

DEPARTMENT OF DEFENSE

Office of the Secretary

Medical and Dental Services Fiscal Year 1998

ACTION: Notice.

SUMMARY: Notice is hereby given that the Deputy Chief Financial Officer in a memorandum dated September 26, 1997 established the following reimbursement rates for inpatient and outpatient medical care to be provided

in FY 1998. These rates are effective October 1, 1997.

Inpatient, Outpatient and Other Rates and Charges

I. Inpatient rates^{1 2}

Per inpatient day	International Military Education & Training (IMET)	Interagency and other Federal agency sponsored patients	Other (Full/Third party)
A. Burn Center	\$2,618.00	\$4,754.00	\$5,079.00
B. Surgical Care Services (Cosmetic Surgery)	955.00	1,733.00	1,852.00
C. All Other Inpatient Services (Based on Diagnosis Related Groups (DRG) ³)			

1. FY98 Direct Care Inpatient Reimbursement Rates

Adjusted standard amount	IMET	Interagency	Other (Full/Third party)
Large Urban	\$2,199.00	\$4,131.00	\$4,372.00
Other Urban/Rural	2,194.00	4,215.00	4,499.00
Overseas	2,450.00	5,614.00	5,960.00

2. Overview

The FY98 inpatient rates are based on the cost per DRG, which is the inpatient full reimbursement rate per hospital discharge weighted to reflect the intensity of the principal diagnosis, secondary diagnoses, procedures, patient age, etc. involved. The average cost per Relative Weighted Product (RWP) for large urban, other urban/rural, and overseas facilities will be published annually as an inpatient adjusted standardized amount (ASA) (see paragraph I.C.1., above). The ASA will be applied to the RWP for each inpatient case, determined from the DRG weights, outlier thresholds, and payment rules published annually for hospital reimbursement rates under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) pursuant to 32 CFR 199.14(a)(1), including adjustments for length of stay (LOS) outliers. The published ASAs will be adjusted for area wage differences and indirect medical education (IME) for the discharging hospital. An example of how to apply DoD costs to a DRG standardized weight to arrive at DoD costs is contained in paragraph I.C.3., below.

3. Example of Adjusted Standardized Amounts for Inpatient Stays

- Figure 1 shows examples for a nonteaching hospital in a Large Urban Area.
- a. The cost to be recovered is DoD's cost for medical services provided in the nonteaching hospital located in a large urban area. Billings will be at the third party rate.
- b. DRG 020: Nervous System Infection Except Viral Meningitis. The RWP for an inlier case is the CHAMPUS weight of 2.9769. (DRG statistics shown are from FY 1996).
- c. The DoD adjusted standardized amount to be charged is \$4,372 (i.e., the third party rate as shown in the table).
- d. DoD cost to be recovered at a nonteaching hospital with area wage index of 1.0 is the RWP factor (2.9769) in 3.b., above, multiplied by the amount (\$4,372) in 3.c., above.
- e. Cost to be recovered is \$13,015.

FIGURE 1.—THIRD PARTY BILLING EXAMPLES

DRG No.	DRG description	DRG weight	Arithmetic mean LOS	Geometric mean LOS	Short stay threshold	Long stay threshold
020 ...	Nervous System Infection Except Viral Meningitis	2.9769	11.2	7.8	1	30

Hospital	Location	Area wage rate index	IME adjustment	Group ASA	Applied ASA
Nonteaching Hospital	Large Urban	1.0	1.0	\$4,372.00	\$4,372.00

Patient	Length of stay	Days above threshold	Relative weighted product			TPC amount***
			Inlier *	Outlier **	Total	
#1	7 days	0	2.9769	0.0000	2.9769	\$13,015

Patient	Length of stay	Days above threshold	Relative weighted product			TPC amount***
			Inlier *	Outlier **	Total	
#2	21 days	0	2.9769	0.0000	2.9769	13,015
#3	35 days	5	2.9769	0.6297	3.6066	15,768

* DRG Weight
 ** Outlier calculation = 33 percent of per diem weight × number of outlier days
 = .33 (DRG Weight/Geometric Mean LOS) × (Patient LOS—Long Stay Threshold)
 = .33 (2.9769/7.8) × (35—30)
 = .33 (.38165) × 5 (take out to five decimal places)
 = .12594 × 5 (take out to five decimal places)
 = .6297 (take out to four decimal places)
 *** Applied ASA × Total RWP

II. Outpatient Rates^{1 2} Per Visit

MEPRS code ⁴	Clinical service	International Military Education & Training (IMET)	Interagency and other Federal agency sponsored patients	Other (Full/Third party)
A. Medical Care				
BAA	Internal Medicine	\$105.00	\$195.00	\$208.00
BAB	Allergy	39.00	73.00	78.00
BAC	Cardiology	81.00	150.00	160.00
BAE	Diabetic	44.00	82.00	87.00
BAF	Endocrinology (Metabolism)	85.00	158.00	168.00
BAG	Gastroenterology	110.00	203.00	216.00
BAH	Hematology	145.00	269.00	287.00
BAI	Hypertension	81.00	149.00	159.00
BAJ	Nephrology	171.00	317.00	338.00
BAK	Neurology	109.00	202.00	215.00
BAL	Outpatient Nutrition	34.00	63.00	67.00
BAM	Oncology	114.00	211.00	225.00
BAN	Pulmonary Disease	141.00	260.00	278.00
BAO	Rheumatology	84.00	156.00	166.00
BAP	Dermatology	63.00	117.00	124.00
BAQ	Infectious Disease	141.00	260.00	278.00
BAR	Physical Medicine	78.00	145.00	155.00
BAS	Radiation Therapy	72.00	132.00	141.00
BAZ	Medical Care Not Elsewhere Classified (NEC)	84.00	156.00	166.00
B. Surgical Care				
BBA	General Surgery	119.00	220.00	235.00
BBB	Cardiovascular and Thoracic Surgery	110.00	203.00	216.00
BBC	Neurosurgery	137.00	253.00	270.00
BBD	Ophthalmology	84.00	155.00	166.00
BBE	Organ Transplant	191.00	353.00	376.00
BBF	Otolaryngology	88.00	162.00	173.00
BBG	Plastic Surgery	100.00	184.00	196.00
BBH	Proctology	67.00	124.00	132.00
BBI	Urology	101.00	187.00	199.00
BBJ	Pediatric Surgery	89.00	164.00	175.00
BBZ	Surgical Care NEC	65.00	120.00	127.00
C. Obstetrical and Gynecological (OB-GYN) Care				
BCA	Family Planning	45.00	83.00	89.00
BCB	Gynecology	74.00	136.00	146.00
BCC	Obstetrics	68.00	126.00	135.00
BCZ	OB-GYN Care NEC	112.00	207.00	221.00
D. Pediatric Care				
BDA	Pediatric	54.00	100.00	106.00
BDB	Adolescent	55.00	101.00	108.00
BDC	Well Baby	36.00	66.00	70.00
BDZ	Pediatric Care NEC	64.00	119.00	126.00
E. Orthopaedic Care				
BEA	Orthopaedic	83.00	153.00	164.00
BEB	Cast	45.00	82.00	88.00
BEC	Hand Surgery	38.00	70.00	75.00

MEPRS code ⁴	Clinical service	International Military Education & Training (IMET)	Interagency and other Federal agency sponsored patients	Other (Full/Third party)
BEE	Orthotic Laboratory	59.00	110.00	117.00
BEF	Podiatry	49.00	91.00	97.00
BEZ	Chiropractic	21.00	38.00	40.00

F. Psychiatric and/or Mental Health Care

BFA	Psychiatry	97.00	179.00	191.00
BFB	Psychology	71.00	132.00	141.00
BFC	Child Guidance	59.00	109.00	117.00
BFD	Mental Health	80.00	147.00	157.00
BFE	Social Work	80.00	149.00	159.00
BFF	Substance Abuse	62.00	115.00	123.00

G. Family Practice/Primary Medical Care

BGA	Family Practice	67.00	124.00	132.00
BHA	Primary Care	64.00	118.00	126.00
BHB	Medical Examination	59.00	109.00	117.00
BHC	Optometry	42.00	77.00	82.00
BHD	Audiology	30.00	55.00	58.00
BHE	Speech Pathology	81.00	149.00	159.00
BHF	Community Health	41.00	75.00	80.00
BHG	Occupational Health	59.00	108.00	115.00
BHH	TRICARE Outpatient	42.00	78.00	83.00
BHI	Immediate Care	82.00	152.00	162.00
BHZ	Primary Care NEC	43.00	79.00	84.00

H. Emergency Medical Care

BIA	Emergency Medical	107.00	198.00	211.00
-----------	-------------------------	--------	--------	--------

I. Flight Medical Care

BJA	Flight Medicine	85.00	157.00	167.00
-----------	-----------------------	-------	--------	--------

J. Underseas Medical Care

BKA	Underseas Medicine	32.00	58.00	62.00
-----------	--------------------------	-------	-------	-------

K. Rehabilitative Services

BLA	Physical Therapy	29.00	54.00	57.00
BLB	Occupational Therapy	53.00	98.00	104.00

III. Other Rates and Charges^{1 2} Per Visit

MEPRS code ⁴	Clinical service	International Military Education & Training (IMET)	Interagency and other Federal agency sponsored patients	Other (Full/Third party)
FBI	A. Immunization	\$10.00	\$19.00	\$20.00
DGC	B. Hyperbaric Chamber ⁵	180.00	333.00	355.00
	C. Ambulatory Procedure Visit (APV). ⁶	376.00	691.00	737.00
	D. Family Member Rate (formerly Military Dependents Rate)	10.20

E. Reimbursement Rates For Drugs Requested By Outside Providers⁷

The FY 1998 drug reimbursement rates for drugs are for prescriptions requested by outside providers and obtained at a Military Treatment Facility. The rates are established based on the cost of the particular drugs provided. Final rule of 32 CFR Part 220, estimated to be published October 1, 1997, will eliminate the high cost ancillary services' dollar threshold and the associated term "high cost ancillary service." In anticipation of that change, the phrase "high cost ancillary service" has been replaced with the phrase "ancillary services requested by an outside provider." The list of drug reimbursement rates is too large to include here. These rates are available on request from OASD (Health Affairs), LTC Michael Montgomery, 703-681-8910.

F. Reimbursement Rates for Ancillary Services Requested By Outside Providers⁸

Final rule of 32 CFR Part 220, estimated to be published October 1, 1997, will eliminate the high cost ancillary services' dollar threshold and the associated term "high cost ancillary service." In anticipation of that change, the

phrase "high cost ancillary service" has been replaced with the phrase "ancillary services requested by an outside provider." The list of FY 1998 rates for ancillary services requested by outside providers and obtained at a Military Treatment Facility is too large to include here. These rates are available on request from OASD (Health Affairs) LTC Michael Montgomery, 703-681-8910.

G. Elective Cosmetic Surgery Procedures and Rates

Cosmetic surgery procedure	International Classification Diseases (ICD-9)	Current Procedural Terminology (CPT) ⁹	FY 1998 charge ¹⁰	Amount of charge
Mammoplasty	85.50, 85.32, 85.31	19325, 19324, 19318	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc
Mastopexy	85.60	19316	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc
Facial Rhytidectomy	86.82, 86.22	15824	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc
Blepharoplasty	08.70, 08.44	15820, 15821, 15822, 15823.	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc
Mentoplasty (Augmentation/Reduction).	76.68, 76.67	21208, 21209	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc
Abdominoplasty	86.83	15831	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc
Lipectomy suction per region. ¹¹	86.83	15876, 15877, 15878, 15879.	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc
Rhinoplasty	21.87, 21.86	30400, 30410	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc
Scar Revisions beyond CHAMPUS.	86.84	1578_	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc
Mandibular or Maxillary Repositioning.	76.41	21194	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc
Minor Skin Lesions. ¹²	86.30	1578_	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc
Dermabrasion	86.25	15780	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc
Hair Restoration	86.64	15775	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc
Removing Tattoos	86.25	15780	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc
Chemical Peel	86.24	15790	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc
Arm/Thigh Dermolipectomy.	86.83	1583_	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc
Brow Lift	86.3	15839	Inpatient Surgical Care Per Diem or APV or applicable Outpatient Clinic Rate.	abc

H. Dental Rate ¹³ Per Procedure

MEPRS code ⁴	Clinical service	International Military Education & Training (IMET)	Interagency and other Federal agency sponsored patients	Other (Full/Third party)
	Dental Services ADA code and DoD established weight.	\$35.00	\$101.00	\$106.00

I. Ambulance Rate ¹⁴ Per Visit

MEPRS code ⁴	Clinical service	International Military Education & Training (IMET)	Interagency and other Federal agency sponsored patients	Other (Full/Third party)
FEA	Ambulance	\$32.00	\$60.00	\$64.00

J. Laboratory and Radiology Services Requested by an Outside Provider ⁸ Per Procedure

MEPRS code ⁴	Clinical service	International Military Education & Training (IMET)	Interagency and other Federal agency sponsored patients	Other (Full/Third party)
	Laboratory procedures requested by an outside provider CPT-4 Weight Multiplier.	\$9.00	\$13.00	\$14.00

MEPRS code ⁴	Clinical service	International Military Education & Training (IMET)	Interagency and other Federal agency sponsored patients	Other (Full/Third party)
	Radiology procedures requested by an outside provider CPT-4 Weight Multiplier.	23.00	35.00	37.00

K. AirEvac Rate¹⁵ Per Visit

MEPRS code ⁴	Clinical service	International Military Education & Training (IMET)	Interagency and other Federal agency sponsored patients	Other (Full/Third party)
	AirEvac Services—Ambulatory	\$113.00	\$209.00	\$223.00
	AirEvac Services—Litter	323.00	598.00	638.00

Notes on Cosmetic Surgery Charges:

^aPer diem charges for inpatient surgical care services are listed in Section I.B. (See notes 9 through 11, below, for further details on reimbursable rates.)

^bCharges for ambulatory procedure visits (formerly same day surgery) are listed in Section III.C. (See notes 9 through 11, below, for further details on reimbursable rates.) The ambulatory procedure visit (APV) rate is used if the elective cosmetic surgery is performed in an ambulatory procedure unit (APU).

^cCharges for outpatient clinic visits are listed in Sections II.A-K. The outpatient clinic rate is not used for services provided in an APU. The APV rate should be used in these cases.

Notes on Reimbursable Rates:

¹Percentages can be applied when preparing bills for both inpatient and outpatient services. Pursuant to the provisions of 10 U.S.C. 1095, the inpatient Diagnosis Related Groups and inpatient per diem percentages are 96 percent hospital and 4 percent professional charges. The outpatient per visit percentages are 88 percent outpatient services and 12 percent professional charges.

²DoD civilian employees located in overseas areas shall be rendered a bill when services are performed. Payment is due 60 days from the date of the bill.

³The cost per Diagnosis Related Group (DRG) is based on the inpatient full reimbursement rate per hospital discharge, weighted to reflect the intensity of the principal and secondary diagnoses, surgical procedures, and patient demographics involved. The adjusted standardized amounts (ASA) per Relative Weighted Product (RWP) for use in the direct care system is comparable to procedures used by the Health Care Financing Administration (HCFA) and the Civilian Health and Medical Program for the Uniformed Services (CHAMPUS). These expenses include all direct care expenses associated with direct patient care. The average cost per RWP for large urban, other urban/rural, and overseas will be published annually as an adjusted standardized amount (ASA) and will include the cost of inpatient professional services. The DRG rates will apply to reimbursement from all sources, not just third party payers.

⁴The Medical Expense and Performance Reporting System (MEPRS) code is a three digit code which defines the summary account and the subaccount within a functional category in the DoD medical system. MEPRS codes are used to ensure that consistent expense and operating performance data is reported in the DoD military medical system. An example of the MEPRS hierarchical arrangement follows:

	MEPRS code
Outpatient Care (Functional Category)	B
Medical Care (Summary Account)	BA
Internal Medicine (Subaccount)	BAA

⁵Hyperbaric services charges shall be based on hours of service in 15 minute increments. The rates listed in Section III.B. are for 60 minutes or 1 hour of service. Providers shall calculate the charges based on the number of hours (and/or fractions of an hour) of service. Fractions of an hour shall be rounded to the next 15 minute increment (e.g., 31 minutes shall be charged as 45 minutes).

⁶Ambulatory procedure visit is defined in DOD Instruction 6025.8, "Ambulatory Procedure Visit (APV)," dated September 23, 1996, as immediate (day of procedure) pre-procedure and immediate post-procedure care requiring an unusual degree of intensity and provided in an ambulatory procedure unit (APU). Care is required in the facility for less than 24 hours. This rate is also used for elective cosmetic surgery performed in an APU.

⁷Prescription services requested by outside providers (e.g., physicians or dentists) are relevant to the Third Party Collection Program. Third party payers (such as insurance companies) shall be billed for prescription services when beneficiaries who have medical insurance obtain medications from a Military Treatment Facility (MTF) that are prescribed by providers external to the MTF. Eligible beneficiaries (family members or retirees with medical insurance) are not personally liable for this cost and shall not be billed by the MTF. Medical Services Account (MSA) patients, who are not beneficiaries as defined in 10 U.S.C. 1074 and 1076, are charged at the "Other" rate if they are seen by an outside provider and only come to the MTF for prescription services. The standard cost of medications ordered by an outside provider includes the cost of the drugs plus a dispensing fee per prescription. The prescription cost is calculated by multiplying the number of units (e.g., tablets or capsules) by the unit cost and adding a \$5.00 dispensing fee per prescription. The final rule at 32 CFR Part 220, estimated to be published October 1, 1997, will eliminate the dollar threshold for high cost ancillary services (by changing the threshold from \$25 to \$0) and the associated term "high cost ancillary service." In anticipation of that change, the phrase "high cost ancillary service" has been replaced with the phrase "ancillary services requested by an outside provider." The elimination of the threshold also eliminates the bundling of costs whereby a patient is billed if the total cost of ancillary services in a day (defined as 0001 hours to 2400 hours) exceeded \$25.00.

⁸Charges for ancillary services requested by an outside provider (physicians, dentists, etc.) are relevant to the Third Party Collection Program. Third party payers (such as insurance companies) shall be billed for ancillary services when beneficiaries who have medical

insurance obtain services from the MTF that are prescribed by providers external to the MTF. Laboratory and Radiology procedure costs are calculated using the Physicians' Current Procedural Terminology (CPT)-4 Report weight multiplied by either the laboratory or radiology multiplier (Section III.J). Eligible beneficiaries (family members or retirees with medical insurance) are not personally liable for this cost and shall not be billed by the MTF. MSA patients, who are not beneficiaries as defined by 10 U.S.C. 1074 and 1076, are charged at the "Other" rate if they are seen by an outside provider and only come to the MTF for services. The final rule at 32 CFR Part 220, estimated to be published October 1, 1997, will eliminate the dollar threshold for high cost ancillary services (by changing the threshold from \$25 to \$0) and the associated term "high cost ancillary service." In anticipation of that change, the phrase "high cost ancillary service" has been replaced with the phrase "ancillary services requested by an outside provider." The elimination of the threshold also eliminates the bundling of costs whereby a patient is billed if the total cost of ancillary services in a day (defined as 0001 hours to 2400 hours) exceeded \$25.00.

⁹The attending physician is to complete the CPT-4 code to indicate the appropriate procedure followed during cosmetic surgery. The appropriate rate will be applied depending on the treatment modality of the patient: Ambulatory procedure visit, outpatient clinic visit or inpatient surgical care services.

¹⁰Family members of active duty personnel, retirees and their family members, and survivors shall be charged elective cosmetic surgery rates. Elective cosmetic surgery procedure information is contained in Section III.G. The patient shall be charged the rate as specified in the FY 1998 reimbursable rates for an episode of care. The charges for elective cosmetic surgery are at the full reimbursement rate (designated as the "Other" rate) for inpatient per diem surgical care services in Section I.B., ambulatory procedure visits as contained in Section III.C, or the appropriate outpatient clinic rate in Sections II.A-K. The patient is responsible for the cost of the implant(s) and the prescribed cosmetic surgery rate. (NOTE: The implants and procedures used for the augmentation mammoplasty are in compliance with Federal Drug Administration guidelines.)

¹¹Each regional lipectomy shall carry a separate charge. Regions include head and neck, abdomen, flanks, and hips.

¹²These procedures are inclusive in the minor skin lesions. However, CHAMPUS separates them as noted here. All charges shall be for the entire treatment, regardless of the number of visits required.

¹³Dental service rates are based on a dental rate multiplier times the American Dental Association (ADA) code and the DoD established weight for that code.

¹⁴Ambulance charges shall be based on hours of service in 15 minute increments. The rates listed in Section III.I are for 60 minutes or 1 hour of service. Providers shall calculate the charges based on the number of hours (and/or fractions of an hour) that the ambulance is logged out on a patient run. Fractions of an hour shall be rounded to the next 15 minute increment (e.g., 31 minutes shall be charged as 45 minutes).

¹⁵Air in-flight medical care reimbursement charges are determined by the status of the patient (ambulatory or litter) and are per patient. The charges are billed only by the Air Force Global Patient Movement Requirement Center (GPMRC).

Dated: October 14, 1997.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR No. 97-27647 Filed 10-17-97; 8:45 am]

BILLING CODE 5000-04-P

DEPARTMENT OF DEFENSE

Office of the Secretary

Meeting of the Task Force on Defense Reform

AGENCY: Department of Defense, Task Force on Defense Reform.

ACTION: Notice.

SUMMARY: The Task Force on Defense Reform will meet in closed sessions on November 4, 6, 13, 18, 20, and 25, 1997.

The Task Force on Defense Reform was established to make recommendations to the Secretary of Defense and Deputy Secretary of Defense on alternatives for organizational reforms, reductions in management overhead, and streamlined business practices in the Department of Defense (DoD), with emphasis on the Office of the Secretary of Defense, the Defense Agencies, the DoD field activities, and the Military Departments.

In accordance with Section 10(d) of the Federal Advisory Committee Act, Pub. L. 92-463, as amended, 5 U.S.C., Appendix II, it has been determined that matters affecting national security, as

covered by 5 U.S.C. 552b(c)(1)(1988), will be presented throughout the meetings, and that, accordingly, these meetings will be closed to the public.

Dated: October 14, 1997.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 97-27645 Filed 10-17-97; 8:45 am]

BILLING CODE 5000-04-M

DEPARTMENT OF DEFENSE

Department of the Air Force

HQ USAF Scientific Advisory Board Meeting

The Aerial Targets, UAVs, and Ranges Symposium in support of the HQ USAF Scientific Advisory Board will meet in Las Vegas, NV on November 12-13, 1997, from 8:00 a.m. to 5:00 p.m.

The purpose of the meeting is to gather information and receive briefings on Aerial Targets, UAVs, and Ranges.

The meeting will be closed to the public in accordance with Section 552b of Title 5, United States Code, specifically subparagraphs (1) and (4) thereof.

For further information, contact the HQ USAF Scientific Advisory Board Secretariat at (703) 697-8404.

Barbara A. Carmichael,

Alternate Air Force Federal Register Liaison Officer.

[FR Doc. 97-27681 Filed 10-17-97; 8:45 am]

BILLING CODE 3910-01-U

DEPARTMENT OF ENERGY

Office of Fossil Energy

National Coal Council; Notice of Open Meeting

Pursuant to the provisions of the Federal Advisory Committee Act (Pub. L. 92-463, 86 Stat. 770), notice is hereby given of the following meeting:

Name: National Coal Council.

Date And Time: Friday, November 14, 1997, 8:30 am.

Place: Hyatt Regency, Westshore, 6200 Courtney Campbell Causeway, Tampa, FL.

Contact: Margie D. Biggerstaff, U.S. Department of Energy, Office of Fossil Energy (FE-5), Washington, D.C. 20585, Telephone: 202/586-3867.

Purpose of the Council: To provide advice, information, and recommendations to the Secretary of Energy on matters relating to coal and coal industry issues.