Hongming Wang

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EDUCATION	ON
PhD Econom University o	ics 2019 F SOUTHERN CALIFORNIA
MA Economi	
	F SOUTHERN CALIFORNIA 2012
-	OTONG UNIVERSITY
PROFESS	IONAL EXPERIENCE
2019-2023 2020-2022	Research Associate, Hitotsubashi Institute for Advanced Study, Hitotsubashi University Principal Investigator, Grants-in-Aid for Scientific Research, #20K13509
RESEARC	H
Working P	APERS
	Paper) Performance Pay in Insurance Markets: Evidence from Medicare e Fioretti) Forthcoming, Review of Economics and Statistics
Expanding He	ealth Insurance with Mandate and Subsidy: Theory and Evidence from Massachusetts
	quality While Improving Health: Long-Run Impacts from the Onset of Universal Health Insurance in Japan d for Scientific Research, #20K13509, Japan Society for the Promotion of Science)
	nd Risk Groups for Accessing COVID-19 Vaccines in Japan: A Modeling Study uka and Ryota Nakamura)
CONFERE	NCES
2021	Econometric Society European Winter Meetings (virtual) Econometric Society China Meeting (virtual) Keio University (Tokyo) HIAS Health (virtual) AEA/ASSA (virtual)
2020	Econometric Society European Winter Meetings (Virtual) INFER (virtual, co-author) Econometric Society World Congress (virtual) Society of Labor Economics (virtual)
2019	Econometric Society European Winter Meetings (Rotterdam) Asia Pacific Industrial Organization Conference (Tokyo) International Industrial Organization Conference (Boston, co-author) AEA/ASSA (Atlanta)
GRANTS 8	& FELLOWSHIPS
2020-2022	Grants-in-Aid for Scientific Research, Japan Society for the Promotion of Science

2017-2018

Provost Fellowship, USC

2015-2017	Schaeffer Fellowship, Schaeffer Center for Health Policy and Economics	
Teaching		
2020	Guest Lecturer, Topics in Health Economics, Hitotsubashi University	
2018-2019	Teaching Assistant, Intermediate Micro, USC	
2013-2014	Teaching Assistant, Intermediate Micro and Intermediate Macro, USC	
PROGRAMMING		

STATA, PYTHON, R, MATLAB, LATEX

PERFORMANCE PAY IN INSURANCE MARKETS: EVIDENCE FROM MEDICARE (WITH MICHELE FIORETTI)

Abstract. Public procurement bodies increasingly resort to pay-for-performance contracts to promote efficient spending. We show that firm responses to pay-for-performance can widen the inequality in accessing social services. Focusing on the U.S. Medicare Advantage market, we find that insurers with higher quality ratings responded to bonus payments by selecting healthier enrollees with premium differences across counties. Selection is profitable because the quality rating fails to adjust for differences in the health of enrollees. Selection inflated the bonus payments and shifted the supply of high-rated insurance to the healthiest counties, hurting the healthcare access of sicker patients in the riskiest counties.

EXPANDING HEALTH INSURANCE WITH MANDATE AND SUBSIDY: THEORY AND EVIDENCE FROM MASSACHUSETTS

Abstract. What is the desirable scope of social insurance, and what motivates governments to mandate and subsidize health insurance? This paper explores adverse selection and the societal burden of charity care as motivations for expanding health insurance. I show that expansions replacing charity care with tax-financed subsidies on premiums can improve welfare under adverse selection and progressive taxation. Exploiting the subsidy and penalty incentives in Massachusetts, I find that 60% of the pricing benefits are reductions in premiums, and the joint benefits on premiums and charity costs offset the fiscal cost of expansion. Redistribution can motivate further expansions subsidizing the low-income.

REDUCING INEQUALITY WHILE IMPROVING HEALTH: LONG-RUN IMPACTS FROM THE ONSET OF UNIVERSAL HEALTH INSURANCE IN JAPAN

(GRANTS-IN-AID FOR SCIENTIFIC RESEARCH, #20K13509, JAPAN SOCIETY FOR THE PROMOTION OF SCIENCE) Abstract. Universal insurance is pursued by many governments to ensure the access to healthcare and to reduce the inequalities in health and health investments. Exploiting the historic onset of universal insurance in Japan in 1956-1961, this paper examines the long-run impacts of universal insurance on the 1956-1965 birth cohorts who were differentially exposed to universal insurance due to the reform. I find that exposure reduced the prevalence rate of chronic conditions and the mortality from cancer in prime age. For women, exposure increased college enrollment and the probability of marrying a college-educated spouse. In households, exposure increased women's employment and earnings while the homemaker's role shifted from women to men. The results show that universal insurance not only improved health, but further increased the socio-economic status of women with reduced gender inequalities in education, employment, and earnings.

MIXING AGE AND RISK GROUPS FOR ACCESSING COVID-19 VACCINES IN JAPAN: A MODELING STUDY (WITH YOKO IBUKA AND RYOTA NAKAMURA)