

**Harvard Medical School  
Curriculum Vitae**

**Date Prepared:** October 12, 2020  
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**Education**

2014	PhD	Economics	Boston University
2009	BA	Economics, Political Science	Brigham Young University

**Postdoctoral Training**

2014-2016	NIMH Postdoctoral Research Fellow	Department of Health Care Policy	Harvard Medical School
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**Faculty Academic Appointments**

2020-	30 <sup>th</sup> Anniversary Associate Professor Health Care Policy	Department of Health Care Policy	Harvard Medical School
2016-2020	Assistant Professor Health Care Policy	Department of Health Care Policy	Harvard Medical School

**Other Professional Positions**

2017-	Faculty Research Fellow	NBER
2012-2014	Research Assistant	Harvard Medical School
2012-2014	Research Assistant	Boston University
2010	Research Assistant	Boston University
2009-2010	Research Assistant	Boston University
2009	Research Assistant	Brigham Young University
2009	Teaching Assistant, Development Economics	Brigham Young University

**Committee Service**

**Local**

2017-	Essentials of the Profession Curriculum Development Brd	Harvard Medical School
2017	Junior Faculty Search Committee—Statistics	Harvard Medical School
2019-	Research Computing Faculty Advisory Committee	Harvard Medical School
2019-	Co-Chair Economics Track Health Policy PhD Program	Harvard Graduate School of Arts and

Sciences

**National**

2019	Scientific Review Committee, Biennial World Congress	International Health Economics Assoc
2017-	Scientific Review Committee, Biennial Conference	Amer Society of Health Economists
2016	Scientific Review Committee, Annual Research Meeting	AcademyHealth

**Professional Societies**

2017-	American Society of Health Economists
2017-	Econometric Society
2017-	Risk Adjustment Network
2014-	American Economic Association
2014-	American Society of Health Economists

**Grant Review Activities**

2017	Ad hoc reviewer	Robert Wood Johnson Foundation
2019	Ad hoc reviewer	National Institute on Aging – Social and Behavioral Grant Application Review Committee

**Other Editorial Roles**

2019-	Referee	Review of Economics and Statistics
2019-	Referee	American Economic Review
2019-	Referee	Journal of Political Economy
2018-	Referee	Quarterly Journal of Economics
2018-	Referee	Journal of Human Resources
2017-	Referee	Robert Wood Johnson Foundation
2017-	Referee	American Journal of Health Economics
2017-	Referee	American Economic Journal: Economic Policy
2017-	Referee	JAMA
2016-	Referee	Journal of Public Economics
2016-	Referee	Health Affairs
2016-	Referee	American Journal of Managed Care
2015-	Referee	Journal of Health Economics
2014-	Referee	Health Services Research
2014-	Referee	Inquiry

**Honors and Prizes**

2017	Health Economics Interest Group Best Abstract	AcademyHealth
2014, 2017	Mark A. Satterthwaite Award for Outstanding	Kellogg School of Management

	Research in Healthcare Markets	
2013	Special Research Fellowship	Boston University
2011, 2012	Teaching Fellowship	Boston University

## **Report of Funded and Unfunded Projects**

### **Funding Information**

#### *Past*

2013 PI (\$5,000)

Summer Research Grant/Boston University

Risk Adjustment and Consumer Sorting in Health Insurance Exchanges

To develop a framework for determining the effect of risk adjustment on consumer sorting across health insurance plans and apply that framework to estimate the welfare consequences of risk adjustment in Health Insurance Marketplaces.

R01MH094290 (McGuire)

07/2011-4/2016

NIH/NIMH (Co-Investigator)

#### Mental Health Coverage and Payment in Private Health Plans

This project proposes to conduct fundamental economic research on the patterns of health care use by persons with mental illness in order to establish the evidence base for sound choices about structuring health insurance markets in the Exchanges. We plan to assess the magnitude of the selection problem among likely Exchange participants, and based on this, identify and evaluate options for correcting incentives to health plans to provide efficient and fair coverage for person with mental illness.

(Layton)

11/2016-1/2018

Anthem, Inc.

Adverse Selection and Risk Adjustment in the Colorado Health Insurance Marketplace This project is to study the extent of adverse selection in the Colorado Health Insurance Marketplace and how well the HHS-HCC risk adjustment system addresses selection. It will determine incentives for group-level and service-level selection in Marketplace plans under the HHS-HCC risk adjustment system and the extent of adverse selection across issuers in the Marketplace by exploiting differences in plan prices across rating areas.

5P30AG024409 (Bloom)

1/2016-12/2017

NIA

#### Intended and Unintended Effects of Risk Adjustment Payments for Individuals with Chronic Conditions on Diagnosis and Treatment in Medicare Advantage

The goal of this pilot study is to take first steps toward using previously unavailable data to understand how risk adjustment payments to Medicare Advantage (MA) plans for individuals with selected chronic diseases affect the diagnosis and treatment of those diseases in order to understand the implications of the dramatic expansion of the MA program for quality of care among Medicare beneficiaries.

P30AG012810 (Cutler/Baicker)

7/2017-6/2018

NIH/NBER

The Effect of Medicaid Managed Care on the Health of Aging Individuals with Disabilities

In this project, we aim to assess the effects of the shift to managed care on long-term healthcare utilization and health outcomes using data from two large states, New York and Texas.

(Autor/Maestas)

09/2017–09/2018

Social Security Admin via NBER

“The Effects of Medicaid Policy on the Healthcare Utilization and Health of SSI Beneficiaries”

This project aims to assess the effects of MMC on the healthcare utilization and health outcomes of disabled Medicaid beneficiaries using sharp county-level variation in MMC enrollment among individuals eligible for SSI in two large states, New York and Texas.

*Active*

K01 HS 25786 – 01 (Layton)

10/2017-9/2022

AHRQ

Quality and Outcomes under Medicaid Managed Care: Evidence from Random Plan Assignment

This Mentored Research Scientist Research Career Development Award (K01) focuses on the important and understudied area of Medicaid Managed Care (MMC). The applicant seeks training in quality and outcomes measurement and stakeholder relationship development, two critical skills for a Medicaid researcher. The candidate will apply these skills to a research proposal asking 1) whether patients are better off in a public fee for-service Medicaid plan or in a private MMC plan and 2) how should states structure their MMC programs?

(Chernew)

10/2017-9/2020

Laura and John Arnold Foundation

Health Care Markets and Regulation Lab

Overall objectives: (1) Initiate specific, innovative, high impact projects that have the potential to meaningfully support the transformation of the American Health Care system. Research areas include: quality measurement, payment and delivery system reform, consumer behavior, risk adjustment and exchanges. (2) Develop core resources to support the aforementioned projects, move forward on existing work and enhance the visibility and impact of lab activities.

P01AG032952 (Newhouse)

07/2015-03/2020

NIH/NIA

Medicare in a Restructured Delivery System

Successful integration of financing and care in the Medicare program is the single most important objective of health policy, and arguably, with its powerful budgetary implications, of social and fiscal policy in the US today. This Program Project proposal lays out a forward-looking research agenda encompassing three areas: 1) innovative and comprehensive analyses of current initiatives around ACOs, 2) rigorous research on the current form of integration, the MA program which, as our research has shown, has demonstrated improved performance in recent years, and, 3) research on innovative beneficiary as well as provider payment policy.

1DP2OD024082-01 (Rose)

09/2017-06/2022

NIH

Machine Learning for Health Outcomes and Quality of Care in Low-Income Populations

The goal of this proposal is to examine the role of insurance coverage on health outcomes in low-income populations with rigorous new tools in partially randomized data. Work on these topics is critical as health outcomes and quality of care in low-income populations lag behind other groups, and the impact of health insurance on these disparities among low-income individuals is currently unknown. This will be achieved by developing a novel machine learning framework for the generalizability of experimental and quasi-experimental studies, providing population health scientists with robust methodology to assess the effects of health interventions and exposures.

(Alegria)

07/2017-06/2020

NIH/MGH (Co-Investigator)

The Effect of Medicaid Plans on Access to and Quality of SUD Treatment

The goal of this proposal is to examine the role of Medicaid Managed Care plans in providing SUD treatment and affecting health outcomes among individuals with SUDs. The project focuses on Massachusetts and New York and exploits random plan assignment to assess differences across public and private Medicaid plans and across different types of Medicaid plans in access to and quality of SUD treatment as well as outcomes.

No Award Number (Layton)

05/2018-04/2020

MIT JPAL

The Effect of Behavioral Interventions on Enrollment and Adverse Selection in Health Insurance Marketplaces

This project will measure the importance of psychological frictions in limiting take-up of free or low-cost insurance by testing the effects of a simplified streamlined enrollment process on the probability that an eligible individual enrolls in coverage. Determine which groups are most affected by the interventions using machine learning. And assess the effects of marketing on the marketplace risk pool.

*Current*

K01 HS 25786 – 01 (Layton)

05/2018-04/2023

AHRQ

Quality and Outcomes under Medicaid Managed Care: Evidence from Random Plan Assignment

This Mentored Research Scientist Research Career Development Award (K01) focuses on the important and understudied area of Medicaid Managed Care (MMC). The applicant seeks training in quality and outcomes measurement and stakeholder relationship development, two critical skills for a Medicaid researcher. The candidate will apply these skills to a research proposal asking 1) whether patients are better off in a public fee for-service Medicaid plan or in a private MMC plan and 2) how should states structure their MMC programs?

(Chernew)

10/2017-12/2020

Laura and John Arnold Foundation

Health Care Markets and Regulation Lab

Overall objectives: (1) Initiate specific, innovative, high impact projects that have the potential to meaningfully support the transformation of the American Health Care system. Research areas include: quality measurement, payment and delivery system reform, consumer behavior, risk adjustment and exchanges. (2) Develop core resources to support the aforementioned projects, move forward on existing work and enhance the visibility and impact of lab activities.

No Award Number (Layton)

01/2018-04/2021

MIT JPAL

The Effect of Behavioral Interventions on Enrollment and Adverse Selection in Health Insurance

Marketplaces

This project will measure the importance of psychological frictions in limiting take-up of free or low-cost insurance by testing the effects of a simplified streamlined enrollment process on the probability that an eligible individual enrolls in coverage. Determine which groups are most affected by the interventions using machine learning.

And assess the effects of marketing on the marketplace risk pool.

No Award Number (Layton)

07/2019-06/2022

MIT JPAL

The Virginia Work Requirements Experiment

This project uses a randomized-controlled trial of work requirements in Virginia Medicaid to study impacts of work and premium requirements on employment, earnings, insurance status, and access to care using a mix of administrative and survey-collected data.

1R01MD014970-01 Sommers, PI

1/2020-11/2023

NIH

Work Requirements and Health Care Disparities in Medicaid: A Randomized Controlled Trial

The goal of this project is to conduct a randomized controlled trial studying the impacts of the work requirements in Medicaid policy on coverage, access to care, employment, and health, with a particular focus on changes in racial/ethnic and geographic disparities in these outcomes.

P01AG032952 (Landon/McWilliams)

07/2020-03/2025

NIH/NIA

Improving Medicare in an Era of Change

Successfully integrating the financing and delivery of care remains a primary goal of the Medicare program after years of expanding efforts, including a recent period of unprecedented experimentation. This Program Project proposal is to supply foundational insights for designing payment systems in healthcare. Our research agenda encompasses four key areas: 1) comparative performance of MA and TM and variants of each; 2) strategies employed by MA plans; 3) learning from state Medicaid programs; and 4) experiences of Medicare patients with dementia and their implications for payment system refinements for patients with special needs.

**Pending:**

(Chernew)

10/2020-09/2023

Laura and John Arnold Foundation

Health Care Markets and Regulation Lab

The mission of the Healthcare Markets and Regulations Lab is to provide the critical evidence, analyses and tools necessary to support private and public sector innovations that promote high quality health care at a sustainable cost. This project is focused on a single cross-cutting objective: to reduce the rate of health care spending growth through a set of projects related to the health care process, utilization and broader initiatives that affect spending and efficiency. These monitoring activities focused on compiling data critical for related evaluation and policy work, evaluation activities intended to provide critical evidence related to policy actions, and activities directly related to policy development.

(Ndumele/Wallace)

04/01/21-03/31/26

AHRQ/Yale

Improving health plan performance measurement in Medicaid to empower consumers and strengthen value-based programs

Quality measures are ubiquitous in the health care system, yet we don't understand whether they capture actual causal effects of plan enrollment on the quality of care received by enrollees or differences in the mix of enrollees across plans and providers. The goal of this project is to leverage random assignment of Medicaid beneficiaries to Medicaid managed care organizations (MCOs) in order to differentiate between these two factors and assess the performance of quality measures more generally.

**Report of Local Teaching and Training**

**Teaching of Students in Courses:**

2018-	Health Economics PhD Readings Course	Harvard Graduate School of Arts and Sciences 1 lecture over 1 semester
2018-	Econometric Methods for Applied Research II (Economics 2115/HKS API-115)	Harvard Kennedy School Full Semester-long Course
2017-	Health Policy Core Graduate Students	Harvard Medical School 1 Lecture over 1 semester
2017-	Essentials of the Profession First-year medical and dental students	Harvard Medical School 12 2-hour sessions
2012	Introduction to Econometrics Undergraduate Students	Boston University 4 3-hour lectures/week for 6 weeks
2011	Economic Statistics Undergraduate Students	Boston University 4 3-hour lectures/week for 6 weeks

**Formally Supervised Trainees and Faculty:**

2016-	Daniel Prinz, Health Care Policy PhD Program in Health Policy (Economics Track), Dissertation Committee Member
2016-	Amanda Kreider, Health Care Policy PhD Program in Health Policy (Economics Track), Dissertation Committee Member
2016-	Alice Ndikumana, Health Care Policy PhD Program in Health Policy (Economics Track), Dissertation Committee Member
2017-2018	Ellen Montz, Health Care Policy PhD Program in Health Policy (Economics Track), Dissertation Committee Member
2017-2019	Savannah Bergquist, Health Care Policy PhD Program in Health Policy (Economics Track), Dissertation Committee Member
2017-	Adrienne Sabety, Health Care Policy PhD Program in Health Policy (Economics Track), Dissertation Committee Member
2017-2018	Joran Lokerboll, Commonwealth Fund Harkness Fellow, Co-mentor
2018-	Monica Farid, Health Care Policy PhD Program in Health Policy (Economics Track), Dissertation Committee Member
2019-	Eran Politzer, Health Care Policy PhD Program in Health Policy (Economics Track), Dissertation Committee Member

- 2019- Caroline Geiger Kelley, Health Care Policy PhD Program in Health Policy (Methods for Policy Research Track), Dissertation Committee Member
- 2019- Boris Vabson, Seidman Postdoctoral Fellow, Mentor
- 2019- Yunan Ji, Health Care Policy PhD Program in Health Policy (Economics Track), Dissertation Committee Member
- 2020- Anna Zink, Health Care Policy PhD Program in Health Policy (Methods for Policy Research Track), Dissertation Committee Member

**Report of Regional, National and International Invited Teaching and Presentations**

**Invited Presentations and Courses**

No presentations below were sponsored by outside entities.

**Local Invited Presentations**

- 2019 Adverse Selection and Provider Networks in Medicaid Managed Care: Evidence from a Large Urban Health Care Market  
Healthcare Policy Leadership Council, Harvard Kennedy School, Cambridge, MA
- 2018 The Consequences of Privatization of Social Insurance for Adults with Disabilities: Evidence from Medicaid  
Healthcare Policy Leadership Council, Harvard Kennedy School, Cambridge, MA
- 2018 The Future of Medicaid  
Harvard Health Care Policy 30<sup>th</sup> Anniversary Celebration, Harvard Medical School, Boston, MA
- 2018 The U.S. Medicaid Program  
CDRF Delegation Field Research, Harvard Medical School, Boston, MA
- 2018 Harvard Law School, “Will Value-based Care Save the Health Care System,”  
Cambridge, MA (Moderator)
- 2018 The tradeoff between extensive and intensive margin selection in competitive insurance markets  
Department of Health Care Policy, Harvard Medical School, Boston, MA
- 2016 Medicaid Managed Care  
Department of Health Care Policy, Harvard Medical School, Boston, MA
- 2016 Productivity in Health Care: The Role of Payers  
Harvard Institute for Learning in Retirement, Cambridge, MA
- 2016 Screening in Contract Design: Evidence from the ACA Health Insurance Exchange  
Department of Health Care Policy, Harvard Medical School, Boston, MA
- 2016 Medicaid Managed Care  
Harvard Medical School
- 2015 Upcoding or Selection? Evidence from Medicare on Squishy Risk Adjustment  
BU/Harvard/MIT Health Economics Seminar, Boston, MA
- 2015 Upcoding or Selection? Evidence from Medicare on Squishy Risk Adjustment  
Department of Health Care Policy, Harvard Medical School, Boston, MA

**National**

- 2020



2019 American Economic Association Meetings, “Nudging Take-up of Subsidized Insurance: Evidence from Massachusetts.” San Diego, CA

2019 APPAM, “Liquidity and Health Care Consumption: Evidence from Social Security Payments,” Denver, CO

2019 Annual Health Economics Conference, “Liquidity and Health Care Consumption: Evidence from Social Security Payments,” University of California San Francisco

2019 SSA Retirement and Disability Research Center Annual Meeting, “Grading Medicaid: Fiscal Federalism and Social Insurance in the United States,” Washington, DC

2019 American Society of Health Economists Annual Meeting, “Nudging Take-up of Subsidized Insurance: Evidence from Massachusetts.” Washington, DC

2019 American Society of Health Economists Annual Meeting, “Grading Medicaid: Fiscal Federalism and Social Insurance in the United States.” Washington, DC

2019 American Society of Health Economists Annual Meeting, “Liquidity and Healthcare Consumption: Evidence from Social Security Payments.” Washington, DC

2019 Georgetown University, “The Two Margin Problem in Insurance Markets,” Washington, DC

2019 Brookings Institution, “The Two Margin Problem in Insurance Markets,” Washington, DC

2019 NBER Insurance Working Group, “The Two Margin Problem in Insurance Markets,” Stanford University, Palo Alto, CA

2018 American Economic Association Meetings, “The Two Margin Problem in Insurance Markets,” Atlanta, GA

2018 NBER Health Care Meeting, “The Two Margin Problem in Insurance Markets,” Cambridge, MA

2018 APPAM, “The Consequences of Privatization of Social Insurance for Adults with Disabilities: Evidence from Medicaid,” Washington DC

2018 RAND, “The Consequences of Privatization of Social Insurance for Adults with Disabilities: Evidence from Medicaid,” Los Angeles, CA

2018 Annual Health Economics Conference, “The Tradeoff between extensive and intensive margin selection in competitive insurance markets”, Texas A&M, College Station, TX

2018 University of Southern California, “The Consequences of Privatization of Social Insurance for Adults with Disabilities: Evidence from Medicaid,” Los Angeles, CA (scheduled)

2018 University of Minnesota, “The Consequences of Privatization of Social Insurance for Adults with Disabilities: Evidence from Medicaid,” Minneapolis, MN

2018 JP Morgan Chase Institute Conference on Economic Research, “Are All Managed Care Plans Created Equal? Evidence from Random Plan Assignment in Medicaid,” Washington DC

2018 American Society of Health Economists, “The tradeoff between extensive and intensive margin selection in competitive insurance markets,” Atlanta, GA

2018 American Society of Health Economists, “The Consequences of Privatization of Social Insurance for Adults with Disabilities: Evidence from Medicaid,” Atlanta, GA

2018 NBER Spring Aging Meeting, “The Consequences of Privatization of Social Insurance for Adults with Disabilities: Evidence from Medicaid,” Cambridge, MA

2018 University of California – Berkeley, “Risk Adjustment and Reinsurance in Health Insurance Marketplaces,” Berkeley, CA

2018 University of Pennsylvania, “The Consequences of Privatization of Social Insurance for Adults with Disabilities: Evidence from Medicaid,” Philadelphia, PA

2018 American Economic Association Annual Meeting, “Screening in Contract Design: Evidence from the ACA Marketplaces,” Philadelphia, PA

- 2017 Urban Institute, “Stabilizing the Individual Health Insurance Market,” Washington Dc  
AcademyHealth 2017 Annual Research Meeting, "Unpacking the ACA Marketplace Risk  
2017 Adjustment Formula,” New Orleans, LA  
AcademyHealth 2017 Annual Research Meeting, "Are All Managed Care Plans Created  
2017 Equal? Evidence from Random Plan Assignment in Medicaid,” New Orleans, LA  
Hunter College, "Are All Managed Care Plans Created Equal? Evidence from Random  
2017 Plan Assignment in Medicaid,” New York City, NY  
University of Texas - Austin, "Are All Managed Care Plans Created Equal? Evidence from  
2017 Random Plan Assignment in Medicaid"  
NBER Insurance Working Group, "Screening in Contract Design: Evidence from the ACA  
2017 Exchanges"  
University of Arizona, "Screening in Contract Design: Evidence from the ACA  
2017 Exchanges”  
American Economic Association Annual Meetings, “Are All Managed Care Plans Created  
2016 Equal? Evidence from Random Plan Assignment in Medicaid,” Chicago, IL  
American Society of Health Economist Biennial Meeting, “The Effect of the Medicare  
Advantage Quality Based Payment Demonstration on Quality in Medicare Advantage”  
2016 Philadelphia, PA  
American Society of Health Economist Biennial Meeting, “Are All Managed Care Plans  
2016 Created Equal?” Philadelphia, PA  
NBER Health Care Meeting “Upcoding or Selection? Evidence from Medicare on Squishy  
Risk Adjustment,” Cambridge, MA  
2016 Upcoding or Selection? Evidence from Medicare on Squishy Risk Adjustment  
RAND Corporation, Santa Monica, CA  
2016 Upcoding or Selection? Evidence from Medicare on Squishy Risk Adjustment  
Yale School of Public Health, New Haven, CT  
2016 Upcoding or Selection? Evidence from Medicare on Squishy Risk Adjustment  
University of Virginia, Batten School for Leadership and Public Policy, Charlottesville,  
VA  
2015 Upcoding or Selection? Evidence from Medicare on Squishy Risk Adjustment  
Department of Health and Human Services – Office of the Assistant Secretary for Planning  
and Evaluation, Washington, DC  
2015 Upcoding or Selection? Evidence from Medicare on Squishy Risk Adjustment  
Department of the Treasury – Office of Tax Analysis, Washington, DC  
2015 Upcoding or Selection? Evidence from Medicare on Squishy Risk Adjustment  
Congressional Budget Office, Washington, DC  
2015 Upcoding or Selection? Evidence from Medicare on Squishy Risk Adjustment  
National Tax Association Annual Meeting, Boston, MA  
2014 Upcoding or Selection? Evidence from Medicare on Squishy Risk Adjustment  
Annual Health Economics Conference, Houston, TX  
2014 Imperfect Risk Adjustment, Risk Preferences, and Sorting in Competitive Health Insurance  
Markets  
American Society of Health Economist Biennial Meeting, Los Angeles, CA  
2014 The Effect of Medicare Advantage Quality-Based Payment on Quality of Care in Medicare  
American Society of Health Economists Biennial Meeting, Los Angeles, CA  
2014 Imperfect Risk Adjustment, Risk Preferences, and Sorting in Competitive Health Insurance  
Markets  
Kellogg School of Management Conference on Healthcare Markets, Evanston, IL

2013 Upcoding or Selection? Evidence from Medicare on Squishy Risk Adjustment  
Southeastern Health Economics Study Group, Baltimore, MD

#### **International**

2020 International Online Public Finance Seminar, “The Liquidity Sensitivity of Healthcare Consumption: Evidence from Social Security Payments,” Online webinar.

2020 Junior Health Economist Summit, “The Liquidity Sensitivity of Healthcare Consumption: Evidence from Social Security Payments,” Whistler, Canada

2019 CEPR/NBER Workshop on Ageing and Health, “The Two Margin Problem in Insurance Markets,” Lugano, Switzerland

2017 Risk Adjustment Network Annual Meeting "Screening in Contract Design: Evidence from the ACA Exchanges," The Hague, Netherlands

2017 European Econometric Society Meeting, "Screening in Contract Design: Evidence from the ACA Exchanges," Lisbon, Portugal

2016 Deriving Risk Adjustment Payment Weights to Maximize Efficiency of Health Insurance Markets  
Risk Adjustment Network Annual Meeting, Berlin, Germany  
Imperfect Risk Adjustment, Risk Preferences, and Sorting in Competitive Health Insurance Markets

2014 Risk Adjustment Network Annual Meeting, Delft, Netherlands

2013 The Power of Reinsurance in Health Insurance Exchanges to Improve the Fit of the Payment System and Reduce Incentives for Adverse Selection  
Risk Adjustment Network Annual Meeting, Tel Aviv, Israel

#### **Report of Education of Patients and Service to the Community**

##### **Books, monographs, articles and presentations in other media**

1. Jena AB, Barnett M, Layton TJ. “The Link between August Birthdays and ADHD.” The New York Times, November 28, 2018.
2. Geruso M, Jena AB, **Layton TJ**. “Will personalized medicine mean higher costs for consumers?” Harvard Business Review, March 1, 2018
3. **Layton TJ**, Montz E, McGuire T. “The Downstream Consequences of Per Capita Spending Caps in Medicaid.” Health Affairs Blog, June 26, 2017.

#### **Report of Scholarship**

##### **Peer reviewed publications in print or other media**

##### **Research Investigations** (\* authorship is alphabetical per custom in economics)

1. Zhu J, **Layton TJ**, Sinaiko AD, McGuire TG. The Power of Reinsurance in Health Insurance Exchanges to Improve the Fit of the Payment System and Reduce Incentives for Adverse Selection. *Inquiry*. 2013; 50(4): 255-274.
2. **Layton TJ**, Ryan A. The Effect of Medicare Advantage Quality-Based Payment on Quality Care in Medicare. *Health Services Research*. 2015; 50(6): 1810-1828.\*

3. **Layton TJ**, McGuire TG, Sinaiko AD. Risk Corridors and Reinsurance in Health Insurance Exchanges: Insurance for Insurers. *American Journal of Health Economics*. 2016; 2(1): 66-95.\*
4. Montz E, **Layton TJ**, Busch AB, Ellis RP, Rose S, McGuire TG. Risk-Adjustment Simulation: Plans May Have Incentives To Distort Mental Health And Substance Use Coverage. *Health Affairs*. 2016; 6(35): 1022-8.
5. **Layton TJ**, McGuire TG. Marketplace Plan Payment Options for Dealing with High-Cost Enrollees. *American Journal of Health Economics*. 2016; 3(2): 140-164.\*
6. Ericson K, Kingsdale J, **Layton TJ**, Sacarny A. Using 'Nudges' to Enhance Competition and Save Consumers Money on Health Insurance Exchanges/Marketplaces: Evidence from a Field Experiment. *Health Affairs*. 2017; 2(36): 311-319.\*
7. Rose S, Bergquist S, **Layton TL**. Computational health economics for identification of unprofitable health care enrollees. *Biostatistics*. 2017; 18(4): 682-694.
8. Geruso M, **Layton TJ**. Selection in Insurance Markets and Its Policy Remedies. *Journal of Economic Perspectives*. 2017; 31(4): 23-50.\*
9. **Layton TJ**. Imperfect Risk Adjustment, Risk Preferences, and Sorting in Competitive Health Insurance Markets. *Journal of Health Economics*. 2017; 56: 259-280.
10. **Layton TJ**, Ellis RP, McGuire TG, and van Kleef R. Assessing Incentives for Adverse Selection in Health Plan Payment Systems. *Journal of Health Economics*. 2017; 56: 237-255.
11. Sinaiko AD, **Layton TJ**, Rose S, McGuire TG. Family Risk Pooling in Individual Health Insurance Markets. *Health Services and Outcomes Research Methodology*. 2017; 17(3-4): 219-236.
12. **Layton TJ**, McGuire TG, van Kleef R. Deriving Risk Adjustment Payment Weights to Maximize Efficiency of Health Insurance Markets. *Journal of Health Economics*. 2018; 61: 93-110.\*
13. **Layton TJ**, Barnett M, Hicks T, Jena A. Widespread over-diagnosis of childhood attention deficit hyperactivity disorder in the US due to classroom context? *New England Journal of Medicine*. 2018; 379(22): 2122-2130.
14. Geruso M, **Layton TJ**, Prinz D. Screening in Contract Design: Evidence form the ACA Health Insurance Exchange. *American Economic Journal: Economic Policy*. 2019; 11(2): 64-107.\*
15. Bergquist S, **Layton TJ**, McGuire T, Rose S. Sample Selection for Medicare Risk Adjustment Due to Systematically Missing Data. *Health Services Research*. 2018; 53(6): 4204-4223.\*
16. Berquist S, **Layton TJ**, McGuire T, Rose S. Intervening on the Data to Improve the Performance of Health Plan Payment Models. *Journal of Health Economics*. 2019; 66: 195-207.\*
17. Geruso M, **Layton TJ**. Upcoding or Selection? Evidence from Medicare on Squishy Risk Adjustment. NBER Working Paper 21222. *Journal of Political Economy*, forthcoming.\*
18. McGarry B, **Layton TJ**, Grabowski D. The Effects of Plan Payment Rates on the Market for Medicare Advantage Dual-Eligible Special Needs Plans. *Health Services Research*. 2019.

#### **Manuscripts Submitted to Peer Reviewed Journals**

19. **Layton TJ**, Maestas N, Prinz D, Vabson B. Public vs. Private Provision of Social Health Insurance: Evidence from Medicaid. *Revisions requested at American Economic Journal: Economic Policy*. \*
20. Geruso M, **Layton TJ**, McCormack G, Shepard M. The Two Margin Problem in Insurance Markets. NBER Working Paper 26288.\* *Conditionally accepted at the Review of Economics and Statistics*

21. Geruso M, **Layton TJ**, Wallace J. Are All Managed Care Plans Created Equal? Evidence from Random Plan Assignment in New York Medicaid Managed Care. NBER Working Paper.\*

### **Working Papers**

1. Gross T, **Layton TJ**, Prinz D. The Liquidity Sensitivity of Healthcare Consumption: Evidence from Social Security Payments. In preparation.\*
2. Brot-Goldberg Z, **Layton TJ**, Vabson B, Wang Y. Defaults and the Microfoundations of Inertia: Evidence from Medicare Part D. In preparation.\*

### **Book Chapters**

1. Ellis RP, **Layton TJ**. Risk Adjustment and Risk Selection. Encyclopedia of Health Economics 2014. Elsevier Press.
2. **Layton TJ**, Montz E, Shepard M. “Health Plan Payment in U.S. Marketplaces: Regulated Competition with a Weak Mandate.” Risk Adjustment, Risk Sharing, and Premium Regulation in Health Insurance Markets: Theory and Practice. Ed. Thomas G. McGuire and Richard van Kleef. Elsevier Press.
3. **Layton TJ**, Ndikumana A, Shepard M. “Health Plan Payment in Medicaid Managed Care: A Hybrid Model of Regulated Competition.” Risk Adjustment, Risk Sharing, and Premium Regulation in Health Insurance Markets: Theory and Practice. Ed. Thomas G. McGuire and Richard van Kleef. Elsevier Press.

### **Thesis**

1. **Layton TJ**. Risk Selection and Risk Adjustment in Competitive Health Insurance Markets. Boston University. Department of Economics. 2014.

### **Narrative Report**

Prior to my current position, I was a National Institute of Mental Health Postdoctoral Research Fellow in the Department of Health Care Policy at Harvard. I completed my PhD in economics at Boston University in 2014. I am currently a Faculty Research Fellow at the National Bureau of Economic Research.

My research focuses on the behavior of consumers and insurers in private regulated health insurance markets such as the Medicare Advantage program, the state and federal Health Insurance Marketplaces created by the Affordable Care Act, and state Medicaid Managed Care markets. Enrollment of individuals in private regulated health insurance markets has increased dramatically over the last decade and continues to follow a positive trend, making it critical that we understand the incentives faced by insurers and consumers in these markets and how these actors respond to those incentives.

In one line of research, I study adverse selection in health insurance markets and how regulations such as risk adjustment and reinsurance can be used to combat selection problems. One important contribution of my research is to estimate the extent to which Medicare Advantage insurers engage in

“upcoding,” or the practice of making enrollees appear sicker in order to increase their revenues, finding that this type of behavior costs the government over \$10 billion each year if uncorrected. In other work related to risk adjustment, I’ve found that risk adjustment is highly effective at ameliorating adverse selection problems, resulting in potential welfare gains of over \$700 per person per year. I’ve also studied health insurance plan payment systems conceptually, developing new methods for (1) evaluating the performance of different payment system alternatives and (2) finding optimal payment systems that minimize selection-related inefficiencies. Finally, my recent work in this area has established a new framework for considering the effects of policies aimed at combatting selection, incorporating the effects of policies on the extensive (insurance vs. uninsurance) and intensive (high vs. low quality coverage) margins of insurance, two margins that are typically studied in isolation.

Much of my current work focuses on insurer behavior in Medicaid Managed Care markets, with a focus on insurer productivity in general, and the role of provider networks in particular. In this research, we exploit the random assignment of Medicaid beneficiaries to managed care plans to find large productivity differences with the lowest productivity plan spending over 20% more than the highest productivity plan to provide the same Medicaid benefits. We also study the effects of the roll out of managed care to adults with disabilities, finding increases in spending but also in quality of care.

My final line of research focuses on consumer behavior in state Health Insurance Marketplaces. This work has consisted of randomized trials testing the effects of letter-based interventions on consumer plan choice and on take-up of subsidized insurance in Colorado and Massachusetts. This work tries to understand the barriers to take-up and good decision-making in these markets.