Accepted Manuscript

Title: The moral hazard effects of consumer responses to targeted cost-sharing

Author: Christopher Whaley Chaoran Guo Timothy Brown

PII: S0167-6296(16)30293-4

DOI: https://doi.org/doi:10.1016/j.jhealeco.2017.09.012

Reference: JHE 2065

To appear in: Journal of Health Economics

Received date: 1-10-2016 Revised date: 18-4-2017 Accepted date: 24-9-2017

Please cite this article as: Christopher Whaley, Chaoran Guo, Timothy Brown, The moral hazard effects of consumer responses to targeted cost-sharing, <![CDATA[Journal of Health Economics]]> (2017), https://doi.org/10.1016/j.jhealeco.2017.09.012

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.



ACCEPTED MANUSCRIPT

The Moral Hazard Effects of Consumer Responses to Targeted Cost-Sharing

Christopher Whaley, Chaoran Guo, and Timothy Brown*

June 11, 2017

Abstract

This paper examines the effects of the reference pricing program implemented by the California Public Employees Retirement System (CalPERS) in 2012. The program uses targeted cost-sharing to incentivize patient price shopping. We find that the program leads to a 10.3% increase in the use of low-price providers and reduces the average cost per procedure by 12.5%. We further estimate that the program reduces price-margin medical spending by \$218.8 per procedure, which we estimate is approximately 53.7% of the excessive spending that is due to patient choice of higher price providers caused by insurance coverage, at the expense of a \$94.3 (or 12.5%) reduction in consumer surplus. The cost savings from the reference pricing program is about two to three times as large as the reduction from implementing a high-deductible health plan while the accompanying consumer surplus reduction is much smaller under reference pricing. (JEL codes I11, and I13)

^{*}Whaley: RAND Corporation (cwhaley@rand.org); Guo: School of Public Health, University of California, Berkeley (cguo@berkeley.edu); Brown: School of Public Health, University of California, Berkeley (timothy.brown@berkeley.edu). This project was supported by grant number R01 HS022098 from the Agency for Healthcare Research and Quality and R21CA219229 from the National Cancer Institute. Data on Anthem Blue Cross PPO enrollees were provided by Anthem, Inc. The content is solely the responsibility of the authors and does not necessarily represent the official views of the Agency for Healthcare Research and Quality, CalPERS, or Anthem, Inc. Corresponding author: cwhaley@rand.org. We thank Juan Pablo Atal, Emmett Keeler, Jon Kolstad, James Robinson, Neeraj Sood, and participants at ASHE 2016 for helpful comments.

Download English Version:

https://daneshyari.com/en/article/7362965

Download Persian Version:

https://daneshyari.com/article/7362965

<u>Daneshyari.com</u>