# Risk Adjustment, Self-Selection and Plan Design in Medicare Advantage

Zhu Liang

Stony Brook University

December 8, 2024

Data

Model

## Managed Competition in Health Insurance

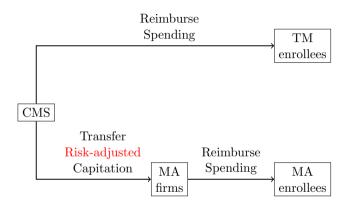
#### ► Fee-for-Service (FFS):

Government reimburses providers based on the actual services rendered to beneficiaries.

#### ► Managed Competition:

- ► Government provides fixed, predetermined subsidies (capitation) to insurance firms, independent of actual healthcare expenditures.
- Firms use these subsidies to offer insurance plans to beneficiaries.

# An Example: Medicare Advantage



- ► Traditional Medicare (TM) is FFS.
- ▶ Medicare Advantage (MA) is managed competition.
- ▶ Beneficiaries choose between TM and MA.

#### Selection in Health Insurance Markets

- ▶ Cream Skimming: Insurance plans strategically target healthier beneficiaries to maximize profits
- ▶ **Risk Adjustment**: Government implements differential payments based on beneficiary risk profiles
- ► Can risk adjustment effectively neutralize insurers' incentives for cream skimming?

### Simplified Risk Adjustment Scenario

▶ Equal numbers of young and old individuals

▶ Young: 80% healthy, 20% sick

▶ **Old**: 20% healthy, 80% sick

Cost of care: \$1,000 for healthy individuals, \$5,000 for sick individuals

▶ Age is observable to gov; health status is not

## Simplified Risk Adjustment Scenario

- Equal numbers of young and old individuals
  - ▶ **Young**: 80% healthy, 20% sick
  - ▶ **Old**: 20% healthy, 80% sick
- ► Cost of care: \$1,000 for healthy individuals, \$5,000 for sick individuals
- ► Age is observable to gov; health status is not
- ► Capitation risk-adjusted by age:
  - **Young:**  $\$1,000 \times 0.8 + \$5,000 \times 0.2 = \$1,800$
  - ► Old:  $\$1,000 \times 0.2 + \$5,000 \times 0.8 = \$4,200$
- ► Average capitation rate based on health status:
  - **Healthy**:  $\$1,800 \times 0.8 + \$4,200 \times 0.2 = \$2,040$  (above cost \$1,000)
  - ► Sick:  $\$1,800 \times 0.2 + \$4,200 \times 0.8 = \$3,960$  (below cost \$5,000)
- Firms still prefer **Healthy** individuals.

## Self-Selection and Plan Design

- ▶ When beneficiaries possess private information regarding their health status, they can engage in self-selection on plan choice.
- ▶ Firms can strategically design their plans to attract healthier individuals through this self-selection.

#### Research Question

- ▶ How do interactions between plan design and self-selection influence the effectiveness of risk adjustment?
- ▶ What are the welfare implications arising from these interactions?

# This Paper

- ► Approach
- ► Results

#### Contributions

- ▶ Theoretical: Develop a model of managed competition with endogenous plan design and self-selection with private information.
- **Empirical**: Estimate the model using data from Medicare Advantage.
- ▶ **Policy**: Evaluate the welfare implications of self-selection effect in health insurance markets.

Data

Model

Data

Model

Data

Model

# Appendix

## Appendix: Risk Adjustment Generation

#### TM Enrollees



Figure: Capitation Rate Generation Process

## Appendix: Risk Adjustment Outcomes

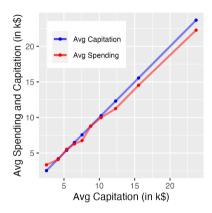


Figure: Conditional on Capitation Deciles

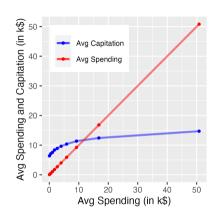
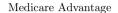


Figure: Conditional on Spending Deciles

## Appendix: Benefit Structure



Medicare Basic Part A&B Coverage MA Supplementary Part A&B Coverage

Additional Benefits (e.g. Dental)

TM+Medigap

Medicare Basic Part A&B Coverage Medigap Supplementary Part A&B Coverage