

MAGGIE SHI

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EMPLOYMENT

National Bureau of Economic Research	2022 - 2023
Postdoctoral Fellow in Aging and Health Research	
University of Chicago Harris School of Public Policy	2023 -
Assistant Professor	

EDUCATION

PhD	Columbia University	2016 - 2022
	Economics	
BA	Rice University, <i>magna cum laude</i>	2012 - 2016
	Mathematical Economic Analysis and Statistics	

PUBLICATIONS

[Regulated Revenues and Hospital Behavior: Evidence from a Medicare Overhaul](#)

Forthcoming, Review of Economics and Statistics

with [Tal Gross](#), [Adam Sacarny](#), and [David Silver](#)

Abstract: We study a 2008 policy reform in which Medicare revised its hospital payment system to better reflect patients' severity of illness. We construct a simulated instrument that predicts a hospital's policy-induced change in reimbursement using pre-reform patients and post-reform rules. The reform led to large persistent changes in Medicare payment rates across hospitals. Hospitals that faced larger gains in Medicare reimbursement increased the volume of Medicare patients they treated. The estimates imply a volume elasticity of 1.2. To accommodate greater volume, hospitals increased nurse employment, but also lowered length of stay, with ambiguous effects on quality.

WORKING PAPERS

[Monitoring for Waste: Evidence from Medicare Audits](#)

Abstract: This paper examines the extent to which public programs should monitor for wasteful expenditure. I study a large Medicare program that monitored for unnecessary healthcare

spending, and consider its effect on government savings, provider compliance costs, and patient health. Every dollar Medicare spent on monitoring generated \$24–29 in government savings. The majority of savings stem from the deterrence of future care, rather than reclaimed payments from prior care. The health of the marginal patient denied care is not harmed, indicating that monitoring primarily deters unnecessary care. Instead, the main tradeoff to monitoring is the compliance cost it imposes on providers – for every \$1,000 in Medicare savings, providers incur \$178–218 in higher administrative costs. However, I provide evidence that these costs are driven by the investments providers make to improve compliance, like adopting technology to assess the cost-effectiveness of care, rather than the hassle costs of the monitoring process.

[Job Lock, Retirement, and Dependent Health Insurance: Evidence from the Affordable Care Act](#)

Abstract: The 2010 Affordable Care Act expanded health insurance coverage to dependents up to age 26, allowing some parents to add adult children to their employer- sponsored plans. I leverage this policy to understand the role adult children play in their parents' labor supply and consider a potential spillover of the dependent mandate policy to parents: did parents delay retirement to take advantage of the policy? I find that affected parents' retirement rate fell by 3.8 percentage points after policy enactment, causing them to delay retirement by 0.74 years on average. An estimated 290,000 parents delayed retirement in order to obtain coverage for their children.

[Free to Spend? The Effect of Decentralization on Local Governments](#)

with [Andrea Tulli](#)

Abstract: We consider how decentralization of fiscal autonomy to local governments affects their budgetary decisions. We study an Italian reform which expanded municipal discretion and responsibility over property taxation, using novel data on what the national government would have done in a more centralized system. Municipalities on average picked higher tax rates than the national government would have. Municipalities respond to additional responsibility by raising more revenue and spending more on public services. Local conditions shape these municipal responses: those with greater political competition or worse economic conditions spend more on public services, but less on administration and public official remuneration.

WORKS IN PROGRESS

Detection, Deterrence, and Adaptation in the Certification of Medical Necessity

with [Ashvin Gandhi](#)

Research Question: How does requiring healthcare providers to demonstrate medical necessity change the cost and quality of care they provide?

The Effect of Deregulation on the Cost, Availability, and Quality of Healthcare

with [Yunan Ji](#) and [Parker Rogers](#)

Research Question: How does supply-side deregulation affect the market for healthcare inputs, and how do these effects ripple through the healthcare supply chain?

AWARDS

Padma Desai Award (department dissertation award) Columbia University	2022
Harriss Prize (department second year paper award, runner up) Columbia University	2018
Peter Mieszkowski Prize for Honors Program Research Rice University	2016

GRANTS

R36 Dissertation Fellowship Health Services Research Dissertation Program Agency for Health Research and Quality	2020 - 2022
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TEACHING EXPERIENCE

The American Economy - TA	F2018, F2019, F2020
Intermediate Microeconomics - TA	S2019, S2020
Principles of Economics - TA	F2017, S2018

INVITED PRESENTATIONS

(* *scheduled*)

Mathematica, Congressional Budget Office, University at Buffalo, CU Denver, Wisconsin School of Business, Georgia Tech, Brookings Institution, UMass Amherst, Treasury OTA, WashU Olin, UChicago Harris, FTC, Boston University, Federal Reserve Bank of Dallas, University of Missouri, Binghamton University, Northwestern Kellogg, Stanford Health Policy, APPAM, Federal Reserve Bank of Chicago, UChicago BFI Health Econ Conference, ASHEcon, Policy Impacts Conference*, UChicago Booth*	2022
ASSA, EEA, APPAM Student Research Series, Columbia HPM, ASHEcon, WEAI Graduate Student Workshop, EHEC, Congressional Budget Office, SHESG, SEA, NTA, Rice University	2021
YES, NTA	2020
ASHEcon, SOLE	2019

CITIZENSHIP
USA