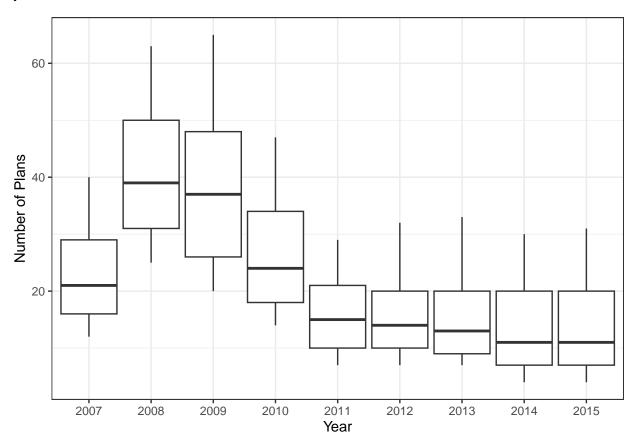
# Homework 4

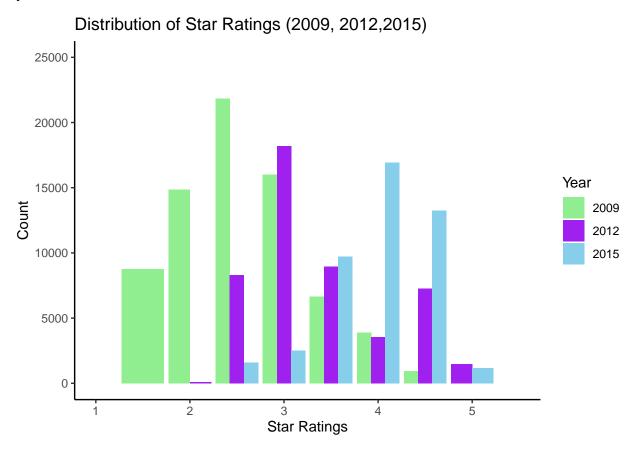
Virginia Sanson

7 April 2023

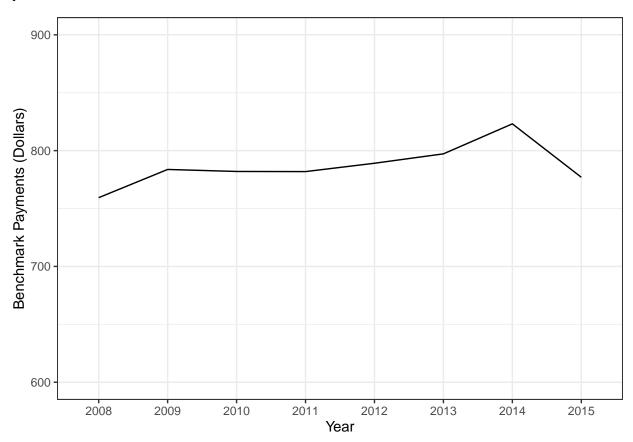


These ranges of plan counts seems sufficient - I assumed plans would be in the 20-50 range.

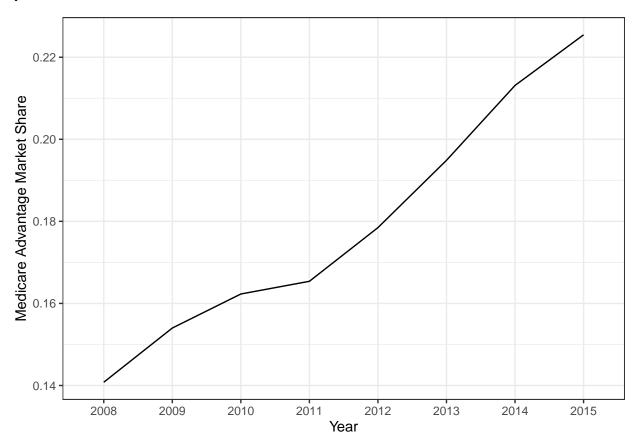
Question 2



Over time, the distribution of higher star ratings (ratings of 4-5) has increased. Over the years, there are fewer low ratings and a higher concentration of high ratings.



Over the years, the average benchmark payment has risen and dipped, overall decreasing to ~\$780.



The share of Medicare Advantage has increased in popularity, gradually increasing from 2008 to 2015. This inversely correlates with the benchmark payments.

##	#	A tibble: 4	x 2
##		Star_Rating	rounded
##		<dbl></dbl>	<dbl></dbl>
##	1	3	2278
##	2	3.5	1157
##	3	4	767
##	4	4.5	0

 ${\bf Estimates}$ 

Star 3.0

Star 3.5

Star 4.0

 $\mathrm{Star}\ 4.5$ 

 ${\bf Treatment}$ 

0.006

-0.005

-0.006

0.003

(0.003)

(0.002)

(0.002)

(0.002)

score

-0.051

0.039

0.061

-0.070

(0.018)

(0.015)

(0.014)

(0.020)

Ν

1953

1578

1286

573

 $\mathbb{R}^2$ 

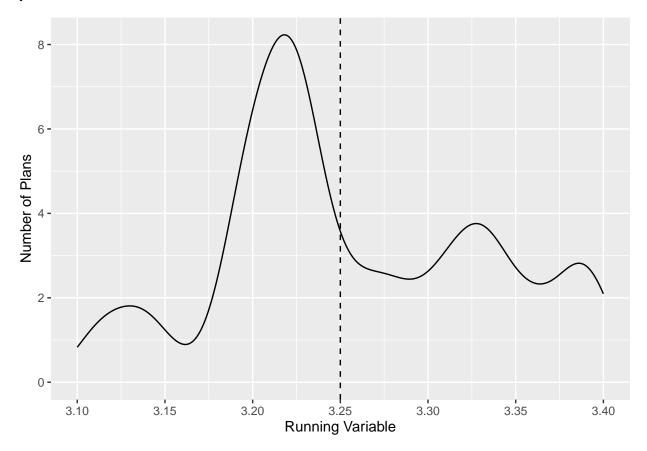
0.01

0.00

0.02

0.02

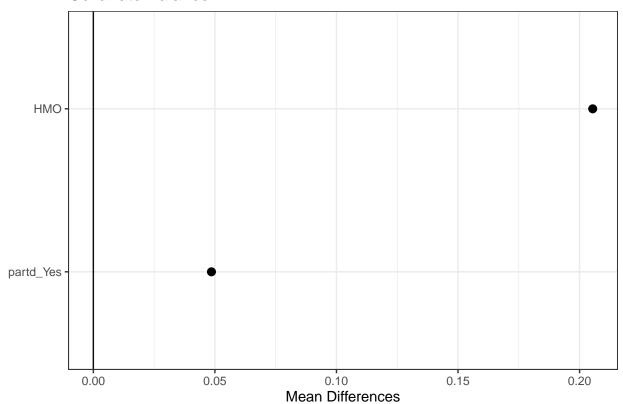
The findings are very sensitive to the choice of bandwidth. Even incremental changes in bandwidth result in large changes to the star rating effect on enrollments. Unfortunately, I could not summarize my results in a graph but above are the RD estimator results for the comparisons.



The distribution of the running variable before and after the relevant threshold values seems to not change drastically. It was a lor wider before, but I do not believe contracts appear to manipulate the running variable.

Question 9

## Covariate Balance



With my results in ATE 1-4, and predictions for question 5, I predict that increasing star ratings generally lead to increases in enrollments.