Government Payments and Private Prices: Evidence from Medicare Advantage

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Outline

• Motivation and Background

- Policy Context
- Data
- Estimation Strategy
- Results
- Conclusion

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• Managed competition models are common

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 - Programs where the federal government contracts with commercial insurers to provide coverage to beneficiaries
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 - Bids Insurers bid, representing their costs, to provide MA plans
 - Rebate and subsidy For bids below the benchmark, portion of difference between bid and benchmark goes to consumers

Research question:

How do higher Medicare Advantage payments affect hospital transaction prices?

Should we always expect higher subsidies to lead to higher prices?

Research strategy

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 - Take advantage of the urban floor cutoff used in Duggan, Starc and Vabson (2016)
 - Phaseout of floors from ACA

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 - Phaseout of floors from ACA
- Outcomes of Interest
 - MA Enrollment
 - MA Plans, Insurers, Market Concentration (HHI)
 - Prices: Price index based on detailed claims data from HCCI 1.0 → (≥) (≥)

Nash-Bargaining between providers and insurers (Gowrisankaran, Nevo, Town (2015) [GNT], Gaynor, Ho, Town (2015) [GHT])

• Equilibrium depends on weighted product of provider surplus and insurer surplus.

Nash Bargaining Details

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- Enrollment Effect: \uparrow enrollment $\rightarrow \uparrow$ expected number of patients $\rightarrow \uparrow$ provider surplus
- Entry Effect: \uparrow subsidy $\rightarrow \uparrow$ insurers $\rightarrow \downarrow$ insurer surplus (ambiguous)

Nash Bargaining Details

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Preview of Results

- MA Benchmarks (First Stage)
 - 2012: \sim \$63 increase in benchmarks across the urban cutoff
 - 2016: Reduction to \sim \$8 increase (ACA-phaseout)
- MA Enrollment
 - 2012: ${\sim}15$ percentage point increase across the urban cutoff
 - 2016: Effect on penetration rates persists at ${\sim}17$ percentage point increase
- MA Entry/Exit
 - More plans and insurers across the urban cutoff
 - But similar market concentration (HHI)
- MA Medical Prices
 - Persistent decreases in OP prices between ${\sim}18\%$ and 30% across the urban cutoff.
 - No significant differences for IP prices in 2012 2015, but significant decrease in 2016

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Policy Timeline



Benchmark Details ACA Policy Change Details Post-ACA Benchmark Calculation Table

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FFS Rates, MSA Populations, and County Group Definitions



FFS Rates & Benchmarks

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2004: There are 2 Defined Floors, Rural and Urban



Notes: Observations are at the county level. Benchmark amounts are per-enrollee month.

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2012: ACA Changes Begin to Muddle Floors



Notes: Observations are at the county level. Benchmark amounts are per-enrollee month.

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2016: Rural and Urban Counties Appear to Have Similar Benchmarks



Notes: Observations are at the county level. Benchmark amounts are per-enrollee month.

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MA Policies, Benchmarks, and Floors

Summary

- MA policy institutes a rural floor of \$556.66, and a higher urban floor of \$615.25.
- We examine rural and urban counties that were bound below the rural floor in 2004 ("Group 1").
- In 2012, ACA changes benchmark calculations and begin to phase out floors.

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Data

- MA Price Index from Buchmueller, Kaye, Mandelkorn, and Miller (2022) [BKMM 2022]
 - We use a novel price index based on itemized MA claims from HCCI to measure relative price differences across counties.
- Centers for Medicare & Medicaid Services (CMS)
 - County-year MA benchmarks, FFS rates per enrollee-month.
 - County-year MA enrollees and penetration rates.
 - County-month MA plan-level enrollees and service areas.
- US Census Bureau
 - County-year population estimates.
 - Historical MSA delineation files.

County MA Summary Stats

Outline

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First Stage Result: Differences in Benchmarks



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There is a Continuing Difference in MA Penetration Rates



Without Controls

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There is a Continuing Difference in MA Enrollment



Without Controls

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There is a Continuing Difference in the Count of MA Plans



RD Controls: Log(1997 MA Enrollment) and Log(1997 FFS Rate).

Without Controls

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There is a Continuing Difference in the Count of MA Plan Parent Orgs



SEs NN clustered at the relevant MSA. Bars represent 95% Cls. RD Controls: Log(1997 MA Enrollment) and Log(1997 FFS Rate).

Without Controls

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There is no Difference in MA Plan Parent Org HHI



Without Controls

2012 - 2016 RD Estimates: Benchmarks, Enrollment, and Plans

	MA Benchmark	Log(MA Enrollment)	MA Penetration Rate	Log(# of MA Plans)	Log(# of MA Parent Orgs)	MA Parent Org HHI
	(1)	(2)	(3)	(4)	(5)	(6)
2012	63.012***	0.869***	14.663***	0.531***	0.117	101.075
	(2.593)	(0.284)	(3.122)	(0.151)	(0.107)	(456.426)
2013	48.133***	0.852***	15.706***	0.580***	0.213**	-333.362
	(4.950)	(0.270)	(3.186)	(0.169)	(0.099)	(441.150)
2014	37.582***	0.839***	15.348***	0.586***	0.263***	-568.625
	(5.058)	(0.264)	(3.140)	(0.147)	(0.090)	(449.023)
2015	18.536***	0.853***	16.418***	0.549***	0.276***	135.436
	(4.016)	(0.265)	(3.244)	(0.138)	(0.074)	(380.735)
2016	8.214	0.781***	16.571***	0.577***	0.300***	-19.534
	(5.081)	(0.247)	(3.092)	(0.123)	(0.090)	(420.213)
Counties:	400	400	400	400^	400^	400^
Controls:						
Log(1997 FFS Rate)	x	X	x	x	X	х
Log(1997 MA Enrollment)	х	x	x	x	х	x

Yearly MA Benchmark, Enrollment, and Plan RD Results

Sources: CMS. US Census Bureau.

Notes: Limited to Group 1 counties within DSV [150k, 350k] bandwidth.

SEs NN clustered at the relevant MSA in parentheses.

* p < 0.1; ** p < 0.05; *** p < 0.001

^ 399 counties are present in the MA plan data for 2013 and 2014

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Benchmark and Enrollment Results

- Benchmarks (First Stage) phaseout of differences
 - 2004: \sim \$60 difference in benchmarks across the urban cutoff.
 - 2012: \sim \$63 difference in benchmarks across the urban cutoff
 - 2016: Reduction to ~\$8 (ACA-phaseout)
- Enrollment Approximately double enrollment across cutoff, persists after phaseout
 - 2004-2012: Increasing differences in penetration rates across cutoff.
 - 2012: ${\sim}15$ percentage point difference
 - 2016: Effect on penetration rates persists at ${\sim}17$ percentage point difference
- Plan Entry Small plans enter, but no large changes to market structure.
 - Persistent increases in both the number of MA plans available and the number of parent organizations offering MA plans across the urban cutoff.
 - No change to MA plan parent organization HHI across the urban cutoff.

Negative Effect on Outpatient In-Network Prices



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No Effect on Inpatient In-Network Prices (but for 2016?)



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Negative Effect on OP Prices: 2012



2012 Outpatient Procedures MA County Price Index RD Estimates All Outpatient Procedures; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth		
Conventional	-0.227***	-0.318***		
	(0.062)	(0.069)		
Bias-Corrected	-0.283***	-0.339***		
	(0.062)	(0.069)		
Robust	-0.283***	-0.339***		
	(0.082)	(0.072)		
Bandwidth	(150k; 350k)	(97,509; 3,642,953)		
Bias Bandwidth	(150k; 350k)	(236,739; 18,497,432)		
Observations	(201; 174)	(609; 389)		
Effective Observations	(201; 174)	(93; 352)		
Clusters	(124; 70)	(49; 130)		
Controls:	x	x		

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: Procedure Code, Log(Units), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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Negative Effect on OP Prices: 2016



2016 Outpatient Procedures MA County Price Index RD Estimates All Outpatient Procedures; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth		
Conventional	-0.160***	-0.170***		
	(0.047)	(0.053)		
Bias-Corrected	-0.194***	-0.184***		
	(0.047)	(0.053)		
Robust	-0.194***	-0.184***		
	(0.067)	(0.057)		
Bandwidth	(150k; 350k)	(115,226; 2,568,870)		
Bias Bandwidth	(150k; 350k)	(236,739; 18,497,432)		
Observations	(201; 175)	(583; 389)		
Effective Observations	(201; 175)	(122; 338)		
Clusters	(124; 70)	(68; 124)		
Controls:	x	x		

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: Procedure Code, Log(Units), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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Null Effect on IP Prices: 2012



2012 Inpatient Stays MA County Price Index RD Estimates All Inpatient Stays; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth		
Conventional	-0.084	-0.053		
	(0.055)	(0.048)		
Bias-Corrected	-0.044	-0.051		
	(0.055)	(0.048)		
Robust	-0.044	-0.051		
	(0.081)	(0.054)		
Bandwidth	(150k; 350k)	(142,507; 4,394,190)		
Bias Bandwidth	(150k; 350k)	(234,079; 18,497,432)		
Observations	(168; 156)	(511; 353)		
Effective Observations	(168; 156)	(151; 322)		
Clusters	(119; 70)	(105; 129)		
Controls:	x	x		

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: DRG, Log(Length Of Stay), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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Negative Effect on IP Prices: 2016



2016 Inpatient Stays MA County Price Index RD Estimates All Inpatient Stays; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth		
Conventional	-0.184***	-0.174***		
	(0.042)	(0.042)		
Bias-Corrected	-0.240***	-0.185***		
	(0.042)	(0.042)		
Robust	-0.240***	-0.185***		
	(0.055)	(0.048)		
Bandwidth	(150k; 350k)	(144,145; 3,765,497)		
Bias Bandwidth	(150k; 350k)	(234,079; 18,497,432)		
Observations	(135; 140)	(374; 301)		
Effective Observations	(135; 140)	(126; 275)		
Clusters	(108; 69)	(101; 123)		
Controls:	х	Х		

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

Price Index Controls: DRG, Log(Length Of Stay), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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Price Effect is Larger in Highly Concentrated Counties



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Placebo Test: Simulated -0.3 Effect



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Placebo Test: 2012 MA Benchmark



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Placebo Test: 2012 Outpatient In-Network County Price Index



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Treatment Effect Interpretation



Figure: RD Example With Logs

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Treatment Effect Interpretation



Horizontal Axis

Figure: RD Example With Logs

To get a % Δ interpretation, we need to transform $\hat{\tau}$. Note that

$$\log(a) - \log(b) = c$$
 (1)
 $\implies a = e^{c}b$

$$\log(\hat{
ho}+) - \log(\hat{
ho}-) = \hat{ au}$$
 (2)
 $\Longrightarrow \frac{\hat{
ho}+}{\hat{
ho}-} = e^{\hat{ au}}$

The RD estimate gives us $\& \Delta = e^{\hat{ au}} - 1$

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Price Index RD Results

- Outpatient
 - Persistent differences in price between ${\sim}18\%$ and 30% lower across the cutoff.
 - Heterogeneous effects across market structure.
- Inpatient
 - No significant difference for 2012 2015.
 - Significant difference for 2016. Why?
- Mechanisms (Back of the Envelope) price results driven by enrollment
 - "Pass-through Effect": Decreasing across years
 - "Enrollment Effect": Relatively constant across years
 - "Entry Effect": No evidence of large changes to market structure

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Conclusion and Next Steps

Conclusions

- Short-term subsidies can have long-term impacts on MA enrollment.
- Large differences in MA enrollment can have large effects on MA medical prices.
- "Enrollment effect" dominates "pass-through effect" and "entry effect".
- Bargaining can have different effects on different types of care.
- Heterogenous effects across market structure underscore bargaining importance. Extensions and future work
 - Who benefits?
 - ACA introduced many new non-linearities in benchmarks
 - Explicitly model bargaining problem

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Appendix

Nash Bargaining Details

- Nash-Bargaining between providers and insurers (GNT, GHT).
- Nash-Bargaining objective:

$$NB^{m,s}(p_{mj_{j\in J_s}}|\vec{p}_{m,_s}) = \underbrace{\left(\sum_{j\in J_s} q_{mj}(N_m,\vec{p}_m)[p_{mj}-mc_{mj}]\right)^{b_{s(m)}}}_{\text{Provider Surplus}}\underbrace{\left(V_m(N_m,\vec{p}_m)-V_m(N_m\setminus J_s,\vec{p}_m)\right)^{b_{m(s)}}}_{\text{Insurer Surplus}}$$
(3)

• Impact of subsidy on
$$NB^{m,s}ig(p_{mj_{j\in J_s}}ert ec p_{m,_s}ig)$$

- N_m increased enrollment
- *V_m* Different premiums (not in eq)
- *mc_{mj}* Provider investment decisions (medium-long run)

Nash Bargaining Intuition

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Benchmark Details

- Maximum capitated payment to plans per enrollee.
- 1997: Balanced Budget Act of 1997 established one benchmark floor for all counties in 1998.
- 2000: Benefits Improvement and Protection Act of 2000 established urban floor for counties with MSA populations over 250,000 effective 2001 and raised rural floor.
- 2003: Medicare Modernization Act raises benchmarks and slightly changes benchmark calculation process effective 2004.
- New definition of micropolitan and metropolitan statistical areas some rural counties reclassified as urban. All previously urban floor counties were grandfathered in.

✓ Policy Timeline

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ACA Policy Changes

- Pre-ACA Benchmarks.
 - 2004: max [floor, mean county FFS costs, minimum update over prior year's benchmark, blended rate].
 - 2005-2010: max [prior year's benchmark increased by national MA growth rate, per capita county FFS spending (in rebasing years)].
 - Result: MA benchmarks quickly rise, outpace FFS costs.
- ACA Changes to MA Benchmarks.
 - Intent: Bring MA rates more in line with FFS costs.
 - Over a set number of transition years, counties move from pre-ACA rate to a post-ACA rate: the product of per capita county FFS spending and a county cost level-based bonus.
 - Result: MA benchmarks pull more in line with FFS costs, effect of 250k MSA population threshold on benchmarks fade.

▲ Policy Timeline

Post-ACA Benchmark Calculation Table; Morgan (2015)

The Pre-ACA Methodology		d/Or	The ACA Methodology			
Greatest of	Only		"Blended Benchmark Amount"			
I. Capitation Rate for the Previous Year Increased by "National MA Growth Percentage"		Product of				
		Base Benchmark Al Amount		AND	Applicable Percentage for the Year Specified	
OR 2. Per Capita Fee-for-Service Spending in the County as measured by the "Average Adjusted per Capita Cost" in years when the Secretary rebases Fee-for-Service Costs		which is equal to Per Capita FFS Spending in the County as measured by the "Average Adjusted per Capita Cost"		which is either 95%, 100%, 107.5%, or 115% and subject to a star quality rating adjustment if the plan qualifies		

Table 1. The Two Possible Bases for the 2016 MA Benchmark Calculation

Source: Table created by the Congressional Research Service.

Notes: For counties with a two-year or four-year phase-in to the ACA methodology, their benchmarks are fully phased in to the ACA methodology described on the right side of the figure and only that part of the figure is relevant for the calculation of their benchmark. Counties with a six-year phase-in have benchmarks that use both methods in 2016, so both the pre-ACA methodology and the ACA methodology are used to calculate those benchmarks. The Secretary indicated that 2016 will be a rebasing year. In non-rebasing years, the pre-ACA methodology consists only of an increase in the previous year's benchmark.



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MA Benchmarks, FFS Rates, and County Definitions



FFS Rates & MSA Pops

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Summary Statistics

	All Counties			Group 1 Counties within DSV Bandwidth			
	Counties	Mean	SD	Counties	Mean	SD	
Relevant MSA Population	1,778	1,117,889.375	2,578,086.750	400	264,137.594	139,944.562	
2012 County Population	3,124	100,396.172	320,221.750	400	108,354.914	111,560.500	
2016 County Population	3,124	103,309.242	331,068.250	400	111,172.430	116,814.844	
1997 FFS Rate	3,124	371.550	62.306	400	359.051	39.185	
2004 FFS Rate	3,124	546.251	89.342	400	498.648	36.310	
2004 Benchmark	3,124	597.357	58.619	400	583.026	29.185	
2012 Benchmark	3,124	771.934	70.779	400	750.190	37.045	
2016 Benchmark	3,124	796.721	50.362	400	776.402	23.055	
2012 Pre-ACA Rate	3,124	789.905	77.066	400	768.352	37.713	
2016 Pre-ACA Rate	3,124	851.438	88.398	400	819.534	40.859	
2012 Post-ACA Rate	3,124	726.935	49.263	400	706.235	32.898	
2016 Post-ACA Rate	3,124	797.173	48.231	400	778.593	27.405	
1997 MA Enrollees	3,122	1,749.883	10,693.746	400	799.565	2,622.735	
2004 MA Enrollees*	1,739	3,017.135	13,962.115	291	1,102.220	2,860.608	
2012 MA Enrollees*	3,074	4,186.712	15,638.675	400	4,317.842	6,041.667	
2016 MA Enrollees*	3,034	5,819.414	20,780.037	400	6,101.353	7,924.410	
1997 MA Penetration Rate	3,122	4.113	8.148	400	3.350	6.698	
2004 MA Penetration Rate*	1,739	6.454	9.577	291	5.083	7.628	
2012 MA Penetration Rate*	3,074	17.725	12.248	400	21.528	11.915	
2016 MA Penetration Rate*	3,034	22.967	13.427	400	27.424	12.204	

Sources: CMS. US Census Bureau.

Notes: * Censored if below 11 MA enrollees.

Benchmarks and rates are per enrollee-month.

▲ Data Sources

Estimation Strategy

- Outcomes of interest
 - Benchmarks (first stage)
 - Enrollment
 - Insurers
 - Inpatient and outpatient prices
- Why construct a price index?
 - Treatment is set at the county level
 - · We want to measure county level prices
- Price index set up
 - Using 235 million OP procedure charges from itemized claims and 7 million IP stays, we constructed a low variance price index
 - Our set up allows us to borrow strength from claims outside of our target counties to learn about the costs of procedures
 - Does not require assumption about representative bundle

Estimation Strategy: Price Index Estimation

Review of price index from BKMM 2022.

$$\log(p_{ijct}) = \rho_{ct} + \kappa_{jt} + \alpha x_{it} + \epsilon_{ijct}$$
(4)

- j denotes procedures for the outpatient index, and DRG code for the inpatient price index
- $log(p_{ijct})$, the log price of claim *i* for procedure *j* in county *c* during year *t*
- ρ_{ct} is the county-year fixed effect (price index)
- κ_{jt} is the procedure specific parameter.
- x_{it} are a set of controls, including log of units.

Parameters of interest

- $\hat{\rho}_{ct}$: county-year price index estimate
- $\hat{\sigma}_{ct}^{-2}$: inverse-variance estimate of $\hat{\rho}_{ct}$

Main Price Index Versions

ELE DOG

There is Large Geographic Variation in County Price Indices: Outpatient



Source: Authors' calculations from HCCI outpatient claims dataset. Note(s): Recentered at the median. Bottom-coded at 5% (75.018), top-coded at 95% (278.906). Controls: Procedure code, log(units), demographics.

Main 2012 - 2016 MA OP Price Index Correlations

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There is Large Geographic Variation in County Price Indices: Inpatient

2012 Inpatient County MA Price Index All Inpatient Stays; In-Network



Source: Authors' calculations from HCCI outpatient claims dataset. Note(s): Recentered at the median. Bottom-coded at 5% (72.458), top-coded at 95% (137.185). Controls: DRG, log(length of stay), demographics.

🛛 Main 📜 2012 - 2016 MA IP Price Index Correlations

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Estimation Strategy: Sharp RDD

Sharp regression discontinuity design

$$y_{ct} = \begin{cases} y_{ct}(0), & \text{if MSA Pop} < 250,000\\ y_{ct}(1), & \text{if MSA Pop} \ge 250,000 \end{cases}$$
(5)

Outcomes:

MA Benchmark (first stage), MA penetration rate, log MA enrollment, and price indexes (^ρ_{ct})

Specification details

- Sample: Group 1 from DSV bound by rural floor
- Weights: triangular kernel with inverse variance $(\hat{\sigma}_{ct}^{-2})$ of price index
- Clustering: nearest-neighbor and relevant MSA id-year
- Pre-Treatment covariates: 1997 log FFS rate, 1997 log MA enrollment

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Price Index Versions

OP Base: $\alpha x_{it} = \alpha_1 \log (\text{units}_{ijct})$ With demographics: $\alpha x_{it} = \alpha_1 \log (\text{units}_{ijct}) + \alpha_2 age_{it} + \alpha_3 gender_{it}$ (6) With demographics and mods: $\alpha x_{it} = \alpha_1 \log (\text{units}_{ijct}) + \alpha_2 age_{it} + \alpha_3 gender_{it} + \alpha_4 mods_{it}$

Main Price Index Estimation

ELE DOG

Outpatient Price Index Estimates Are Highly Correlated Across Years



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Inpatient Price Index Estimates Are Highly Correlated Across Years



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Yearly Benchmark RD Results Without Controls

Yearly MA Benchmark RD Coefficients



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2012 - 2016 Benchmark RD Results for All Groups



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2012 - 2016 Benchmark RD Bandwidths for All Groups



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Group 3 Benchmark and MSA Population Scatters: 2012



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Group 3 Benchmark and MSA Population Scatters: 2016



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Yearly Penetration Rate RD Results Without Controls

Yearly MA Penetration Rate RD Coefficients



With Controls

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Yearly Log MA Enrollment RD Results Without Controls

Yearly Log(MA Enrollment) RD Coefficients



With Controls

-

Yearly Log MA Plan Count RD Results Without Controls





greater than 10 enrollees.

SEs NN clustered at the relevant MSA. Bars represent 95% Cls.



Yearly Log MA Plan Parent Org Count RD Results Without Controls

Yearly Log(Count of MA Plan Parent Orgs) RD Coefficients



SEs NN clustered at the relevant MSA. Bars represent 95% Cls.

◄ With Controls

Yearly MA Plan Parent Org HHI RD Results Without Controls

Yearly MA Plan Parent Org HHI RD Coefficients



SEs NN clustered at the relevant MSA. Bars represent 95% Cls.

◄ With Controls

Outpatient Price Index RD Bandwidths; Group 1, In-Network



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Outpatient Price Index RD Results; Group 1, Out-of-Network



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Outpatient Price Index RD Bandwidths; Group 1, Out-of-Network



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Outpatient Price Index RD Results; All Groups, In-Network



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Outpatient Price Index RD Bandwidths; All Groups, In-Network



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Outpatient Price Index RD Results; All Groups, Out-of-Network



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Outpatient Price Index RD Bandwidths; All Groups, Out-of-Network



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Inpatient Price Index RD Bandwidths; Group 1, In-Network



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Inpatient Price Index RD Results; Group 1, Out-of-Network



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Inpatient Price Index RD Bandwidths; Group 1, Out-of-Network



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Inpatient Price Index RD Results; All Groups, In-Network



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Inpatient Price Index RD Bandwidths; All Groups, In-Network



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Inpatient Price Index RD Results; All Groups, Out-of-Network



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Inpatient Price Index RD Bandwidths; All Groups, Out-of-Network



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2013 Outpatient Procedures MA County Price Index RD Estimates All Outpatient Procedures; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth
Conventional	-0.184***	-0.238***
	(0.062)	(0.071)
Bias-Corrected	-0.212***	-0.255***
	(0.062)	(0.071)
Robust	-0.212**	-0.255***
	(0.093)	(0.076)
Bandwidth	(150k; 350k)	(105,413; 3,795,756)
Bias Bandwidth	(150k; 350k)	(234,079; 18,497,432)
Observations	(199; 170)	(604; 386)
Effective Observations	(199; 170)	(100; 349)
Clusters	(124; 70)	(57; 130)
Controls:	x	x

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: Procedure Code, Log(Units), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

> > (日)



RD Controls: Log(1997 FFS Rate), Log(1997 MA Enrollment)



2014 Outpatient Procedures MA County Price Index RD Estimates All Outpatient Procedures; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth
Conventional	-0.289***	-0.333***
	(0.062)	(0.060)
Bias-Corrected	-0.269***	-0.353***
	(0.062)	(0.060)
Robust	-0.269***	-0.353***
	(0.100)	(0.063)
Bandwidth	(150k; 350k)	(99,259; 3,874,260)
Bias Bandwidth	(150k; 350k)	(234,079; 18,497,432)
Observations	(194; 167)	(561; 378)
Effective Observations	(194; 167)	(90; 341)
Clusters	(124; 70)	(51; 130)
Controls:	х	Х

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: Procedure Code, Log(Units), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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2015 Outpatient Procedures MA County Price Index RD Estimates All Outpatient Procedures; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth
Conventional	-0.290***	-0.272***
	(0.073)	(0.073)
Bias-Corrected	-0.314***	-0.292***
	(0.073)	(0.073)
Robust	-0.314***	-0.292***
	(0.082)	(0.078)
Bandwidth	(150k; 350k)	(121,836; 2,731,588)
Bias Bandwidth	(150k; 350k)	(234,079; 18,497,432)
Observations	(194; 171)	(574; 383)
Effective Observations	(194; 171)	(126; 333)
Clusters	(123; 70)	(74; 126)
Controls:	х	Х

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: Procedure Code, Log(Units), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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2012 Outpatient Procedures MA County Price Index RD Estimates Emergency Room; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth
Conventional	-0.279***	-0.378***
	(0.075)	(0.074)
Bias-Corrected	-0.283***	-0.400***
	(0.075)	(0.074)
Robust	-0.283**	-0.400***
	(0.116)	(0.078)
Bandwidth	(150k; 350k)	(94,536; 4,439,133)
Bias Bandwidth	(150k; 350k)	(236,739; 18,497,432)
Observations	(186; 160)	(580; 363)
Effective Observations	(186; 160)	(77; 331)
Clusters	(123; 70)	(45; 131)
Controls:	x	x

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: Procedure Code, Log(Units), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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2013 Outpatient Procedures MA County Price Index RD Estimates Emergency Room; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth
Conventional	-0.273***	-0.330***
	(0.094)	(0.099)
Bias-Corrected	-0.214**	-0.356***
	(0.094)	(0.099)
Robust	-0.214	-0.356***
	(0.158)	(0.105)
Bandwidth	(150k; 350k)	(104,301; 5,185,812)
Bias Bandwidth	(150k; 350k)	(234,079; 18,497,432)
Observations	(184; 155)	(573; 360)
Effective Observations	(184; 155)	(91; 349)
Clusters	(122; 70)	(55; 134)
Controls:	x	x

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: Procedure Code, Log(Units), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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2014 Outpatient Procedures MA County Price Index RD Estimates Emergency Room; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth
Conventional	-0.300***	-0.314***
	(0.068)	(0.062)
Bias-Corrected	-0.257***	-0.334***
	(0.068)	(0.062)
Robust	-0.257**	-0.334***
	(0.112)	(0.065)
Bandwidth	(150k; 350k)	(106,901; 4,202,431)
Bias Bandwidth	(150k; 350k)	(234,079; 18,497,432)
Observations	(172; 153)	(490; 348)
Effective Observations	(172; 153)	(88; 313)
Clusters	(119; 70)	(56; 126)
Controls:	х	X

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: Procedure Code, Log(Units), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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2015 Outpatient Procedures MA County Price Index RD Estimates Emergency Room; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth
Conventional	-0.202***	-0.199***
	(0.064)	(0.061)
Bias-Corrected	-0.154**	-0.215***
	(0.064)	(0.061)
Robust	-0.154	-0.215***
	(0.104)	(0.066)
Bandwidth	(150k; 350k)	(122,702; 3,574,634)
Bias Bandwidth	(150k; 350k)	(234,079; 18,497,432)
Observations	(171; 154)	(507; 353)
Effective Observations	(171; 154)	(115; 317)
Clusters	(118; 70)	(73; 127)
Controls:	x	x

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: Procedure Code, Log(Units), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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2016 Outpatient Procedures MA County Price Index RD Estimates Emergency Room; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth
Conventional	-0.179***	-0.212***
	(0.052)	(0.043)
Bias-Corrected	-0.188***	-0.228***
	(0.052)	(0.043)
Robust	-0.188***	-0.228***
	(0.072)	(0.046)
Bandwidth	(150k; 350k)	(105,467; 3,634,939)
Bias Bandwidth	(150k; 350k)	(236,739; 18,497,432)
Observations	(163; 150)	(469; 332)
Effective Observations	(163; 150)	(80; 301)
Clusters	(118; 70)	(54; 127)
Controls:	x	x

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: Procedure Code, Log(Units), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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Null Effect on IP Prices: 2013



2013 Inpatient Stays MA County Price Index RD Estimates All Inpatient Stays; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth
Conventional	-0.028	-0.029
	(0.064)	(0.060)
Bias-Corrected	0.005	-0.025
	(0.064)	(0.060)
Robust	0.005	-0.025
	(0.086)	(0.068)
Bandwidth	(150k; 350k)	(148,467;4,336,271)
Bias Bandwidth	(150k; 350k)	(233,084; 18,497,432)
Observations	(161; 145)	(478; 325)
Effective Observations	(161; 145)	(158; 296)
Clusters	(117; 70)	(114; 126)
Controls:	х	Х

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: DRG, Log(Length Of Stay), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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Null Effect on IP Prices: 2014



2014 Inpatient Stays MA County Price Index RD Estimates All Inpatient Stays; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth
Conventional	-0.086	-0.069
	(0.075)	(0.073)
Bias-Corrected	-0.083	-0.063
	(0.075)	(0.073)
Robust	-0.083	-0.063
	(0.109)	(0.083)
Bandwidth	(150k; 350k)	(142,268; 3,929,258)
Bias Bandwidth	(150k; 350k)	(234,079; 18,497,432)
Observations	(164; 151)	(464; 341)
Effective Observations	(164; 151)	(149; 309)
Clusters	(118; 70)	(106; 125)
Controls:	x	x

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: DRG, Log(Length Of Stay), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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Null Effect on IP Prices: 2015



2015 Inpatient Stays MA County Price Index RD Estimates All Inpatient Stays; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth
Conventional	-0.062*	-0.054*
	(0.036)	(0.031)
Bias-Corrected	-0.003	-0.052*
	(0.036)	(0.031)
Robust	-0.003	-0.052
	(0.057)	(0.037)
Bandwidth	(150k; 350k)	(148,284; 3,491,561)
Bias Bandwidth	(150k; 350k)	(234,079; 18,497,432)
Observations	(159; 144)	(458; 332)
Effective Observations	(159; 144)	(156; 301)
Clusters	(117; 70)	(114; 126)
Controls:	x	x

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: DRG, Log(Length Of Stay), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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Null Effect on Surgical Prices: 2012



2012 Inpatient Stays MA County Price Index RD Estimates Surgical; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth
Conventional	-0.095*	-0.078
	(0.051)	(0.049)
Bias-Corrected	-0.063	-0.083*
	(0.051)	(0.049)
Robust	-0.063	-0.083
	(0.079)	(0.060)
Bandwidth	(150k; 350k)	(153,230; 3,162,027)
Bias Bandwidth	(150k; 350k)	(233,084; 18,497,432)
Observations	(129; 119)	(326; 265)
Effective Observations	(129; 119)	(138; 240)
Clusters	(107; 68)	(115; 118)
Controls:	х	х

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: DRG, Log(Length Of Stay), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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2013 Inpatient Stays MA County Price Index RD Estimates Surgical; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth
Conventional	-0.058*	-0.031
	(0.033)	(0.030)
Bias-Corrected	-0.014	-0.027
	(0.033)	(0.030)
Robust	-0.014	-0.027
	(0.050)	(0.035)
Bandwidth	(150k; 350k)	(142,228; 2,931,716)
Bias Bandwidth	(150k; 350k)	(230,410; 18,497,432)
Observations	(126; 115)	(305; 243)
Effective Observations	(126; 115)	(114; 219)
Clusters	(100; 66)	(90; 112)
Controls:	х	Х

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: DRG, Log(Length Of Stay), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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2014 Inpatient Stays MA County Price Index RD Estimates Surgical; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth
Conventional	-0.073**	-0.039
	(0.032)	(0.028)
Bias-Corrected	-0.025	-0.029
	(0.032)	(0.028)
Robust	-0.025	-0.029
	(0.048)	(0.033)
Bandwidth	(150k; 350k)	(152,773; 3,355,987)
Bias Bandwidth	(150k; 350k)	(232,173; 18,497,432)
Observations	(138; 118)	(315; 263)
Effective Observations	(138; 118)	(146; 237)
Clusters	(111; 69)	(119; 118)
Controls:	х	х

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: DRG, Log(Length Of Stay), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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2015 Inpatient Stays MA County Price Index RD Estimates Surgical; In-Network

_	DSV Bandwidth	Data-Driven Bandwidth
Conventional	-0.051*	-0.039*
	(0.027)	(0.023)
Bias-Corrected	0.011	-0.029
	(0.027)	(0.023)
Robust	0.011	-0.029
	(0.038)	(0.028)
Bandwidth	(150k; 350k)	(158,682; 3,136,773)
Bias Bandwidth	(150k; 350k)	(230,410; 18,497,432)
Observations	(133; 117)	(315; 269)
Effective Observations	(133; 117)	(146; 240)
Clusters	(106; 67)	(119; 117)
Controls:	x	x

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: DRG, Log(Length Of Stay), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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	2016 Inpatient Stays MA County Price Index RD	Estimates	
Surgical; In-Network			

_	DSV Bandwidth	Data-Driven Bandwidth
Conventional	-0.041	-0.037
	(0.041)	(0.037)
Bias-Corrected	-0.002	-0.029
	(0.041)	(0.037)
Robust	-0.002	-0.029
	(0.063)	(0.045)
Bandwidth	(150k; 350k)	(148,743; 2,724,995)
Bias Bandwidth	(150k; 350k)	(228,330; 18,497,432)
Observations	(104;113)	(257; 234)
Effective Observations	(104;113)	(104; 209)
Clusters	(94;69)	(94; 118)
Controls:	x	x

Sources: Authors' calculations from HCCI. CMS. US Census Bureau. Notes: Standard errors NN clustered at the relevant MSA.

> Price Index Controls: DRG, Log(Length Of Stay), Demographics. RD Controls: Log(1997 MA FFS Rate), Log(1997 MA Enrollment).

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Heterogeneous Price Effects by HHI Quartile; OP Out-of-Network



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Heterogeneous Price Effects by HHI Quartile; IP In-Network



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Heterogeneous Price Effects by HHI Quartile; IP Out-of-Network



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Placebo Test: 2016 MA Benchmark



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Placebo Test: 2012 Log(MA Enrollment)

2012 Log(MA Enrollment) Placebo Test



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Placebo Test: 2016 Log(MA Enrollment)



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Placebo Test: 2012 MA Penetration Rate



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Placebo Test: 2016 MA Penetration Rate



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Placebo Test: 2012 Log(Count of MA Plans)



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Placebo Test: 2016 Log(Count of MA Plans)



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Placebo Test: 2012 Log(Count of MA Parent Orgs)



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Placebo Test: 2016 Log(Count of MA Parent Orgs)



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Placebo Test: 2012 MA Parent Org HHI



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Placebo Test: 2016 MA Parent Org HHI



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Placebo Test: 2016 Outpatient In-Network County Price Index



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Placebo Test: 2014 Outpatient Out-of-Network County Price Index



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Placebo Test: 2016 Outpatient Out-of-Network County Price Index



2016 Outpatient Out-of-Network MA County Price Index Placebo Test

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A (1) > A (2) > A (2)

Placebo Test: 2012 Inpatient In-Network County Price Index



2012 Inpatient In-Network MA County Price Index Placebo Test

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A (1) > A (2) > A (2)

Placebo Test: 2016 Inpatient In-Network County Price Index



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Placebo Test: 2014 Inpatient Out-of-Network County Price Index



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Placebo Test: 2016 Inpatient Out-of-Network County Price Index



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