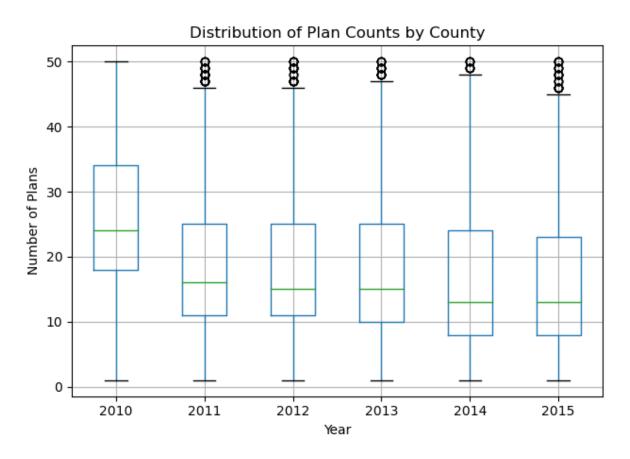
# HOMEWORK 4 BY AVANTH PAKANATI

### ACCESS GITHUB HERE

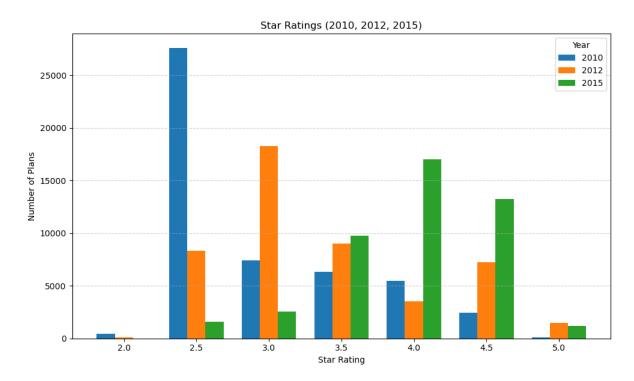
Question 1

<Figure size 1200x600 with 0 Axes>

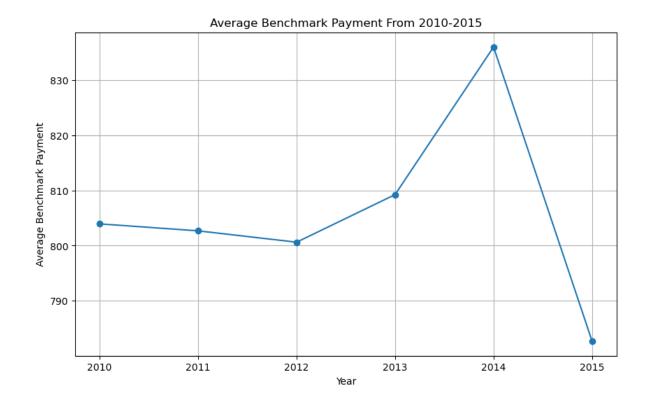


This figure shows that the number of plans is too few and shows that the market is concentrated within regions.

Question 2



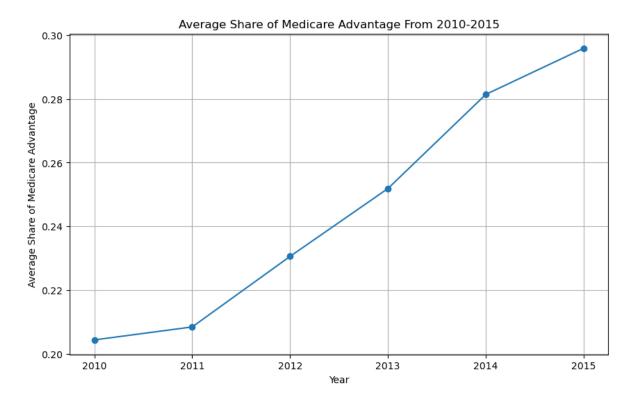
From 2010-2015, Star Rating counts have increased with higher ratings Question 3  $\,$ 



### -21.236870591187085

The average benchmark payment has fallen by \$21.24 from the years 2010-2015. Through the years, there wasn't much change from 2010-2012, but 2012-2014 saw a sharp increase. There was a sharp drop off in from 2014-2015.

### Question 4



The share of Medicare Advantage increased from 2010-2015, but there is no obvious correlation between this and benchmark payments.

# Question 5

	star_rating	rounded
0	3.0	2434
1	3.5	1632
2	4.0	65
3	4.5	0
4	5.0	0

# Question 6

### OLS Regression Results

Dep. Variable:	mktshare	R-squared:	0.007
Model:	OLS	Adj. R-squared:	0.005
Method:	Least Squares	F-statistic:	5.188
Date:	Fri. 11 Apr 2025	Prob (F-statistic):	0.00568

Time: No. Observat Df Residuals Df Model: Covariance	3:		588 AIC: 585 BIC: 2	ikelihood:		1013.6 -2021. -2005.
	coef	std err	t	P> t	[0.025	0.975]
Intercept score_3 treat_3	0.2623 0.2364 -0.0118	0.022 0.074 0.023	11.827 3.213 -0.518	0.000 0.001 0.604	0.219 0.092 -0.056	0.306 0.381 0.033
Omnibus: Prob(Omnibus Skew: Kurtosis:	s):	0.				1.267 53.846 2.03e-12 32.3

### Notes:

[1] Standard Errors assume that the covariance matrix of the errors is correctly specified.

# OLS Regression Results

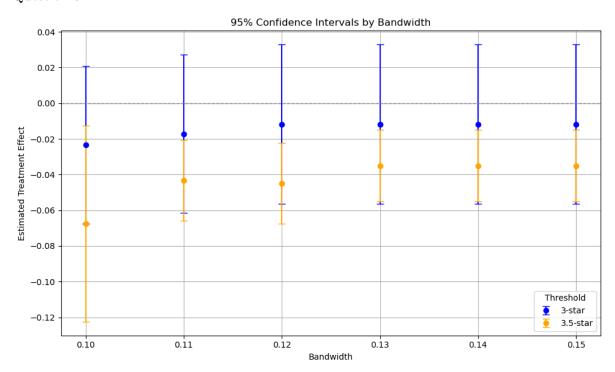
=========				=====		=======	=======
Dep. Variab	le:	mkts	share	R-sq	uared:		0.048
Model:			OLS	-	R-squared:		0.047
Method:		Least Sq	ıares	•	atistic:		49.91
Date:		Fri, 11 Apr	2025	Prob	(F-statistic)	:	7.18e-22
Time:		18:4	10:04	Log-	Likelihood:		1154.9
No. Observat	tions:		1979	AIC:			-2304.
Df Residuals	s:		1976	BIC:			-2287.
Df Model:			2				
Covariance 7	Гуре:	nonro	bust				
========				====		=======	
	coei	std err		t	P> t	[0.025	0.975]
Intercept	0.2709	0.010	26	.902	0.000	0.251	0.291
-	0.4593	0.052	8	.875	0.000	0.358	0.561
treat_35	-0.0350	0.010	-3	.414	0.001	-0.055	-0.015
========				=====		=======	
Omnibus:			5.979		in-Watson:		1.018
Prob(Omnibus	s):	(	0.000	-	ue-Bera (JB):		118.554
Skew:		(	).584	Prob	(JB):		1.80e-26

#### Notes:

[1] Standard Errors assume that the covariance matrix of the errors is correctly specified.

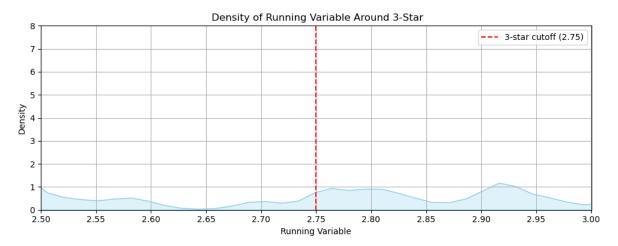
	3-Star Threshold	3.5-Star Threshold
Intercept	$0.262 \ (0.022)$	$0.271 \ (0.010)$
Rounded	-0.012 (0.023)	-0.035 (0.010)
Running Score	$0.236 \ (0.074)$	$0.459 \ (0.052)$
N	1588	1979
R2	0.006503	0.048083

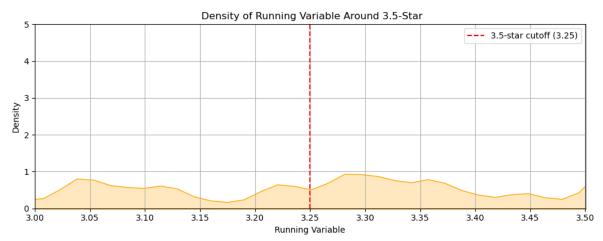
### Question 7



For the 3 star thresholds, the estimated treatment effect is consistently negative but is pretty stable. This means that it is not very sensitive to bandwidth choice. The 3.5 star threshold is also consistently negative, but there is a lot more variation meaning it is much morh sensitive to bandwidth choice.

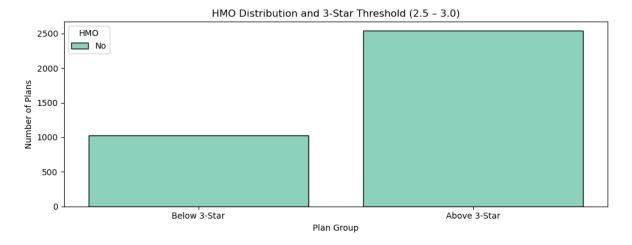
# Question 8



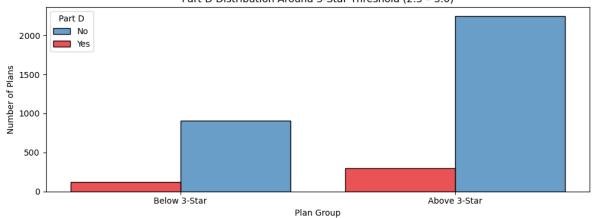


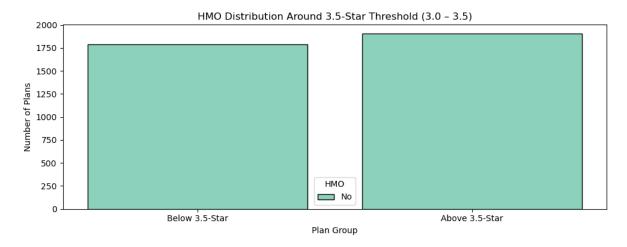
Both the 3 star and 3.5 star levels are both fairly stable, with few spikes. This means that there wasn't much of a manipulation effect.

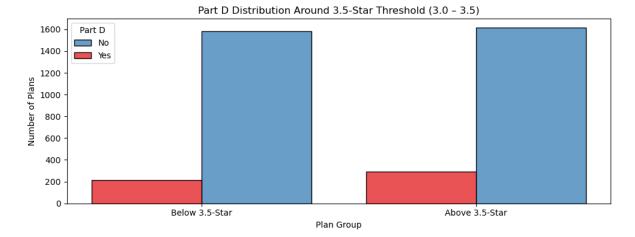
# Question 9











For Plan D plan characteristics, at the 3 star level, there are more plans above the threshold than there are below the threshold. For 3.5 stars, there a similar amount of plans both below and above the threshold.

### Question 10:

Overall, we know that both enrollments ratings have increased over time as well as star ratings. The results found from Question 6 show us that that Star Rating has an effect on market share.