Switching Costs: Handel: Adverse Selection and Inertia in Health Insurance Markets

C.Conlon

Fall 2024

Grad IO

Goals of the Paper

- Theory Testing
  - Does information provision worsen adverse selection in a market where consumers face switching costs? Does unraveling result?
- Measurement
  - Identify the value of “switching costs"
  - Measure consumer welfare change when switching costs fall, given the **endogenous** pricing response
  - Measure both adverse selection and risk preferences (including heterogeneity of risk aversion)
- Methodology
  - Develop non-parametric model linking modeled health risk to total medical expenditures using observed cost data

Handel: Main Idea

- There is a tradeoff when introducing an information provision policy in markets in which adverse selection exists:
  - As ones lowers switching costs, those enrollees with the lowest costs/lowest risk aversion parameters reallocate and select less comprehensive coverage
  - Comprehensive plans contain riskier pool; consumers in the pool suffer as premiums increase due to adverse selection (remaining enrollees in comprehensive plan have higher costs). “Death spiral" can occur.

Handel: Research Question

- For one employer/array of health plans, does a reduction in switching costs harm social welfare?

Data

Data from one large, self-insured employer

- Have employee plan choices, claim-level employee utilization and expenditure data, employee demographics
  - job char, age, gender, income, job tenure, 'quantitatively sophisticated' manager
  - dependent's type + age/gender
- Focus on a balanced panel of employees
  - must work at the firm from t_{-1} to t_1
  - enrolled in a PPO in each of these years
  - Excludes employees who enter or exit firm
    - Might these be the type of consumer with lower switching costs? Bias?
    - Decisions of new cohorts could help identification?

Data

- At year t_0, all enrollees actively select a new plan, with no default.
  - Switching costs $= 0$
  - 5 options, 3 PPOs that differ only in financial characteristics (same network)
  - With no network effects, the switching costs may represent lower bound
- In t_1+, default is to remain in past choice
- Plan prices adjust in t_1+
- Past claims data (diagnoses + spending); used to construct an ex ante out-of-pocket expense measure

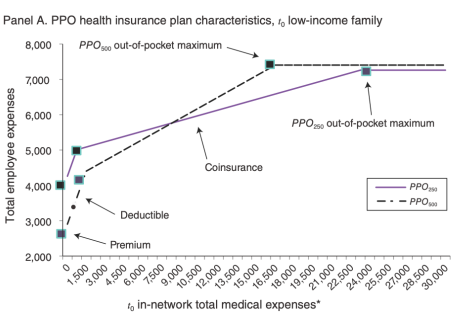
How do insurance contracts look?

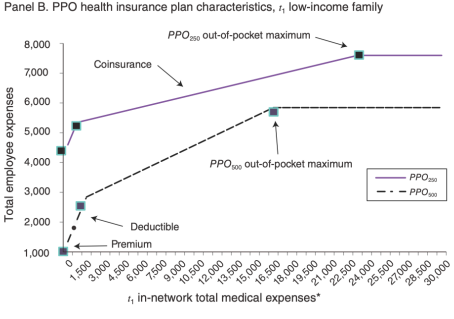
TABLE 1—DESCRIPTIVE STATISTICS

Sample demographics	All employees	PPO ever	Final sample
N–Employee only	11,253	5,667	2,023
N–All family members	20,963	10,713	4,544
Mean employee age (median)	40.1 (37)	40.0 (37)	42.3 (44)
Gender (male) percent	46.7	46.3	46.7
Income (*percent*)			
Tier 1 (< $41K)	33.9	31.9	19.0
Tier 2 ($41K–$72K)	39.5	39.7	40.5
Tier 3 ($72K–$124K)	17.9	18.6	25.0
Tier 4 ($124K–$176K)	5.2	5.4	7.8
Tier 5 (> $176K)	3.5	4.4	7.7
Family size (*percent*)			
1	58.0	56.1	41.3
2	16.9	18.8	22.3
3	11.0	11.0	14.1
4+	14.1	14.1	22.3
Staff grouping (*percent*)			
Manager (percent)	23.2	25.1	37.5
White-collar (percent)	47.9	47.5	41.3
Blue-collar (percent)	28.9	27.3	21.1
Additional demographics			
Quantitative manager (percent)	12.8	13.3	20.7
Job tenure mean years (median)	7.2 (4)	7.1 (3)	10.1 (6)
Zip code population mean (median)	42,925 (42,005)	43,319 (42,005)	41,040 (40,175)
Zip code income mean (median)	$56,070 ($55,659)	$56,322 ($55,659)	$60,948 ($57,393)
Zip code house value mean (median)	$226,886 ($204,500)	$230,083 ($209,400)	$245,380 ($213,300)

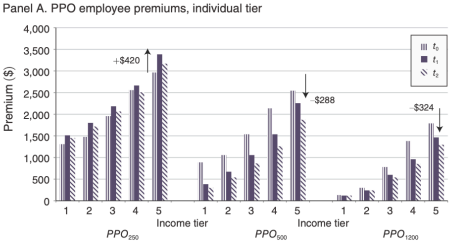
Notes: This table presents summary demographic statistics for the population we study. The first column describes demographics for the entire sample, whether or not they ever enroll in insurance with the firm. The second column summarizes these variables for the sample of individuals who ever enroll in a *PPO* option, the choices we focus on in the empirical analysis. The third column describes our final estimation sample, which includes those employees who (i) are enrolled in PPO_{-1} at t_{-1} and (ii) remain enrolled in any plan at the firm through at least t_1. Comparing the columns shows little selection on demographics into *PPO* options and some selection based on family size into the final estimation sample.

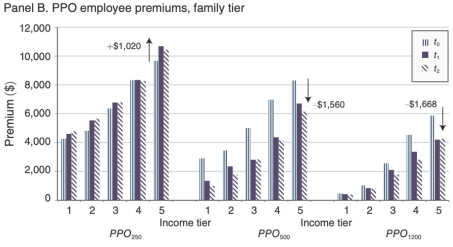
How do insurance contracts look?





Evolution of Premiums





Data: Three Descriptive Tests

1. Compare new employees, who make active choices at coverage at t_i, to prior cohorts who decide whether to change plans at t_i (See KM Ericson 2012).
   - New entrants similar to prior cohorts in obs demographics
   - Choices of prior cohorts at t reflect choice setting at t_{-1}.
   - Note: this sample not used for baseline model
2. PPO_{250} becomes strictly dominated at t_1 for some family size and income groups.
   - Only 11% switch to a non-dominated plan at t_1; only 25% of those remaining switch at t_2
   - Those who switch are also more likely to switch dental coverage, have an FSA.
   - Switchers younger, lower income, male
   - Info shock or unobserved indiv characteristic?
3. Test of adverse selection
   - Look across plans available in all years with the same coverage
   - Find higher health risks chose plans with more comprehensive coverage.
   - Important for Einav, Finkelstein, Cohen (2010) test: need complete OOP expenses
     - Time Series data, see premiums increase and little change in risk.
     - Cross-section on same plan provides evidence of adverse selection

Evidence of Switching Costs: New Employees and Dominated Plan

Table 2—New Employee Health Plan Choices

New enrollee analysis	New enrollee t_{-1}	New enrollee t_0	New enrollee t_1
N, t_0	1,056	1,377	—
N, t_1	784	1,267	1,305
t_0 Choices			
PPO_{250}	259 (25%)	287 (21%)	—
PPO_{500}	205 (19%)	306 (23%)	—
PPO_{1200}	155 (15%)	236 (17%)	—
HMO_1	238 (23%)	278 (20%)	—
HMO_2	199 (18%)	270 (19%)	—
t_1 Choices			
PPO_{250}	182 (23%)	253 (20%)	142 (11%)
PPO_{500}	201 (26%)	324 (26%)	562 (43%)
PPO_{1200}	95 (12%)	194 (15%)	188 (14%)
HMO_1	171 (22%)	257 (20%)	262 (20%)
HMO_2	135 (17%)	239 (19%)	151 (12%)
Demographics			
Mean age	33	33	32
Median age	31	31	31
Female percent	56%	54%	53%
Manager percent	20%	18%	19%
FSA enroll percent	15%	12%	14%
Dental enroll percent	88%	86%	86%
Median (mean) expense t_1	844 (4,758)	899 (5,723)	—
Income tier 1	48%	50%	47%
Income tier 2	33%	31%	32%
Income tier 3	10%	10%	12%
Income tier 4	5%	4%	4%
Income tier 5	4%	5%	5%

Notes: This table describes the choice behavior of new employees at the firm over several consecutive years and presents our first model-free test of inertia. Each column describes one cohort of new employees at the firm, corresponding to a specific year of arrival. First, the chart describes the health insurance choices made by these cohorts in year t_0 (the year of the insurance plan menu change) and in the following year, t_1. The last part of the chart lists the demographics for each cohort of new arrivals at the time of their arrival. Given the very similar demographic profiles and large sample size for each cohort, if there is no inertia, the t_1 choices of employees who entered the firm at t_0 and t_{-1} should be very similar to the t_1 choices of employees who entered the firm at t_1. The table shows that, in fact, the active choices made by the t_1 cohort are quite different than those of the prior cohorts in the manner we would expect with high inertia: the t_1 choices of employees who enter at t_0 and t_{-1} reflect both t_1 prices and t_0 choices while the t_1 choices of new employees at t_1 reflect t_1 prices.

Table 3—Dominated Plan Choice Analysis

Dominated plan analysis	t_1 Dominated stay	t_1 Dominated switch	t_2 Dominated stay	t_2 Dominated switch
N	498	61	378	126
Minimum money lost[a]	$374	$453	$396	$306
PPO_{500}	—	44 (72%)	—	103 (81%)
PPO_{1200}	—	4 (7%)	—	6 (5%)
Any *HMO*	—	13 (21%)	—	17 (14%)
FSA t_1	25.4%	32.1%	27.2%	28.6%
FSA t_2	—	—	28.1%	30.9%
Dental switch t_1	4.3%	14.1%	3.5%	10.9%
Dental switch t_2	—	—	6.9%	17.2%
Age (mean)	44.9	38.3	46.2	41.4
Income tier (mean)[b]	1.6	1.4	1.6	1.7
Quant. manager	11%	8%	11%	11%
Single (percent)	40%	41%	40%	33%
Male (percent)	42%	46%	39%	55%
All plan analysis	PPO_{250} stay t_1	PPO_{250} switch t_1	All plans t_1 stay	All plans t_1 switch
Sample size	1,626	174	2,786	384
FSA t_1 enrollee	31%	41%	25%	39%
Dental switch	3.2%	13.1%	3.8%	14.5%
Age (mean)	48.3	40.6	44.0	39.1
Income tier (mean)[b]	2.5	2.2	2.3	2.1
Quant. manager	20%	17%	17%	14%
Single (percent)	50%	56%	53%	59%
Male (percent)	48%	42%	49%	40%

Notes: This top panel in this table profiles the choices and demographics of the employees enrolled in PPO_{250} at t_0 who (i) continue to enroll in a firm plan in t_1 and (ii) have PPO_{250} become dominated for them at t_1. The majority of these employees (498 out of 559 (89 percent)) remain in PPO_{250} even after it becomes dominated by PPO_{500} with 378 of 504 (25 percent) still remaining in this plan at t_2. People who do switch are more likely to exhibit a pattern of active choice behavior in general as evidenced by their higher FSA enrollments and level of dental plan switching. Apart from this, these populations are similar though switchers in this group are slightly younger. The bottom panel studies the profiles of those who switch at t_1 and those who don't for the two groups of (i) PPO_{500} enrollees at t_0 and (ii) the entire universe of PPO plan enrollees present in t_0 and t_1. This reveals a similar pattern of active decision making as switchers in these populations are also more likely to enroll in FSAs and switch dental plans.

Model: Cost model

- Assume: (1) consumers' beliefs match the cost model's estimates (no private information), and (2) no moral hazard
- Procedure to determine $F_{kjt}(.)$
  - Enter past diagnoses and payments in JH model to predict future medical and pharmacy expenditures
  - Divide sample into groups based on predicted expenditures
  - Fit the empirical distrib of ex post claims for each spending category and sample group (allow corr)
  - Map joint distrib of claims to OOP
- Robustness: adjust the output of the cost model to have lower utilization in less comprehensive plans.

Handel: Demand Model

Use what Einav, Finkelstein, and Levin (2010) call a "realized" empirical utility model and assume that U_{kjt} has the following von-Neuman Morgenstern (v-NM) expected utility formulation

$$U_{kjt} = \int_0^\infty u_k\left(W_k, OOP, P_{kjt}, 1_{kj,t-1}\right) f_{kjt}(OOP) dOOP$$

$$u_k(x) = -\frac{1}{\gamma_k\left(\mathbf{X}_k^A\right)} e^{-\gamma_k\left(\mathbf{x}_k^A\right)_x}$$

- k is a family unit, j is an insurance plan, t is a year (t_0, t_1, t_2).
- $\gamma = \frac{u''(\cdot)}{u'(\cdot)}$ CARA risk-aversion (larger is more risk-averse).

Handel: Demand Model

$$x = W_k - P_{kjt} - OOP + \eta\left(\mathbf{X}^B_{kt}, Y_k\right) 1_{kj,t-1} + \delta_k\left(Y_k\right) 1_{1200} + \alpha H_{k,t-1} 1_{250} + \epsilon_{kjt}\left(Y_k\right)$$

- W_k family wealth.
- P_{kjt} is the price for insurance plan j to family k.
- OOP is a draw from the distribution of $f(OOP)$ expenses: depends on the plan.
- $\eta\left(\mathbf{X}^B_{kt}, Y_k\right) 1_{kj,t-1}$ is the switching cost which depends on demographics $\mathbf{X}^B_{kt}$.
- $\delta_k(Y_k)$ is the family specific intercept for high-deductible plan (Y_k) is family dummy.
- $\alpha H_{k,t-1} 1_{250}$ is interaction between 90th percentile spenders and most generous plan.

Supply Model

- Total premium set as average plan cost for the plan's enrollees in prior year plus administrative markup (and conditional on income/family level, y):

$$TP_{jt}^{y} = AC_{K_{j,t-1}^{y}} + L = \frac{1}{||K_{j,t-1}^{y}||} \sum_{k \in K_{j,t-1}^{y}} PP_{kj,t-1} + L$$

- Subsidy to employee as a percentage of PPO_{1200} premium

Identification

- Identify consumer preference heterogeneity using choices from the forced re-enrollment period
- Identify switching costs by analyzing how choices change over time as predicted active plan values change.
- Identify preference for PPO_{1200} HSA by looking at choice of nest $\{\text{PPO}_{250}, \text{PPO}_{500}\}$ vs. $\{\text{PPO}_{1200}\}$.

Estimation

- Normal distribution on random coefficients:

$$\begin{aligned} \gamma_k(X_k^A) &\backsim N(\mu_\gamma(X_k^A), \sigma_\gamma^2) \\ \mu_\gamma(X_k^A) &= \mu + \beta(X_k^A) \end{aligned}$$

- Switching costs:

$$\eta(X_k^B, Y_k) = \eta_0 + \eta_1 X_{kt}^B + \eta_2 Y_k$$

- Probit error, ε_{kjt} distributed iid with parms $(\mu_{\varepsilon_j}(Y_k), \sigma_{\varepsilon_j}(Y_k))$
- Proceed via random coefficients probit SMLE

Results : Choice Model

- Switching costs $1729 for singles, $2480 for family with dependent. Why–family has more money at stake?
- Demographics?
  - Enroll in FSA - $551 lower switching cost
  - Manager – higher SC; no effect from quant manager
  - Higher SC for chronic patients, those with salient change in medical history?
- Risk aversion
  - Moderate: 50% gain $100, 50% lose $92.2. Little heterogeneity (contrast with Einav and Cohen (2007))
  - Increasing in age and income?
  - Heterogeneity larger in robustness with log-normal risk parameter
- Distaste for HSA

Results: Counterfactuals

- Reduce switching costs by multiplicative factor Z. As Z approaches 0, full optimization in each period.
- Welfare measure
  - CS is difference in certainty equivalents, for a given family, between the health plan chosen before/after intervention
  - TS differs from CS only if the sum of employees contributions differs in counterfactual scenario
- Naive
  - $3/4$ reduction in switching costs at t_2: improves consumer choices, \$114 mean increase in population; \$196 for switchers only. 5.8% improvement overall.

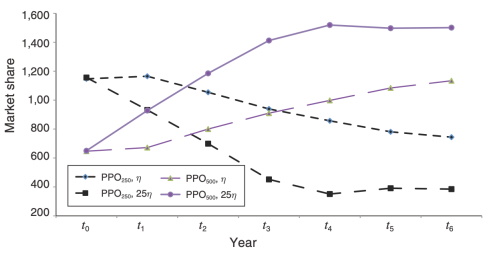
Results: Counterfactuals

With endogenous price changes:

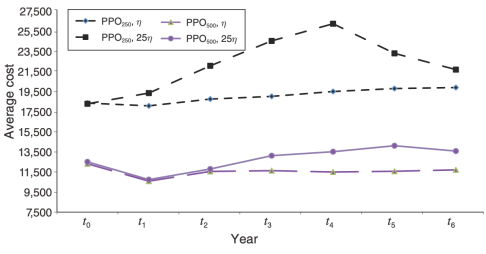
- Unravelling: when switching costs reduced, initial switchers are healthier (see reduced form); adverse selection results.
- With 3/4 reduction in switching costs:
  - improves consumer choices conditional on prices
  - worsens adverse selection; “death spiral" for PPO_{250}
- Welfare falls per year, on average by \$115 or 7.7% (loss from adverse selection without info provision is 8.2%)
  - Switchers gain \$186/yr (12% of premiums)
  - Non-switchers lose \$442, due to adverse selection.
  - Distributional effects by demographics (harder to interpret)
  - With switching costs in welfare measure, still see loss

Counterfactual Evolution of Plans

Panel A. Full equilibrium information provision plan market shares, t_0–t_6



Panel B. Full equilibrium information provision plan family average cost, t_0–t_6



Counterfactual Evolution of Plans

TABLE 6—WELFARE IMPACT OF REDUCED INERTIA: η TO $0.25\,\eta$

Plan re-pricing welfare analysis reduced inertia: η to $0.25\ \eta$	t_1	t_2	t_4	t_6	Avg. t_1–t_6
Mean Δ *TS*					
Population	−$63	−$104	−$144	−$118	−$115
Switcher population percent	51	49	48	53	49
Switchers only	$86	$175	$ 245	$242	$186
Non-switchers only	−$205	−$391	−$555	−$432	−$442
High expense population percent	10	11	11	11	11
High expense	$26	$106	$119	$65	$62
Non-high expense	−$73	−$130	−$177	−$141	−$137
Single population percent	47	46	46	46	46
Single	−$249	−$367	−$414	−$195	−$319
W/dependents	$99	$124	$89	−$51	$61
Low income population percent	40	41	41	41	41
Low income	−$81	−$218	−$282	−$178	−$200
High income	−$36	$62	$57	−$30	$0
Welfare change: percent premiums					
Mean employee premium	$1,471	$1,591	$1,455	$1,259	$1,500
Welfare change population	−4.8	−6.5	−9.9	−9.4	−7.7
Welfare change switchers	5.6	11.0	16.9	19.2	12.4
Welfare change non-switchers	−13.9	−24.6	−38.1	−34.3	−29.4
Welfare change: percent total spending					
Mean total employee spending	$3,755	$4,097	$4,022	$3,862	$4,015
Welfare change population	−1.7	−2.5	−3.6	−3.06	−2.9
Welfare change switchers	2.3	4.3	6.1	6.3	4.6
Welfare change non-switchers	−5.5	−9.5	−13.8	−11.2	−11.0
Welfare change: percent $\|\|$ *CEQ* $\|\|$ *Loss*					
Mean total $\|\|$ *CEQ* $\|\|$ *Loss*	$5,888	$6,264	$6,207	$6,065	$6,190
Welfare change population	−1.1	−1.7	−2.3	−2.0	−1.9
Welfare change switchers	1.5	2.8	4.0	4.0	3.0
Welfare change non-switchers	−3.5	−6.2	−8.9	−7.1	−7.1

Notes: This table presents the welfare results of the endogenous insurance pricing policy counterfactual for the case where inertia is reduced from η to 0.25 η. We present the change in the mean per employee per year certainty equiv-

Counterfactual Welfare

TABLE 7—WELFARE IMPACT OF REDUCED INERTIA: DIFFERENTIAL INTERVENTION EFFECTIVENESS

Endogenous plan re-pricing welfare analysis reduction in inertia	First-best	Baseline	0.75 η	0.5 η	0.25 η	0
Mean Δ *TS* (*percent of premiums*)						
Population	$123	—	−$41	−$73	−$115	−$107
	(8.2)	(—)	(−2.7)	(−4.9)	(−7.7)	(−7.1)
Switchers	−$538	—	$1,017	$766	$186	$118
	(−35.9)	(—)	(67.8)	(51.0)	(12.4)	(7.9)
Non-switchers	$953	—	−$249	−$371	−$442	−$382
	(63.5)	(—)	(−16.6)	(−24.8)	(−29.4)	(−25.4)
High expense	$936	—	$38	$84	$62	$121
	(62.4)	(—)	(2.6)	(5.6)	(4.2)	(8.1)
Non-high expense	$22	—	−$52	−$93	−$137	−$136
	(1.5)	(—)	(−3.5)	(−6.2)	(−9.2)	(−9.1)
Single	−$683	—	−$153	−$295	−$319	−$286
	(−45.5)	(—)	(−10.2)	(−19.7)	(−21.2)	(−19.0)
Family	$826	—	−$54	$119	$61	$47
	(55)	(—)	(3.6)	(7.9)	(4.1)	(3.1)
Low income	−$349	—	−$75	−$153	−$200	−$190
	(−23.3)	(—)	(−5.0)	(−10.2)	(−13.3)	(−12.7)
High income	$806	—	$10	$43	$0	$13
	(53.7)	(—)	(0.6)	(2.9)	(0)	(0.9)

Notes: This table shows the welfare change of a range of policy interventions, in terms of effectiveness, relative to the baseline where preferences are as estimated in Table 5. In addition, we present results on the welfare loss from adverse selection in the actual environment relative to the first-best. The chart reports the change in the mean per employee per year certainty equivalent in each environment, relative to the baseline case. In parentheses, we include the percentage corresponding to this certainty equivalent change divided by mean employee premiums paid per employee per year. Column 1 shows how the first-best compares to the baseline and reveals that the mean welfare loss from adverse selection in the current information environment is $123 or 8.2 percent of total premiums paid in the baseline. Columns 3 through 6 correspond to different counterfactual environments where inertia has been reduced relative to the baseline. We study four cases, when inertia is assumed to be 75 percent, 50 percent, 25 percent, and 0 percent of baseline inertia respectively. We report welfare results for the population as well as dif-

TABLE 8—DIFFERENT WELFARE TREATMENTS OF INERTIA

Endogenous plan re-pricing Welfare treatment of inertia		η	0.75 η	0.5 η	0.25 η	0
Avg. t_1–t_6	Inertia cost/ switcher	1,963	1,489	988	493	0
	Switcher %	9	13	14	17	20
	Avg. inertia pop.	185	188	142	83	0
Welfare impact		η	0.75 η	0.5 η	0.25 η	0
$\kappa = 0$	Welfare relevant inertia	0	0	0	0	0
	Δ TS (% premiums)	—	−\$41 (−2.7)	−\$73 (−4.9)	−\$115 (−7.7)	−\$107 (−7.1)
$\kappa = 0.25$	Welfare relevant inertia	46	47	36	21	0
	Δ TS (% premiums)	—	−\$42 (−2.8)	−\$63 (−4.2)	−\$90 (−6.0)	−\$61 (−4.1)
$\kappa = 0.5$	Welfare relevant inertia	93	94	71	42	0
	Δ TS (% premiums)	—	−\$42 (−2.8)	−\$51 (−3.4)	−\$64 (−4.3)	−\$14 (−0.9)
$\kappa = 1$	Welfare relevant inertia	185	188	142	83	0
	Δ TS (% premiums)	—	−\$44 (−2.9)	−\$30 (−2.0)	−\$13 (−0.9)	−\$78 (5.2)

Notes: Table 8 expands the welfare analysis to account for the possibility that some proportion of estimated, and subsequently reduced, inertia should be included in the welfare analysis. Tables 6 and 7 present results conditional on $\kappa = 0$ (overcoming inertia is not welfare relevant cost) while this table presents results across the range of κ from 0 to 1 (overcoming inertia is purely a direct and welfare relevant cost). The top panel of this table studies the profile of maximum incurred tangible costs of inertia for different Z from t_1 to t_6, while the bottom panel assesses

Comments: Switching Costs

- What is a switching cost?
  - Transaction costs (then SC=0 when no switch)
  - Learning costs - effort needed to learn about new plans features.
  - Product compatibility - important if network changes (need to make new relationship-specific investments)
  - Fixed re-optimization costs - some cost to changing beliefs from status quo
  - Inertial and psychological costs
- First three are social costs.

Comments: Can we tell apart stories?

- If it's inertia, fixed optimization, then people who switch would have medical costs similar to population
- If transaction costs, more money at stake would imply more switching.
- Use of balanced panel: miss a lot of information from new entrants vs. prior cohorts?

Comments: Implications for insurance design

- Keep consumers uninformed to prevent adverse selection from worsening?
- Information opaqueness an alternative to mandates?
- Use risk adjustment along with info provision.
  - Continue lump sum subsidies (consumers face the marginal price of their choice)
  - Transfers/risk-adjustment prevent death spiral from adverse selection under AC-pricing

Comments: Endogeneity question

- Firms respond to stickiness using introductory pricing, advertising, etc
- Consumer stickiness built by “endogenous sunk costs" (Sutton)–network formation, brand loyalty,...

Aside: Researchable Topics

Questions we might ask:

- How are prices set?
- Ratcheting effect from non-durable good due to information revelation?
- Do firms exploit 'inertia' of consumers in their pricing decisions?
  - In theory literature, 'invest then harvest' pricing
  - Or is it another form of price discrimination?
  - How big are switching costs- both pecuniary and non-pecuniary- in Part D plans? ESI plans?

Aside: Researchable Topics

Questions we might ask:

- Firms prohibited from pricing new vs. continuing enrollees differently. Can the firm use contract proliferation as a means to accomplish the same goal?
- What explains the choice in the initial period for a plan with a higher premium?
- Are profits higher in the plans with greater enrollment? Cream-skimming strategy?