

Supplemental Analysis Page

Data Analytic Methods

Changes to the Uninsured Rate. Manatt based the number of newly uninsured in Georgia for Georgia Access and Medicaid on an [analysis](#) from the Kaiser Family Foundation (KFF). KFF sourced an increase in the number of uninsured from CBO [estimates](#).

Enrollment Changes in ACA Marketplace. KFF [estimated](#) that 460,000 people will become uninsured in Georgia due to changes in H.R.1 and the expiration of eAPTCs by 2034 in Georgia—120,000 people from H.R.1 provisions only and 340,000 people from expiration of eAPTCs. To derive uninsured numbers at the regional commission level, Manatt assigned each county to their [respective regional commission](#) according to the Georgia Department of Community Affairs and used CMS' [2024 Marketplace Open Enrollment Period County-Level Public Use File](#), which includes county-level enrollment, to distribute KFF's statewide uninsured estimate.

Enrollment Changes in Medicaid: KFF [estimated](#) that 32,000 people will become uninsured due to changes in Medicaid by 2034 in Georgia. To distribute Georgia's statewide uninsured estimate to the regional commission level, Manatt used the 2023 Medicaid enrollment by zip code [provided](#) by the U.S. Census Bureau American Community Survey, distributed the statewide uninsured estimate proportionally by zip code, allocated the uninsured estimate for each zip code proportionally to their respective counties using the U.S. Department of Housing and Urban Development (HUD) United State Postal Service (USPS) [ZIP Code crosswalk](#), and assigned each county to their respective regional commission.

Changes in Medicaid State Directed Payment Expenditures and Medicaid Hospital Expenditures: Manatt estimated the impact of H.R.1 on Medicaid and Medicaid hospital expenditures to be \$8.1 billion in federal and state funds—\$5.4 billion in federal funds and \$2.7 billion in state funds—for federal fiscal years (FFYs) 2025 to 2034. To assess the impact of H.R.1 on SDPs, Manatt assumed Georgia's approved state fiscal year (SFY) 2025 SDPs would be "grandfathered" based on recent CMS [guidance](#), and each SDP would be capped at the aggregate annual (not per-unit) amount approved by CMS. Estimates assume that this aggregate SDP amount will be reduced by ten percentage points each year starting in SFY 2029, until either the SDP reaches zero, or any provider class listed in the preprint reaches a total payment rate (SDPs plus Medicaid base payments) equivalent to 110% of Medicare rates. We determine the value of 110% of Medicare rates by converting each SDP's total payment rate comparison (Table 2 of each SDP preprint, which shows each SDP as a percentage of the average commercial rate) to Medicare rates using regional Medicare-to-commercial payment ratios developed by [Milliman](#).

We note that forthcoming regulations implementing the SDP provisions in H.R.1 may impact the above assumptions, particularly the methodology for applying the ten percentage point reductions and for calculating Medicare-equivalent rates.

Manatt applied the above methodology specifically for calculating reductions associated with the GA-AIDE SDP program. Due to limited public information regarding the relationship between the SDP and the average commercial rate or Medicare for three additional SDP programs in Georgia (Hospital Directed Payment Program for Private Hospitals, Hospital Directed Payment Program for Public Hospitals, and GA-STRONG), we applied the average percent reduction in hospital SDPs from other non-Medicaid-expansion states where we did have sufficient information. We also note that this analysis is limited to hospital SDPs only and does not analyze the impact of H.R.1 on SDPs for other providers (e.g., physicians).

To determine financing reductions at the regional commission level, Manatt allocated our statewide impacts of H.R.1 proportionately by hospital based on each hospital's share of statewide Medicaid revenues as reported in CMS's Healthcare Cost Report Information System. Because hospital-specific data on SDP revenue is not available, we note that our hospital-specific estimates should be considered directional.