

# Applications of Moment Inequalities: Ho (2009)

Michael J. Dickstein  
Stanford University

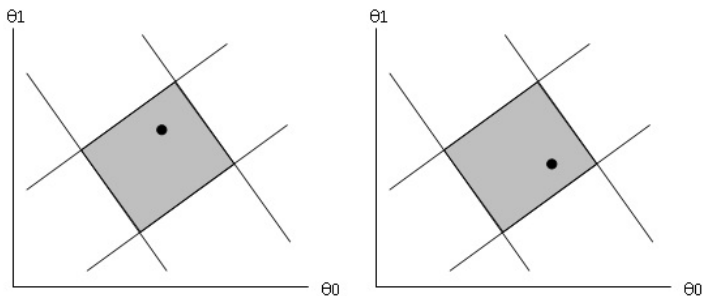
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## Identified Set

- Moment inequalities will generically lead to set identification. Given a set  $S$  of moment inequalities, the identified set is:

$$\Theta^S = \operatorname{argmin}_{\theta} \sum_{s=1}^S \left( \min \{0, \mathbb{E}[m_s(Y, X, Z; \theta)]\} \right)^2$$



# Steps for Estimation

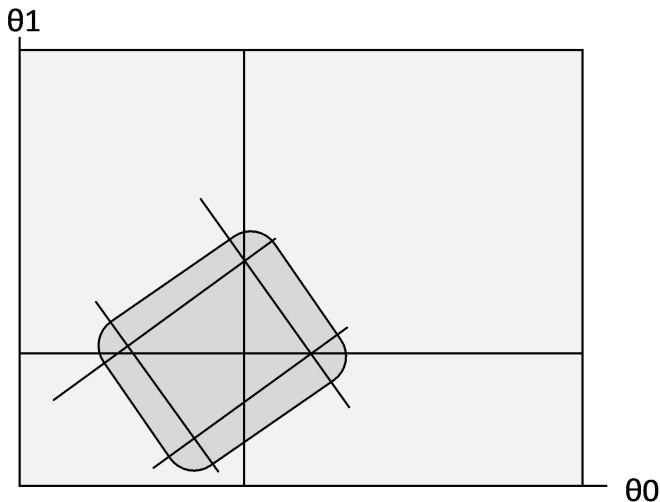
- Step 1: Estimate the identified set given sample moments.
- Step 2: Perform inference on one or more of the following parameters:
  - Interval contained in the identified set: Pakes, Porter, Ho and Ishii (2011).
  - Identified set: Chernozhukov, Hong and Tamer (Econometrica, 2007).
  - True parameter vector: Andrews and Soares (Econometrica, 2010).

## Set/Point Inference: General Intuition

- Based on the inversion of an Anderson-Rubin T statistic.
- General steps in the algorithm:
  1. Define  $\theta$  grids,  $\hat{\Theta}_n^{Grid}$  and  $\hat{\Theta}_n^\epsilon$ , where  $\hat{\Theta}_n^\epsilon \subset \hat{\Theta}_n^{Grid}$ .
  2. Calculate  $T_r(\theta)$ , at a set of points in either  $\hat{\Theta}_n^{Grid}$  or  $\hat{\Theta}_n^\epsilon$  depending on whether the focus of inference is the identified set or the true value of the parameter.
  3. Determine a critical value as a quantile of  $T_r(\theta)$  for  $r = 1, \dots, R$
  4. Calculate  $T^{obs}(\theta)$  at each  $\theta \in \hat{\Theta}_n^{Grid}$  with the observed data for all moments.
  5. Define the confidence set as those  $\theta$  points where  $T^{obs}(\theta)$  falls below the critical value.

# Forming the Grids: $\hat{\Theta}_I^{Grid}$ and $\hat{\Theta}_I^{\epsilon}$

$$\hat{\Theta}_n^{\epsilon} \subset \hat{\Theta}_n^{Grid}$$



# Ho 2009

- Theory testing
- Measurement
- Methodology

# Ho 2009

- Theory testing
  - Can a bargaining model explain the hospital-insurance plan contracting process, rationalizing the observed network of hospital-plan relationships?
- Measurement
  - What characteristics of hospitals and plans explain the level of surplus hospitals can extract from the relationship?
  - What is the effect of capacity constraints on producer welfare? Might the level of capacity be a relevant choice variable for a profit-maximizing firm?

# Ho 2009

- Methodology
  - What assumptions are needed on behavior to develop a moment inequality estimator for static contracting problems?
  - What can information on ex-post network formation reveal about private negotiated prices?



# Ho 2009

## Main Idea

- Model demand for hospitals and health plans, accounting for the hospital network of each plan in the consumer's plan choice
- Model the supply side negotiation between hospitals and plans in forming equilibrium networks, which determines the division of profits
- To increase their share of the surplus from contracting, hospitals have incentives to:
  - Invest in quality to attract more patients, lower costs
  - Merge with other providers, to improve bargaining position
  - Under-invest in capacity

# Ho 2009

## Main Idea

- Findings
  - “Star” hospitals capture \$6700 more per patient than other providers, on costs of \$11,000
  - Hospitals with capacity constraints have markups of \$6900 per patient more than those without constraints
  - System hospitals have \$180,000/month greater profits than other providers

# Ho 2009

## Model: Stages

- 0. Plans choose quality and products; Hospitals choose capacity, location, product mix, system mergers.
- 1. Hospitals make simultaneous take-it-or-leave-it price offers to all plans in the market
- 2. Plans choose whether to accept these offers, forming their hospital network
- 3. Plans set premiums to maximize profits after a change in networks
- 4. Consumers and employers jointly choose plans
- 5. Sick consumers visit hospitals; plans pay hospitals per service provided.

# Ho 2009

## Model: Negotiation

- All hospitals make TIOLI offers of {contract,null offer}
- All plans simultaneously respond
- Offers are private info; plans have passive beliefs (if plan gets an alternative offer from h, doesn't change plan's beliefs about offers h makes to its competitors)

$$\pi_{j,m}^P = S_{j,m}(H_j, H_{-j}) - c_{j,m}^{Hosp}(H_j, H_{-j}, X, \theta) - c_{j,m}^{nonhosp}(H_j, H_{-j}, X, \theta)$$

$$\pi_{j,m}^{P,o}(\cdot) = \pi_{j,m}^P + \mu_{j,H_j}$$

$$E[\pi_{j,m}^P(H_j, H_{-j}, X, \theta) | I_j, m] = \pi_{j,m}^P(H_j, H_{-j}, X, \theta) - \varphi_{j,H_j}$$

## Ho 2009

## Model: Negotiation

- Key assumption: plan  $j$ 's expected profits from  $H_j >$  expected profits from alternative network formed by reversing contract with  $h$

$$E[\pi_{j,m}^{P,o}(H_j, H_{-j}, X, \theta) - \pi_{j,m}^{P,o}(H_j^h, H_{-j}, X, \theta) | Z_{j,m}] \geq 0$$

- form unconditional moments using positive-valued function of  $Z_{j,m}$ 
  - must be known to firms when they make their choice
  - use char in fixed cost and markup terms other than cost/admission
  - use indicators for some plan and market characteristics

# Ho 2009

## Model: Negotiation

- Choose counterfactuals of reversing a single contract.
- Plans may respond by changing its response to other hospital's offers (passive beliefs rules out the following: plan responds to changes in h's offer by assuming other plans have different offers and therefore change their own networks)