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Graduate Studies:

Harvard University, 2016 to 2021

Ph.D. in Health Policy (Economics Track)

Thesis Title: “Essays on Health Insurance Markets with Regulated Competition”

Completion Date: August 2021

References:

Professor Thomas McGuire (*Chair*)
Health Care Policy, Harvard Medical School
617-432-3536, m McGuire@hcp.med.harvard.edu

Professor David Cutler
Department of Economics, Harvard University
617-496-5216, dcutler@fas.harvard.edu

Professor Timothy Layton
Health Care Policy, Harvard Medical School
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Previous Studies:

M.A., Economics, The Hebrew University of Jerusalem, 2011 (Advisor: Prof. Nathan Sussman)

Research Fields:

Primary field: Health Economics

Secondary fields: Public Economics, Applied Microeconomics

Teaching Experience:

Spring, 2015 Health Economics, Hadassah College Jerusalem, Lecturer

Research Experience and Other Employment:

2021 –	Harvard Medical School, Department of Health Care Policy, Postdoctoral Research Fellow
2018–2021	Harvard Medical School, Department of Health Care Policy, Research Assistant to Prof. Timothy Layton
2012–2017	Bank of Israel, Research Department, Macroeconomics and Policy Division, Economist
2012	Israel Ministry of Finance, Department of the Chief Economist, Economist
2007–2010	Israel Broadcasting Authority, Voice of Israel Radio, Economics Correspondent

Research Papers in Progress:

1. [**A Change of Plans: The Impact of Involuntary Switching in Health Insurance**](#) (JMP)

Abstract: Enrollees of health insurance must switch to another plan when a contract with their insurer is not renewed. Such involuntary switching, without a gap in coverage, is common in both the employer-sponsored market and in public programs. I study the effects of these switches, using plans' exit after a lost bid in Medicaid Managed Care, comparing enrollees forced to switch to enrollees in remaining plans. I find that switching plans disrupts medical care. Switchers have fewer visits to primary-care physicians;

they have more visits to emergency departments, and more hospital admissions; their utilization of prescription drugs decreases, including patients using drugs for chronic conditions. The number of avoidable hospital admissions increases, especially for non-white children. Insurers save 10% of their spending on switchers at the year after the switch, relative to the baseline, and Medicaid's total spending for switchers is lower by 4%. Exploring possible mechanisms, I find that loss of access to familiar primary care physicians, changes in the network of providers, and changes in drug formularies - all may play a role in disrupting care after a switch. Plans' effect on utilization may also partly explain the results.

2. [**The Fiscal Cost of Providing Medicaid to Disabled Beneficiaries Through Private Managed Care Plans**](#) (with Tim Layton)

Abstract: Medicaid spends 40% of its total spending on disabled beneficiaries, a sum that amounts to 6% of the U.S. national health expenditure. Over the last two decades, states have shifted the provision of Medicaid to the disabled from their public fee-for-service system to private managed care plans. To study such transitions, we use an administrative database to identify county-level mandates that lead to a sharp increase in managed care enrollment. We exploit these mandates as an instrument for individuals' enrollment in managed care plans. We find that a transition to managed care eventually increases Medicaid's fiscal spending. Although spending mostly doesn't change at the first year after the transition, it increases by 0.5% to 30% of the baseline mean in the years after that, compared to the public program. Our results suggest that spending tends to increase more in states that have lower pre-mandate payment rates to providers.

Papers Under Review

1. [**The Impact of Utilization Thresholds in Risk Adjustment Systems on Fit and Incentives for Gaming**](#). Revise and resubmit, *American Journal of Health Economics*.

Abstract: Risk adjustment systems, that reallocate funds among competing health insurers, often use risk adjustors that are based on utilization documented in medical claims. The level of utilization that triggers the adjustor, i.e. the utilization threshold, is frequently chosen implicitly. I show that identifying the threshold levels that maximize fit and minimize the incentive to game the system is an empirical question, unique for each adjustor. I study it in the setting of the U.S. Marketplaces by simulating multiple days' supply thresholds for ten new adjustors based on the use of prescription drugs. I identify thresholds that would improve the fit for five adjustors - increasing the individual fit in the related disease groups by up to 9.6% comparing to the baseline implicit threshold. I define new measures for the incentives to game the drug-adjustors, and show that for some thresholds a tradeoff between fit and gaming-incentives does not exist.

Peer-Reviewed Publications:

1. [**The Economic Burden of Health Disparities Related to Socioeconomic Status in Israel**](#), *Israel Journal of Health Policy Research* 8(1) 46, 2019 (with Amir Shmueli and Shlomit Avni)
2. [**The Effects of Legislated Tax Changes on Tax Revenues in Israel**](#), *The Economic Quarterly* Vol. 62 (1/2), 2018 (with Adi Brender)

Other Publications:

1. [**Health Expenditure Profile by Age in Israel and the OECD Countries**](#) (Hebrew), *Van Leer Institute Policy Research Series #20, 2016* (with Leah Achdut and Gabi Bin Nun)

2. [The Link Between Social Status and Health](#), box in *Fiscal Survey and Selected Research Analyses*, Bank of Israel, 2016
3. [The Flow of Funds in Israel's National Health Expenditure](#), box in *Bank of Israel Annual Report 2014*, 2015
4. [Fixed Capital Formation in the Israeli Healthcare System](#), box in *Recent Economic Developments No. 138*, Bank of Israel, 2015
5. [Errors and Deviations in Projecting Tax Revenues in the State Budget](#), box in *Bank of Israel Annual Report 2013*, 2014
6. [Budgeting in the Public Health System and Updating of the Budget for the Basket of Health Services](#), box in *Recent Economic Developments No. 136*, Bank of Israel, 2014
7. [Health Expenditure in Israel—An International Comparison of Demographic Factors and Cost Structures](#), box in *Recent Economic Developments No. 135*, Bank of Israel, 2013

Professional Activities:

2013–2014 The Minister of Health's Advisory Committee on Strengthening the Public Health Care System in Israel, Observer

Presentations:

2021: American Society of Health Economists Conference
2020: Risk Adjustment Network Workshop
2016: International Jerusalem Conference on Health Policy

Grants:

Investigator, The Israel National Institute for Health Policy Research ("Economic costs of socio-economic inequalities in health in Israel"), 2016