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 Citizenship: Chile, Germany, Israel

Fields

Research: Industrial Organization, Health Economics, Econometrics
 Teaching: Industrial Organization, Applied Microeconomics, Econometrics

Education

Ph.D., Economics, Northwestern University (anticipated) 2022
 Dissertation: Essays on Health Care Market Regulation
 Committee: David Dranove (co-chair), Igal Hendel (co-chair), Gaston Illanes, Amanda Starc
 M.A., Economics, Northwestern University 2018
 M.A., Economics, University of Chile 2016
 B.Sc.Eng. Industrial Engineering, University of Chile 2014

Fellowships & Awards

Dissertation University Fellowship, Northwestern University 2021–2022
 Robert Eisner Graduate Fellowship, Northwestern University 2019
 Short research internships grant, University of Chile 2015
 Research internships grant, Millennium Center for the study of market imperfections 2015
 Masters students thesis grant, Millennium Center for the study of market imperfections 2015

Teaching Experience

Teaching Assistant, Northwestern University year
 Econometrics (undergrad)
 Teaching Assistant, University Chile year
 Industrial Organization (undergrad), Microeconomic theory (masters), Econometrics (masters), Macroeconomics (undergrad), Microeconomics (undergrad)

Research Experience

Research Assistant, Gaston Illanes, Northwestern University 2017–2021
 Research Assistant, Igal Hendel, Northwestern University 2016–2017
 Research Assistant, Carlon Noton, University of Chile 2015

Conferences

European Economic Association-ESEM conference 2021
 46th Annual Conference of the European Association for Research in Industrial Economics (EARIE) 2019
 16th Annual International Industrial Organization Conference (IIOC) 2018
 4th Empirics and Methods in Economics Conference (EMCON) 2018

Refereeing

Economic Inquiry, International Journal of Health Economics and Management

Job Market Paper**“Quality Disclosure and Regulation: Scoring Design in Medicare Advantage”**

Abstract: Informing consumers of the product quality alters their demand and, therefore, firms’ incentives to invest in quality. By leveraging this mechanism, regulators could coordinate quality disclosure and regulation policies, reduce spending, and improve welfare. I study how to design policies that inform consumers and regulate quality using information alone. Combining data and theory, I examine the design of one of the most extensive disclosure programs in the United States: the Medicare Advantage Star Ratings. Quality heterogeneity in this health insurance market is considerable, costs billions in subsidies, affects population health, and is difficult to assess without additional disclosure. I specify and solve an optimal scoring design problem for this market and find an alternative welfare-improving design. The new scores use the same data as the Star Ratings, are less complex, shift demand towards higher quality, induce higher investments by firms, reduce government spending, and address a common multitasking problem. The analysis provides insights into why quality certifications are effective, what governs the coarseness of disclosure policies, and why informational campaigns accompany successful disclosure policies. Overall, my alternative design increases total welfare by \$650 per Medicare beneficiary year, with half of the gains stemming from better information and half from higher induced quality.

Other papers**“Vertical Integration between Hospitals and Insurers”** with Jose Ignacio Cuesta and Carlos Noton

Brief abstract: We study vertical integration between insurers and hospitals. The welfare effects of vertical integration are ambiguous and depend on a trade-off between a variety of economic forces, including solving double marginalization and improving the use of resources within the firm, but also increasing market power and providing incentives to affect rivals’ costs. To study the effects of vertical integration, we develop a model of health markets and show that vertically integrated firms have incentives to increase negotiated hospital prices to rivals in order to steer demand to their integrated partners. We estimate the model using administrative data on plan choices and hospital admissions from the Chilean private health market, where vertically integrated systems account for almost half of the market. Using our structural estimates, we find that banning vertical integration increases total welfare.

“Spooky Action at a Distance: Why Do Cross-Market Mergers Affect Prices?” with David Dranove

Brief abstract: The standard theory for merger price effects requires the merging parties to share some common demand. However, recent evidence has shown that hospital prices increase after acquisitions by remote systems. This work documents three things about these mergers: (i) traditional market power explanations can not explain price increases; (ii) employer overlap does account for a significant part of the price effect, validating a previous theory by Vistnes and Sarafidis (2013) and Dafny et al. (2019); (iii) hospitals acquired by out-of-market systems have nearly flat pre-merger prices, which disagrees with both the previous theory and the standard Nash-in-Nash model for insurer-hospital prices. We show that an extension of the workhorse model that incorporates preliminary offers can rationalize the pre-merger prices and account for a fraction of the remaining price variation. We show that the cross-market merger price effect stems from a combination of increased market power due to employer overlap and a change in the pricing protocol created by a reduction in bargaining cost and adverse selection on preliminary offers.

“Winners and Losers Under Counterfactual Health Risk Pooling” with Victoria Marone

Brief abstract: We study public policy proposals that would decouple health risk pools from employment pools in the US. These policies, such as ‘Medicare for All,’ would pool health risk at the state or national level, overturning the status quo of pooling risks at the firm level. Generally speaking, firms with on average healthy employees would be worse off, and firms with on average sick employees would be better off, but little is known about the extent of existing variation along this dimension. We analyze a large, national data set of individuals with employer-sponsored health insurance and present novel evidence on the variation in

average health spending across firms.

“CMS Hospital Compare: Do Methods Matter?” with David Dranove and Ting Wang

Brief abstract: The Hospital Quality Star Rating Program is one of CMS’s most recent, prominent, and widely criticized efforts to disclose hospital quality information. This article reviews the methodology behind the ratings, identifies the sources of the criticisms, and proposes partial remedies. Using inpatient data from Florida, we show that CMS ratings affect demand for hospitals, and we estimate the impact of different rating assignments. We use these estimates to evaluate the effect of addressing the array of flaws in CMS methodology on demand and hospital revenue. Our findings showcase the importance of proper scoring design and the challenges introduced by incomplete data collection.

Other ongoing work

“Public proxies to private prices: revisiting lessons on hospital prices effects” with Hyein Cho, David Dranove, and Aditi Sen

“Scoring design with biased measurements: the case of hospital ratings” with David Dranove and Ting Wang

Languages

English (fluent), Spanish (native), French (intermediate), Hebrew (fluent)

References

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