

for purposes of calculating the Indirect Medical Education Adjustment.

**G. Payment for Transfer Cases**

CHAMPUS is adopting HCFA's graduated per diem payment methodology for transfer cases. Under this payment methodology, CHAMPUS will pay transferring hospitals, twice the per diem amount for the first day of any transfer stay plus the per diem amount for each of the remaining days before transfer, up to the full DRG amount. For neonatal cases, other than normal newborns, the transferring hospital will be paid twice the per diem amount for the first day of any transfer stay plus 125 percent of the per diem rate for all remaining days before transfer, up to the full DRG amount. This change will allow hospitals to be compensated more appropriately for the treatment they furnish to patients before transfer. Transferring hospitals will continue to be paid in full for discharges classified into DRG 456 (burns, transferred to another acute care facility) or DRG 601 (neonate, transferred less than or equal to 4 days old).

**H. Effect of Change of Ownership on Exclusion of Long-Term Care Hospitals**

CHAMPUS is adopting HCFA's new requirements for certain long-term care hospitals excluded from the PPS. CHAMPUS will clarify its policy by specifying that if a hospital undergoes a change of ownership at the start of a cost reporting period or at any time within the preceding 6 months, the hospital may be excluded from the prospective payment system as a long-term care hospital for a cost reporting period if, for the 6 months immediately preceding the start of the period (including time before the change of ownership), the hospital has the required average length of stay, continuously operated as a hospital, and continuously participated as a hospital in Medicare.

**II. Cost-to-Charge Ratio**

For FY 1996, the cost-to-charge ratio used for the CHAMPUS DRG-based payment system will be 0.6003 which is increased to 0.6103 to account for bad debts. This shall be used to calculate the adjusted standardized amounts and to calculate cost outlier payments, except for children's hospitals. For children's hospital cost outliers, the cost-to-charge ratio used is 0.6691.

**III. Updated Rates and Weights**

Tables 1 and 2 provide the rates and weights to be used under CHAMPUS DRG-based payment system during FY 1996 and which are a result of the

changes described above. The implementing regulations for the CHAMPUS DRG-based payment system are in 32 CFR Part 199.

**IV. Elimination of Physician Attestation Form**

CHAMPUS is adopting Medicare's process for eliminating the physician attestation form that requires doctors to certify the accuracy of all diagnoses and procedures before submitting claims for payment to CHAMPUS.

Editorial Note.—This table will not appear in the code of Federal Regulations.

Table 1—National Urban and Rural Adjusted Standardized Amounts, Labor/Nonlabor, and Cost-Share Per Diem

The following summary provides the adjusted standardized amounts and the cost-share per diem for beneficiaries other than dependents of active-duty members.

The adjusted standardized amounts are effective for admissions occurring on or after October 1, 1995.

National Large Urban Adjusted:

Standardized Amount .....	\$	.	.
Labor portion .....	\$	.	.
Nonlabor portion .....	\$	.	.

National Other Areas:

Standardized Amount .....	\$	.	.
Labor portion .....	\$	.	.
Nonlabor portion .....	\$	.	.

The cost-share per diem is effective for inpatient days of care occurring on or after October 1, 1995.

Cost-share per diem for beneficiaries other than dependents of active-duty members .....	\$	.	.
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Dated: September 28, 1995.

L.M. Bynum,

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

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**BILLING CODE 5000-04-M**

**Defense Intelligence Agency, Scientific Advisory Board Closed Meeting**

**AGENCY:** Department of Defense, Defense Intelligence Agency.

**ACTION:** Notice.

**SUMMARY:** Pursuant to the provisions of Subsection (d) of Section 10 of Public Law 92-463, as amended by Section 5 of Public Law 94-409, notice is hereby given that a closed meeting of the DIA Scientific Advisory Board has been scheduled as follows:

**DATES:** October 12-13, 1995 (830 to 400).

**ADDRESSES:** The Defense Intelligence Agency, Bolling AFB, Washington, D.C. 20340-5100.

**FOR FURTHER INFORMATION CONTACT:** Mr. William H.G. Wheeler, Executive Secretary, DIA Scientific Advisory Board, Washington, DC 20340-1328 (202) 373-4930.

**SUPPLEMENTARY INFORMATION:** The entire meeting is devoted to the discussion of classified information as defined in Section 552b(c)(1), Title 5 of the U.S. Code and therefore will be closed to the public. The Board will receive briefings on and discuss several current critical intelligence issues and advise the Director, DIA, on related scientific and technical matters.

Dated: September 27, 1995.

Patricia L. Toppings,

*Alternate OSD Federal Register Liaison Officer, Department of Defense.*

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**BILLING CODE 5000-04-M**

**Conference Meeting of the National Advisory Panel on the Education of Handicapped Dependents**

**AGENCY:** Department of Defense Dependents Schools.

**ACTION:** Notice.

**SUMMARY:** Notice is hereby given of a forthcoming meeting of the National Advisory Panel on the Education of Handicapped Dependents. This notice describes the functions of the Panel. Notice of this meeting is required under the Federal Advisory Committee Act.

**DATES:** November 28-30, 1995.

**ADDRESSES:** Department of Defense Education Activity (DoDEA), 4040 N. Fairfax Drive, Arlington, Virginia 22203.

**FOR FURTHER INFORMATION CONTACT:** Dr. Carie Rothenbacher, Special Education Coordinator, DoDEA, (703) 696-4493, extension 151.

**SUPPLEMENTARY INFORMATION:** The National Advisory Panel on the Education of Handicapped Dependents is established under the Individuals with Disabilities Education Act, as amended, (20 U.S.C. 1400 *et seq.*); the Defense Dependents' Education Act of 1978, as amended (20 U.S.C. 927(c)); and DoD Instruction 1342.12, 32 CFR Part 57. The Panel: (1) Reviews information regarding improvements in services provided to students with disabilities in DoDDS; (2) receives and considers the views of various parents, students, individuals with disabilities, and professional groups; (3) when necessary establishes committees for short-term purposes comprised of representatives from parent, student,