

1 HB563  
2 151402-1  
3 By Representative Clouse  
4 RFD: Ways and Means General Fund  
5 First Read: 04-APR-13

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8 SYNOPSIS: This bill would extend the private hospital  
9 assessment and Medicaid funding program for fiscal  
10 years 2014, 2015, 2016, 2017 and 2018.

11 This bill would provide that state-owned and  
12 public hospitals shall make intergovernmental  
13 transfers to the Medicaid Agency to be used to fund  
14 payments for inpatient and outpatient care and  
15 would provide that state-owned and public hospital  
16 certified public expenditures shall be for the  
17 hospital's uncompensated care and shall be used to  
18 pay the hospital its disproportionate share  
19 payments.  
20

21 A BILL

22 TO BE ENTITLED

23 AN ACT  
24

25 To amend Sections 40-26B-70, 40-26B-71, 40-26B-73,  
26 40-26B-77, 40-26B-78, 40-26B-80, 40-26B-82, 40-26B-84,  
27 40-26B-88, Code of Alabama 1975, to extend the private

1 hospital assessment and Medicaid funding program for fiscal  
2 years 2014 and 2015; to change the base year to fiscal year  
3 2011 for purposes of calculating the assessment; to change the  
4 assessment rate for fiscal years 2014, 2015, 2016, 2017 and  
5 2018; to add Section 40-26B-77.1 to Article 5, Chapter 26B of  
6 the Code of Alabama 1975, to provide that state-owned and  
7 public hospitals shall make intergovernmental transfers to the  
8 Medicaid Agency to be used to fund payments for inpatient and  
9 outpatient care; and to provide that state-owned and public  
10 hospital certified public expenditures shall be for the  
11 hospital's uncompensated care and shall be used to pay the  
12 hospital its disproportionate share payments.

13 BE IT ENACTED BY THE LEGISLATURE OF ALABAMA:

14 Section 1. Sections 40-26B-70, 40-26B-71, 40-26B-73,  
15 40-26B-77, 40-26B-78, 40-26B-80, 40-26B-81, 40-26B-82,  
16 40-26B-84, and 40-26B-88, Code of Alabama 1975, are amended to  
17 read as follows

18 "§40-26B-70.

19 For purposes of this article, the following terms  
20 shall have the following meanings:

21 (1) ACCESS PAYMENT. A payment by the Medicaid  
22 program to an eligible hospital for inpatient and outpatient  
23 hospital care provided to a Medicaid recipient.

24 (2) CERTIFIED PUBLIC EXPENDITURE. A certification in  
25 writing of the cost of providing medical care to Medicaid  
26 beneficiaries by publicly owned hospitals and hospitals owned  
27 by a state agency or a state university plus the amount of

1 uncompensated care provided by publicly owned hospitals and  
2 hospitals owned by an agency of state government or a state  
3 university.

4 (3) DEPARTMENT. The Department of Revenue of the  
5 State of Alabama.

6 (4) HOSPITAL. A facility that is licensed as a  
7 hospital under the laws of the State of Alabama, provides  
8 24-hour nursing services, and is primarily engaged in  
9 providing, by or under the supervision of doctors of medicine  
10 or osteopathy, inpatient services for the diagnosis,  
11 treatment, and care or rehabilitation of persons who are sick,  
12 injured, or disabled.

13 (5) HOSPITAL SERVICES AND REIMBURSEMENT PANEL. A  
14 group of individuals appointed to review and approve any state  
15 plan amendments to be submitted to the Centers for Medicare  
16 and Medicaid Services which involve hospital services or  
17 reimbursement.

18 (6) INTERGOVERNMENTAL TRANSFER. A transfer of funds  
19 made by a publicly or state-owned hospital to the Medicaid  
20 Agency, which will be used by the agency to obtain federal  
21 matching funds for all hospital payments to public and  
22 state-owned hospitals, other than disproportionate share  
23 payments.

24 ~~(6)~~ (7) MEDICAID PROGRAM. The medical assistance  
25 program as established in Title XIX of the Social Security Act  
26 and as administered in the State of Alabama by the Alabama  
27 Medicaid Agency pursuant to executive order, Chapter 6 of

1 Title 22, commencing with Section 22-6-1, and Title 560 of the  
2 Alabama Administrative Code.

3 ~~(7)~~ (8) MEDICARE COST REPORT. CMS-2552-96, the Cost  
4 Report for Electronic Filing of Hospitals.

5 ~~(8)~~ (9) NET PATIENT REVENUE. The amount calculated  
6 in accordance with generally accepted accounting principles  
7 for privately operated hospitals that is reported on Worksheet  
8 G-3, Column 1, Line 3, of the Medicare Cost Report, adjusted  
9 to exclude nonhospital revenue.

10 ~~(9)~~ (10) PRIVATELY OPERATED HOSPITAL. A hospital in  
11 Alabama other than:

12 a. Any hospital that is owned and operated by the  
13 federal government;

14 b. Any state-owned hospital;

15 c. Any publicly owned hospital;

16 d. A hospital that limits services to patients  
17 primarily to rehabilitation services; or

18 e. A hospital granted a certificate of need as a  
19 long term acute care hospital.

20 ~~(10)~~ (11) PUBLICLY OWNED HOSPITAL. A hospital  
21 created and operating under the authority of a governmental  
22 unit which has been established as a public corporation  
23 pursuant to Chapter 21 of Title 22 or Chapter 95 of Title 11,  
24 or a hospital otherwise owned and operated by a unit of local  
25 government.

26 ~~(11)~~ (12) STATE-OWNED HOSPITAL. A hospital that is a  
27 state agency or unit of government, including, without

1 limitation, a hospital owned by a state agency or a state  
2 university.

3 ~~(12)~~ (13) STATE PLAN AMENDMENT. A change or update  
4 to the state Medicaid plan that is approved by the Centers for  
5 Medicare and Medicaid Services.

6 ~~(13)~~ (14) UPPER PAYMENT LIMIT. The maximum ceiling  
7 imposed by federal regulation on Medicaid reimbursement for  
8 inpatient hospital services under 42 C.F.R. §447.272 and  
9 outpatient hospital services under 42 C.F.R. §447.321.

10 a. The upper payment limit shall be calculated  
11 separately for hospital inpatient and outpatient services.

12 b. Medicaid disproportionate share payments shall be  
13 excluded from the calculation of the upper payment limit.

14 ~~(14)~~ (15) UNCOMPENSATED CARE SURVEY. A survey of  
15 hospitals conducted by the Medicaid program to determine the  
16 amount of uncompensated care provided by a particular hospital  
17 in a particular fiscal year.

18 "§40-26B-71.

19 ~~(a) An assessment is imposed on each privately~~  
20 ~~operated hospital for the state fiscal year in the amount of~~  
21 ~~5.38 percent of each hospital's net patient revenue in fiscal~~  
22 ~~year 2007 for the state fiscal years 2010 and 2011. For state~~  
23 ~~fiscal years 2012 and 2013, an assessment is imposed on each~~  
24 ~~privately operated hospital for the state fiscal year in the~~  
25 ~~amount of 5.14 percent of net patient revenue in fiscal year~~  
26 ~~2009. If during fiscal year 2012 or 2013 there is an~~  
27 ~~extraordinary change in a private hospital's cost due to an~~

1 extraordinary known and measurable change that increases the  
2 hospital's upper payment limit and entitles that hospital to  
3 receive additional access payments, the assessment rate for  
4 all private hospitals shall be changed to reflect the  
5 hospital's additional costs. An extraordinary known and  
6 measurable event is one that results in at least a 50 percent  
7 increase in capital costs, necessitates the calculation of the  
8 hospital's upper payment limit using a total cost to total  
9 charge ratio, and the hospital has at least a 15 percent  
10 annual Medicaid inpatient utilization rate. The private  
11 hospital must certify to the department the extraordinary  
12 costs by August 31, 2012, for the assessment to increase in  
13 2013. For state fiscal years 2014, 2015, 2016, 2017 and 2018  
14 an assessment is imposed on each privately operated hospital  
15 in the amount of 5.50 percent of net patient revenue in fiscal  
16 year 2011. The assessment is a cost of doing business as a  
17 privately operated hospital in the State of Alabama.

18 (b) (1) ~~For state fiscal years 2010 and 2011, net~~  
19 ~~patient revenue shall be determined using the data from each~~  
20 ~~hospital's fiscal year ending in 2007 Medicare Cost Report~~  
21 ~~contained in the Centers for Medicare and Medicaid Services'~~  
22 ~~Healthcare Cost Report Information System file dated December~~  
23 ~~31, 2008. For state fiscal years 2012 and 2013, net patient~~  
24 ~~revenue shall be determined using the data from each~~  
25 ~~hospital's fiscal year ending 2009 Medicare Cost Report~~  
26 ~~contained in the Centers for Medicare and Medicaid Services'~~  
27 ~~Healthcare Cost Report Information System dated December 31,~~

1 ~~2010. For state fiscal years 2014 and 2015, net patient~~  
2 ~~revenue shall be determined using the data from each private~~  
3 ~~hospital's fiscal year ending 2011 Medicare Cost Report~~  
4 ~~contained in the Centers for Medicare and Medicaid Services~~  
5 ~~Healthcare Cost Information System. The 2013 Medicare Cost~~  
6 ~~Report for each private hospital shall be used for fiscal~~  
7 ~~years 2016 and 2017 and the 2015 report shall be used for~~  
8 ~~fiscal year 2018.~~

9 (2) ~~If a privately operated hospital's fiscal year~~  
10 ~~ending in 2007 Medicare Cost Report is not contained in the~~  
11 ~~Centers for Medicare and Medicaid Services' Healthcare Cost~~  
12 ~~Report Information System file dated December 31, 2008, the~~  
13 ~~hospital shall submit a copy of the hospital's 2007 Medicare~~  
14 ~~Cost Report to the department in order to allow the department~~  
15 ~~to determine the hospital's net patient revenue for 2010 and~~  
16 ~~2011. For fiscal years 2012 and 2013, the Medicare Cost Report~~  
17 ~~for 2009 shall be used. The Medicare Cost Report for 2011 for~~  
18 ~~each private hospital shall be used for fiscal years 2014 and~~  
19 ~~2015. The Medicare Cost Report for 2013 for each private~~  
20 ~~hospital shall be used for fiscal years 2016 and 2017 and the~~  
21 ~~2015 report shall be used for fiscal year 2018. If the~~  
22 ~~Medicare Cost Report is not available in Centers for Medicare~~  
23 ~~and Medicaid Services' Healthcare Cost Report Information~~  
24 ~~System, the hospital shall submit a copy to the department to~~  
25 ~~determine the hospital's net patient revenue for fiscal years~~  
26 ~~2012 and 2013. year 2011.~~



1           (3) ~~If a privately operated hospital commenced~~  
2 ~~operations after the due date for a 2007 Medicare Cost Report,~~  
3 ~~the hospital shall submit its most recent Medicare Cost Report~~  
4 ~~to the department in order to allow the department to~~  
5 ~~determine the hospital's net patient revenue. If a privately~~  
6 ~~operated hospital commenced operations after the due date for~~  
7 ~~a 2009 Medicare Cost Report, the hospital shall submit its~~  
8 ~~most recent Medicare Cost Report to the department in order to~~  
9 ~~allow the department to determine the hospital's net patient~~  
10 ~~revenue. If a privately operated hospital commenced operations~~  
11 ~~after the due date for a 2011 Medicare Cost Report, the~~  
12 ~~hospital shall submit its most recent Medicare Cost Report to~~  
13 ~~the department in order to allow the department to determine~~  
14 ~~the hospital's net patient revenue.~~

15           (c) This article does not authorize a unit of county  
16 or local government to license for revenue or impose a tax or  
17 assessment upon hospitals or a tax or assessment measured by  
18 the income or earnings of a hospital.

19           "§40-26B-73.

20           (a) (1) There is created within the Health Care Trust  
21 Fund referenced in Article 3, Chapter 6, Title 22, a  
22 designated account known as the Hospital Assessment Account.

23           (2) The hospital assessments imposed under this  
24 article shall be deposited into the Hospital Assessment  
25 Account.

26           (b) Moneys in the Hospital Assessment Account shall  
27 consist of:

1           (1) All moneys collected or received by the  
2 department from privately operated hospital assessments  
3 imposed under this article;

4           (2) Any interest or penalties levied in conjunction  
5 with the administration of this article; and

6           (3) Any appropriations, transfers, donations, gifts,  
7 or moneys from other sources, as applicable.

8           (c) The Hospital Assessment Account shall be  
9 separate and distinct from the State General Fund and shall be  
10 supplementary to the Health Care Trust Fund.

11           (d) Moneys in the Hospital Assessment Account shall  
12 not be used to replace other general revenues appropriated and  
13 funded by the Legislature or other revenues used to support  
14 Medicaid.

15           (e) The Hospital Assessment Account shall be exempt  
16 from budgetary cuts, reductions, or eliminations caused by a  
17 deficiency of State General Fund revenues to the extent  
18 permissible under Amendment 26 to the Constitution of Alabama  
19 of 1901, now appearing as Section 213 of the Official  
20 Recompilation of the Constitution of Alabama of 1901, as  
21 amended.

22           (f) (1) Except as necessary to reimburse any funds  
23 borrowed to supplement funds in the Hospital Assessment  
24 Account, the moneys in the Hospital Assessment Account shall  
25 be used only as follows:

26           a. To make inpatient and outpatient private hospital  
27 access payments under this article; or

1           b. To reimburse moneys collected by the department  
2 from hospitals through error or mistake or under this article.

3           (2)a. The Hospital Assessment Account shall retain  
4 account balances remaining each fiscal year.

5           b. On September 30, ~~2013~~ 2014 and each year  
6 thereafter, any positive balance remaining in the Hospital  
7 Assessment Account which was not used by Alabama Medicaid to  
8 obtain federal matching funds shall be factored into the  
9 calculation of any new assessment rate by reducing the amount  
10 of hospital assessment funds that must be generated during the  
11 next fiscal year. ~~beginning on October 1, 2013, and if~~ If  
12 there is no new assessment beginning October 1, ~~2013~~ 2018, the  
13 funds remaining shall be refunded to the hospital that paid  
14 the assessment in proportion to the amount remaining.

15           (3) A privately operated hospital shall not be  
16 guaranteed that its inpatient and outpatient hospital payments  
17 will equal or exceed the amount of its hospital assessment.

18           "§40-26B-77.

19           (a) A certification of public expenditures shall be  
20 completed and provided to Medicaid by each publicly and  
21 state-owned hospital for each state fiscal year beginning with  
22 fiscal year 2007. This written certification shall only  
23 include the ~~sum of the cost of providing care to Medicaid~~  
24 ~~eligible beneficiaries for both inpatient and outpatient care~~  
25 ~~plus the~~ amount of uncompensated care provided to hospital  
26 inpatients and outpatients during that same state fiscal year.

1 (b) (1) For state fiscal years ~~2010, 2011, 2012, and~~  
2 ~~2013~~ 2014, 2015, 2016, 2017 and 2018, Medicaid shall pay to  
3 each publicly or state-owned hospitals the disproportionate  
4 share moneys for that fiscal year during the first month of  
5 the state fiscal year.

6 (2) Certified public expenditures made by publicly  
7 and state-owned hospitals shall comply with the requirements  
8 of 42 U.S.C. §1396b(w).

9 (3) If a publicly or state-owned hospital commenced  
10 operations after the due date for the state fiscal year ~~2007~~  
11 2011, the hospital shall submit its certification upon  
12 completion of the first six months of operation of the  
13 hospital to Medicaid in order to allow Medicaid to add the  
14 certification amount to the total certified public expenditure  
15 amount. ~~If a publicly or state-owned hospital commenced~~  
16 ~~operations after the due date for the state fiscal year 2009,~~  
17 ~~the hospital shall submit its certification upon completion of~~  
18 ~~the first six months of operation of the hospital to Medicaid~~  
19 ~~in order to allow Medicaid to add the certification amount to~~  
20 ~~the total certified public expenditure amount.~~

21 (4) If a hospital ceases to operate as a state-owned  
22 or public hospital it shall provide a certification to  
23 Medicaid which shall include all dates of inpatient and  
24 outpatient services until and including the hospital's last  
25 day of patient service as a publicly or state-owned hospital  
26 within 10 business days of the last day the hospital operated  
27 as a state-owned or public hospital.

1                   "§40-26B-78.

2                   (a) Medicaid shall account for those federal funds  
3 derived from certified public expenditures by publicly and  
4 state-owned hospitals as those funds are received by Medicaid  
5 from the federal government.

6                   (b) The certified public expenditure accounting  
7 shall be separate and distinct from the State General Fund  
8 appropriation accounting.

9                   (c) Federal moneys accounted for shall not be used  
10 to replace other State General Fund revenues appropriated and  
11 funded by the Legislature or other revenues used to support  
12 Medicaid.

13                   (d) The moneys obtained by Medicaid from hospital  
14 certified public expenditure certifications shall be used only  
15 as follows:

16                   (1) To make ~~inpatient, outpatient, and~~  
17 disproportionate share hospital payments under this article;

18                   (2) To reimburse moneys collected by the department  
19 through error or mistake under this article; or

20                   (3) For any other permissible purpose allowed under  
21 Title XIX of the Social Security Act.

22                   "§40-26B-79.

23                   ~~(a)~~ Medicaid shall pay hospitals as a base amount  
24 for state fiscal years ~~2010, 2011, 2012, and 2013~~ 2014, 2015,  
25 2016, 2017 and 2018, the total inpatient payments made by  
26 Medicaid during state fiscal year 2007, divided by the total  
27 patient days paid in state fiscal year 2007, multiplied by

1 patient days paid during fiscal years ~~2010, 2011, 2012,~~ and  
2 ~~2013~~ 2014, 2015, 2016, 2017 and 2018. This payment to be paid  
3 using Medicaid's published check write table is in addition to  
4 any access payments, disproportionate share payments, or other  
5 payments described in this article.

6 ~~(b) Any publicly owned or privately operated~~  
7 ~~hospital that ceases to operate as a hospital that was in~~  
8 ~~operation during the hospital's fiscal year ending in 2007~~  
9 ~~shall notify Medicaid at the time the facility ceases to~~  
10 ~~operate. Base payments that would have been made to these~~  
11 ~~facilities for these services will not be made beginning on~~  
12 ~~the date that the facility ceased to operate as a hospital.~~

13 "§40-26B-80.

14 Medicaid shall pay hospitals as a base amount for  
15 state fiscal years 2010 and 2011 the total outpatient payments  
16 made by Medicaid during state fiscal year 2007, divided by the  
17 total Internal Control Number or ICN count incurred in state  
18 fiscal year 2007, multiplied by the Internal Control Number or  
19 ICN count incurred each month during fiscal years 2010 and  
20 2011. Medicaid shall pay hospitals as a base amount for fiscal  
21 years 2012 and 2013 for outpatient services based upon the  
22 outpatient fee schedule in existence on September 30, 2009,  
23 plus an additional six percent inflation factor. Medicaid  
24 shall pay hospitals as a base amount for fiscal years 2014,  
25 2015, 2016, 2017 and 2018 for outpatient services based upon  
26 the outpatient fee schedule in existence on September 30,  
27 2013, plus an additional six percent inflation factor over the

1 amounts paid in 2012 and 2013. Outpatient base payments shall  
2 be paid using Medicaid's published check write table and shall  
3 be paid in addition to any access payments or other payments  
4 described in this article.

5 "§40-26B-81.

6 (a) To preserve and improve access to hospital  
7 services, for hospital inpatient and outpatient services  
8 rendered on or after October 1, 2009, Medicaid shall make  
9 hospital access payments to publicly, state-owned, and  
10 privately operated hospitals as set forth in this section.

11 (b) The aggregate hospital access payment amount is  
12 an amount equal to the upper payment limit, less total base  
13 payments determined under this article.

14 (c) All publicly, state-owned, and privately  
15 operated hospitals shall be eligible for inpatient and  
16 outpatient hospital access payments for fiscal years ~~2010,~~  
17 ~~2011, 2012, and 2013~~ 2014, 2015, 2016, 2017 and 2018 as set  
18 forth in this article.

19 (1) In addition to any other funds paid to hospitals  
20 for inpatient hospital services to Medicaid patients, each  
21 eligible hospital shall receive inpatient hospital access  
22 payments each state fiscal year. Publicly and state-owned  
23 hospitals shall receive payments, including base payments,  
24 that, in the aggregate, equal the upper payment limit for  
25 publicly and state-owned hospitals. Privately operated  
26 hospitals shall receive payments, including base payments

1 that, in the aggregate, equal the upper payment limit for  
2 privately operated hospitals.

3 (2) Inpatient hospital access payments shall be made  
4 on a quarterly basis.

5 (3) In addition to any other funds paid to hospitals  
6 for outpatient hospital services to Medicaid patients, each  
7 eligible hospital shall receive outpatient hospital access  
8 payments each state fiscal year. Publicly and state-owned  
9 hospitals shall receive payments, including base payments,  
10 that, in the aggregate, equal the upper payment limit for  
11 publicly and state-owned hospitals. Privately operated  
12 hospitals shall receive payments, including base payments  
13 that, in the aggregate, equal the upper payment limit for  
14 privately operated hospitals.

15 (4) Outpatient hospital access payments shall be  
16 made on a quarterly basis.

17 (d) A hospital access payment shall not be used to  
18 offset any other payment by Medicaid for hospital inpatient or  
19 outpatient services to Medicaid beneficiaries, including,  
20 without limitation, any fee-for-service, per diem, private  
21 hospital inpatient adjustment, or cost settlement payment.

22 (e) The specific hospital payments for publicly,  
23 state-owned, and privately operated hospitals shall be  
24 described in the state plan amendment to be submitted to and  
25 approved by the Centers for Medicare and Medicaid Services.

26 "§40-26B-82.



1 (a) The assessment imposed under this article shall  
2 not take effect or shall cease to be imposed and any moneys  
3 remaining in the Hospital Assessment Account in the Alabama  
4 Medicaid Program Trust Fund shall be refunded to hospitals in  
5 proportion to the amounts paid by them if any of the following  
6 occur:

7 (1) Expenditures for hospital inpatient and  
8 outpatient services paid by the Alabama Medicaid Program for  
9 fiscal years ~~2010, 2011, 2012, and 2013~~ 2014, 2015, 2016, 2017  
10 and 2018 are less than the amount paid during fiscal year ~~2009~~  
11 2013.

12 (2) Medicaid makes changes in its rules that reduce  
13 hospital inpatient payment rates, outpatient payment rates, or  
14 adjustment payments, including any cost settlement protocol,  
15 that were in effect on ~~October 1, 2009~~ September 30, 2013.

16 (3) The inpatient or outpatient hospital access  
17 payments required under this article are changed or the  
18 assessments imposed or certified public expenditures, or  
19 intergovernmental transfers recognized under this article are  
20 not eligible for federal matching funds under Title XIX of the  
21 Social Security Act, 42 U.S.C. §1396 et seq., or 42 U.S.C.  
22 §1397aa et seq.

23 (b) (1) The assessment imposed under this article  
24 shall not take effect or shall cease to be imposed if the  
25 assessment is determined to be an impermissible tax under  
26 Title XIX of the Social Security Act, 42 U.S.C. §1396 et seq.

1           (2) Moneys in the Hospital Assessment Account in the  
2 Alabama Medicaid Program Trust Fund derived from assessments  
3 imposed before the determination described in subdivision (1)  
4 shall be disbursed under this article to the extent federal  
5 matching is not reduced due to the impermissibility of the  
6 assessments, and any remaining moneys shall be refunded to  
7 hospitals in proportion to the amounts paid by them.

8           "§40-26B-84.

9           This article shall be of no effect if federal  
10 financial participation under Title XIX of the Social Security  
11 Act is not available to Medicaid at the approved federal  
12 medical assistance percentage, established under Section 1905  
13 of the Social Security Act, for the state fiscal years ~~2010,~~  
14 ~~2011, 2012, and 2013~~ 2014, 2015, 2016, 2017 and 2018.

15           Section 2. The following code is added to Article 5,  
16 Chapter 26 of the Code of Alabama 1975, to read as follows:

17           §40-26B-77.1.

18           (a) Beginning on October 1, 2013, publicly owned and  
19 state-owned hospitals will begin making intergovernmental  
20 transfers to the Medicaid Agency. The amount of these  
21 intergovernmental transfers shall be calculated by the  
22 Medicaid Agency to equal the amount of state funds necessary  
23 for the agency to obtain only those federal matching funds  
24 necessary to pay state-owned and public hospitals for direct  
25 inpatient and outpatient care and to pay state-owned and  
26 public hospital inpatient and outpatient access payments.(b)  
27 These intergovernmental transfers shall be made in compliance

1 with 42 U.S.C. §1396(b)(7)(C) If a publicly or state-owned  
2 hospital commences operations after October 1, 2013, the  
3 hospital shall commence making intergovernmental transfers to  
4 the Medicaid Agency in the first full month of operation of  
5 the hospital after October 1, 2013.

6 Section 3. This act shall become effective on  
7 October 1, 2013.