SMI
benefits for some individuals. The
purchase of SMI benefits by a State for
an individual is referred to as "Medicare
Part B buy-in."

Section 1902(a)(10)(E) of the Act [42
U.S.C. 1396a(a)(10)(E)] requires each
State’s plan for medical assistance to
provide for Medicare cost-sharing
(including Medicare Part B buy-in) for
certain groups of low-income
individuals. Some of the groups of low-
income individuals are:

1. Qualified Medicare beneficiaries
(QMBs). QMBs are individuals who are
eligible for Medicaid payment of their
Medicare premiums, deductibles and
coinsurance. QMBs must be entitled to
Medicare HI benefits (through their own
entitlement or by purchase). QMBs must
also have income that does not exceed
the Federal poverty level (FPL) after
application of the SSI income
exclusions, and have resources with
values that do not exceed twice the SSI
standards after application of the SSI
resources exclusions.

2. Specified low-income Medicare
beneficiaries (SLMBs). SLMBs are
Medicare beneficiaries who would be
QMBs but for income which exceeds the
FPL but is less than 120 percent of the
FPL after application of the SSI income
exclusions. SLMBs are eligible for
Medicare Part B buy-in.

3. Qualified individuals—1 (QI-1s).
Subject to the availability of funding,
QI-1s are Medicare beneficiaries who
would be QMBs or SLMBs but for
income which exceeds the allowable
limit but is less than 135 percent of the
FPL after application of the SSI income
exclusions. QI-1s are eligible for
Medicare Part B buy-in.

For most Medicare beneficiaries,
Medicare entitlement is an automatic
result of Social Security entitlement
when other statutory factors of Medicare
eligibility are met. Thus, most Medicare
beneficiaries also are beneficiaries of the
Social Security program administered by
SSA. Because of the linkage between
Medicare entitlement and Social
Security, SSA has the responsibility in
the CMS to administer HI benefits
under the authority in title II of the Act
and the duties of the Commissioner of
SSI in title VII of the Act, both SSA and
HCFA have Medicare entitlement
responsibilities. In addition, SSA
performs additional enrollment and
other Medicare-related activities under
the auspices of agreements between
HCFA and SSA.

Many States have entered into
agreements with SSA for SSA to make
categorically needy Medicaid
eligibility determinations for the State’s SSI
beneficiaries under the authority in
section 1634 of the Act [42 U.S.C.
1383c]. Acting on behalf of States with
such agreements, SSA processes
Medicare Part B buy-in for SSI
beneficiaries who are eligible for this
assistance under the rules in section
1843 of the Act.

Although Medicare entitlement
usually is a product of the Social
Security entitlement process, Medicare
Part B buy-in eligibility determinations
are a Medicare process. Under title XIX
of the Act, Medicare is State-administered
under the terms of State plans approved
by HCFA. SSA plays only a limited role in
qualifying individuals for Medicare Part B
buy-in. SSA does make some buy-in decisions
in certain States, but only for SSI
beneficiaries. SSA also publicizes the
availability of the Medicare Part B buy-in
programs in its field offices and
through the SSA toll-free number, 1-
800-SSA-1213.

Lack of awareness about the
Medicare Part B buy-in programs appears to
be one of the major obstacles to
enrollments. Other obstacles to
enrollments have also been suggested,
including the confusion of potential
eligibles as to how to apply for these
programs and a preference for dealing
with SSA field offices rather than with
local welfare offices.

Because of the low enrollments in the
Medicare Part B buy-in programs, SSA
will conduct a Medicare Part B buy-in
demonstration to assist our
beneficiaries. The two-part
demonstration will be designed to
identify and overcome the obstacles to
Medicare Part B buy-in enrollments for
QMBs, SLMBs and QI-1s. Conferring
with HCFA, SSA intends to implement
both internal and external components of
the demonstration, and SSA invites
States to form Federal-State
partnerships with SSA to participate in
this demonstration.

As currently envisioned, the internal
component of the demonstration would
involve increased Medicare Part B buy-in
referral activities by SSA employees when
contacted by Medicare-entitled
beneficiaries. An example of this type of
increased referral activities may be
eligibility screening and subsequent
direct notification of Medicaid State
agencies when a Social Security
beneficiary appears to be potentially
eligible for Medicare Part B buy-in.
Currently, SSA suggests that
beneficiaries get in touch with the
Medicaid State agency to discuss
eligibility for Medicare Part B buy-in
without identifying those beneficiaries to
the State.

Medicare-entitled Social Security
beneficiaries routinely contact SSA for a
number of reasons, such as reports of
the death of a spouse. When informed
of a spouse’s death, SSA recomputes the
widow(er)’s benefit to determine if the
widow(er) might be entitled to a larger
monthly benefit. In all States, SSA
could use these contacts to screen
carefully for potential Part B buy-in
eligibility and both refer the caller to the
Medicaid State agency and provide
identifying information about potential
Medicare Part B buy-in eligibility to the
Medicaid State agency for State-initiated
followup.

The external component of the
demonstration would include Federal-
State partnerships. State partners that
wish to participate in the demonstration
would provide ZIP code information
that relates to areas within each State
with a high proportion of low-income
aged and disabled Medicare
beneficiaries who could be eligible but
are not participating in the Medicare
Part B buy-in programs. State
participants would join with SSA in
publicizing this demonstration in the
targeted communities. Some State
partners also would be involved in
educating SSA employees about the State welfare Medicare buy-in application process, and/or providing welfare workers who would be assigned to take applications in SSA field offices at certain mutually agreeable, fixed times during the demonstration.

SSA expects to implement the external part of this demonstration in no more than 15 communities. That is, SSA and its State partners would identify three sets of up to five comparable communities in several States. Each set of five comparable communities would be selected to participate in each of the following three models:

1. Screening—Publicity would direct Medicare beneficiaries who may be potentially eligible for Medicare Part B buy-in to contact a toll-free telephone number staffed by SSA employees. SSA staff would perform an in-depth Medicare Part B buy-in eligibility screening if at all possible while the caller is on the telephone. Potential eligibles would then be referred to the local welfare office to file applications for benefits, and SSA would track the progress of those applications with the State partner.

2. Co-location—In addition to the publicity and screening efforts cited in the preceding model, potential Medicare Part B buy-in eligibles also would be invited to file an application for benefits with a State welfare worker stationed (for at least some fixed part of the week) at the local SSA office.

3. Application—In addition to the publicity and screening efforts cited in the preceding two models, potential Medicare Part B buy-in eligibles would be invited to file an application for those benefits, completing the appropriate forms with an SSA employee at the local SSA office.

SSA does not envision all three of these models starting at exactly the same time. Federal information collection clearance procedures, training, logistical details and mutual convenience for both the Federal and State partners will dictate starting dates. SSA expects these models to end within nine months after implementation.

SSA intends to employ an independent contractor to consult on the design of the demonstration and to conduct an evaluation of the net outcomes (e.g., increased applications to and enrollments in the buy-in programs) of the demonstrations. The role of the contractor in the design phase of the demonstration will be to advise SSA on how to implement the three models described above. SSA will be responsible for collecting data, and SSA will develop a management information system. The contractor will assist SSA and the States in specifying key data elements to enhance data comparability across sites. This system may include existing SSA administrative data as well as data collected through the demonstration. Designs that the contractor will consider include both experimental and nonexperimental approaches. An experimental design might involve a random assignment of cases to treatment and control groups, while a nonexperimental design could include the collection of analogous data from comparison sites. Each has important implications for the implementation of the three models and for the development of the management information system. State partners will be expected to cooperate with the contractor at key points of the design and evaluation activities. The contractor will be expected to consult with HCFA on its activities. Both the internal and external components of this demonstration will be designed to avoid duplicating any other Federal efforts.

The evaluation component will include analyses of the relative effectiveness of the three models in terms of increasing Medicare Part B buy-in applications from the eligible population and increasing enrollments in the buy-in programs. The evaluation also will include a comparison of buy-in program applications and enrollments under the SSA interventions versus HCFA publicity efforts. An appropriate design is critical to proper measurement of increases in Medicare Part B buy-in enrollments.

SSA invites the public to comment on its proposed demonstration design. SSA also invites States to express interest in participating in this demonstration. State partners in the demonstration may be asked to implement any or all of the models described above; however, if a State that wishes to participate would prefer participation in less than all three models, those preferences will be honored to the extent possible.

**Authority:** Division A, Title IV of Public Law 105-277.

**Dated:** November 13, 1998.

**Kenneth S. Apfel,** Commissioner of Social Security.

---

**DEPARTMENT OF STATE**

**Office of the Secretary**

**[Public Notice No. 2932]**

**Nigeria; Determination Under Presidential Proclamation**

I hereby make the determination provided for in section 6 of Presidential Proclamation No. 6636, of December 10, 1993, that the suspension of entry into the United States as immigrants and nonimmigrants of persons who formulate, implement or benefit from policies that impede Nigeria’s transition to democracy is no longer necessary.

Restrictions imposed in said proclamation, pursuant to Section 212(f) of the Immigration and Nationality Act of 1952 as amended (8 U.S.C. 1182(f)), shall therefore lapse, and said proclamation shall terminate effective immediately.

This determination will be reported to Congress and published in the Federal Register.


**Madeleine K. Albright,** Secretary of State.

[FR Doc. 98-30760 Filed 11-17-98; 8:45 am]

**BILLING CODE 4710-10-M**

---

**DEPARTMENT OF STATE**

**Office of the Secretary**

**[Public Notice: 2924]**

**Extension of the Restriction on the Use of United States Passports for Travel to, in, or Through Libya**

On December 11, 1981, pursuant to the authority of 22 U.S.C. 211a and Executive Order 11295 (31 FR 10603), and in accordance with 22 CFR 51.73(a)(3), all United States passports were declared invalid for travel to, in, or through Libya unless specifically validated for such travel. This restriction has been renewed yearly because of the unsettled relations between the United States and the Government of Libya and the possibility of hostile acts against Americans in Libya.

The Government of Libya still maintains a decidedly anti-American stance and continues to emphasize its willingness to direct hostile acts against the United States and its nationals. The American Embassy in Tripoli remains closed, thus preventing the United States from providing routine diplomatic protection or consular assistance to Americans who may travel to Libya.

---

**[FR Doc. 98-30873 Filed 11-17-98; 8:45 pm]**

**BILLING CODE 4710-10-M**