Curriculum Vitae
JEE-HUN CHOI

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Cornell University
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EDUCATION

Ph.D., Economics, Cornell University (*Expected*, 2020)
M.A., Applied Statistics, University of Michigan-Ann Arbor (2010)
B.A., Economics and Mathematics, University of Wisconsin-Madison (2009)

FIELDS

Health Economics, Industrial Organization

WORKING PAPERS

"What is Behind the Size Effect? The Role of Large Hospitals in the Medicaid DSH Program" with Claire S.H. Lim

"The Political Economy of Medicaid: Ideology, Eligibility, and the Consequences of Cost-saving Measures" with Claire S.H. Lim

GRANTS and FELLOWSHIPS

2014 – 2018	Sage Fellowship, Cornell University
2017	Research Travel Grant, Graduate School, Cornell University

RESEARCH APPOINTMENTS

Fall 2018	Research Assistant to Bryant Hyuncheol Kim and Hyunseob Kim
Fall 2016	Research Assistant to Samuel Kleiner
Fall 2015	Research Assistant to Claire S.H. Lim

TEACHING EXPERIENCE

Cornell University (Teaching Assistant)
Risk Management and Policy (Undergraduate): Fall 2018
Economic Analysis of Politics (Undergraduate): Spring 2018
Introduction to Microeconomics (Undergraduate): Fall 2017
Introduction to Macroeconomics (Undergraduate): Fall 2015, Spring 2016 and Spring 2017

University of Michigan – Ann Arbor (Graduate Student Instructor)
Introduction to Statistics and Data Analysis (Undergraduate): Fall 2009 and Spring 2010

MILITARY EXPERIENCE

1st Lieutenant, the Republic of Korea Air Force (2014)

PROGRAMMING SKILLS

STATA, MATLAB, R, SAS and LaTeX

LIST OF PH.D. COURSES

Fall 2014	Microeconomics Theory I, Macroeconomics I, Econometrics I, Intermediate Math Econ I
Spring 2015	Microeconomics Theory II, Macroeconomics II, Econometrics II
Fall 2015	Seminar in Labor Economics I, Industrial Organization and Regulation II
Spring 2016	Empirical Public Finance and Tax, Health Economics II
Fall 2016	Third Year Research Seminar I, Industrial Organization and Regulation I
Spring 2017	Third Year Research Seminar II, Empirical Strategies II

COMMITTEE

Panle Jia Barwick (*Chair*)	Cornell University Economics
Sean Nicholson (*Co-chair*)	Cornell University Policy Analysis and Management
Hyuncheol Bryant Kim	Cornell University Policy Analysis and Management
Claire S.H. Lim	Queen Mary University of London Economics

PERSONAL INFORMATION

Date of Birth	August 5th, 1986
Gender	Male
Citizenship	the Republic of Korea (South Korea)
Marital Status	Married with one daughter

Last Updated: Sept. 2018

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September 23, 2018

Dear Boot Camp Selection Committee:

This letter is in support of Jee-Hun Choi's application to attend the NBER Health Economics boot camp in December. I am a professor in the Department of Policy Analysis and Management at Cornell University and an NBER Research Associate. Jee-Hun is an economics Ph.D. student at Cornell and I am on his dissertation committee. I have gotten to know Jee-Hun well over the past two years. He is a very talented PhD student with a promising future in health economics and health policy research. He is smart, has plenty of interesting ideas, is savvy about collecting powerful data sets, and has strong empirical and econometric skills. Jee-Hun is trained as an IO economist and has developed a strong tool kit in that field. Because he is relatively new to health economics, Jee-Hun would benefit greatly from the boot camp -- the didactic sessions, the institutional detail, and networking with other faculty and PhD students. Although I am providing him with a grounding in health economics, but he could benefit from a broader set of perspectives.

Jee-Hun's job market paper examines the impact of patient cost sharing on medical spending and health among people with low-income. Arkansas' Medicaid program received permission from the federal government to institute cost sharing (i.e., co-payments at the physician's office and pharmacy) for office visits and prescription drugs. This occurred when Arkansas agreed to expand Medicaid as part of the Affordable Care Act. Although there is a substantial literature examining the impact of cost sharing on moral hazard, almost all of this literature focuses on the general population, not people with low income. Arkansas hopes that the cost sharing will discourage the use of low-value medical care and allow the State to finance its portion of the expansion. Jee-Hun recently secured access to Arkansas' all-payer data set. This was an arduous process and he navigated it very well. Jee-Hun is now embarking on the empirical journey and I eagerly await the results of what has the potential to be an important study.

Jee-Hun is creative, highly energetic, displays unusual initiative for a graduate student, and is well trained in economic theory and empirical methods. He would benefit greatly by being able to attend the NBER Health Economics boot camp and would certainly apply what he learns in his research going forward. Please contact me (607-254-6498) if you require additional information and/or if you would like me to elaborate on my comments.

Sincerely,



Sean Nicholson, Ph.D.

Sept. 22nd, 2018

The National Bureau of Economic Research
Health Economics Research Boot Camp for Graduate Students

Dear Professor Ben Handel,

I am writing this letter to apply for the NBER Health Economics Research Boot Camp for Graduate Students. I am an Economics Ph.D. student at Cornell University doing research in health economics. I am currently in my 5th year in the program and I expect to finish in 2020. Professor Sean Nicholson (sn243@cornell.edu) is writing a letter of recommendation for me. This application packet includes my curriculum vitae and two-page essay explaining the rationale for attending the boot camp. I will look forward to hearing from you.

Thank you.

Sincerely,



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My interest in health economics started from my personal experience of two different health insurance systems between the United States and South Korea. The experience allowed me to observe how the different systems of health insurance led to varying landscapes in both supply and demand sides of the industry. I noticed one of the critical differences between the two systems is the market structure of the health insurance, which motivated my research. I am studying the impact of the expansion of publicly-financed and privately-delivered health insurance programs in the US on the various aspects of the health insurance market. However, my research interest is not restricted to this topic. I am interested in and eager to learn about other topics in health economics for my future research. Therefore, I firmly believe that my current and future research will be able to benefit significantly from participating in the NBER Health Economics Research Boot Camp.

My personal experience of health insurance systems both in the US (where I am now) and South Korea (where I am originally from) was the primary motivation for my interest in health economics. Two countries have different health insurance systems: the mixture of public and private insurance coverage for the US and universal health coverage for South Korea. I learned that these different systems gave rise to different landscapes in the healthcare industry.

To give some examples, on the demand side, I was shocked when I learned that the number of the uninsured population in the US amounted to around 88% of the *total* population of South Korea[1]. At the same time, I was equally shocked when I first heard of the term "medical shopping" in South Korea which refers to the activity of visiting multiple healthcare providers for the same symptom as there is no financial or regulatory restriction on it. On the supply side, commercial insurers and provider groups in the US try to increase their market power for better deals for reimbursement rates. In contrast, reimbursement rates are determined centrally in South Korea by the annual negotiation between the government and the provider committees. They are set low (relative to other OECD countries[2]), which is often reported as a primary reason for medical school students' preference for the specialties with a higher share of services *not* covered by the National Health Insurance (such as plastic surgery and dermatology[3]). Politics, history, and culture may explain some of the differences, but they would be mainly attributable to the different health insurance systems.

As these examples illustrate, different market structures of health insurance influence how individuals consume healthcare as well as how providers do their practice. This was the primary motivation for my research interest in the public-private interaction in the US health insurance market. The critical difference between the two countries is whether their insurance market runs by the monopsony public insurer or with the mixture of public programs and private insurance. The US is one of a few developed countries having the latter. It has also experienced a series of health reforms which have influenced how the public and private sectors interact. Therefore, research on the public-private interaction will be beneficial to improve the efficiency of the industry as well as to design better health policies in the United States. More importantly, however, it will also reveal important aspects of healthcare that researches only on universal health insurance system may not. Research on the bargaining between insurers and providers serves as a great example; it sheds light on the inefficiency and distortion caused by the reimbursement rate negotiation between monopsony public insurer and provider committees in South Korea.

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[1] The number of the uninsured population in the US in 2013 was estimated as 44 million (Kaiser Family Foundation, 2017) and the total population of South Korea was around 50 million in 2013.

[2] See Lorenzoni and Koechlin (2017).

[3] According to the Ministry of Health and Welfare, plastic surgery and dermatology were the specialties with the highest application rate for hospital residency programs in 2015.

Based on the general interest, I am exploring specific questions in my current research topics. In my main project, I am studying how the expansion of publicly-financed and privately-delivered health programs impacts commercial carriers' bargaining power. Specifically, I am examining the Medicaid expansion in Arkansas. Arkansas is one of the states which expanded Medicaid eligibility via the Patient Protection and Affordable Care Act. However, Arkansas gave health coverage to the new beneficiary groups by enrolling them in subsidized private health plans, which is different from other expansion states. The private health plans are offered by commercial carriers in the Individual Health Insurance Marketplace, so they experienced a surge in the number of enrollees after the expansion. In the health economics literature, it has been well known that private insurance companies use the number of their enrollees as bargaining leverage when negotiating with providers over reimbursement rates (Gowrisankaran et al., 2015; Ho and Lee, 2017 among others). Increasingly more publicly-financed health programs are delivered by commercial carriers (e.g., Medicaid managed care plans and Medicare Advantage plans). However, not much has been studied about how the expansion of these programs would influence the market power of commercial insurers, except in the context of Medicare part D (Duggan and Scott Morton, 2010; Lackdawalla and Yin, 2015).

My other projects, although still in the process of planning, also originated from my general interest in the public-private interaction in healthcare. In one of them, I would like to investigate how Medicare Advantage plans attract low-risk beneficiaries from the traditional Medicare pool through plan design. It is well documented in the literature that relatively healthy (or less costly) beneficiaries are selected into Medicare Advantage plans (Brown et al., 2014; Park et al., 2017; Newhouse et al. 2018 among others), but I would like to investigate more on the mechanism of the selection.

That said, my research interest is *not* restricted to the public-private interaction in the healthcare industry. Healthcare is intertwined with various programs and industries, and it is one of the fast-growing sectors due to demographic changes (e.g., aging) and technological advances. Thus, I am also interested in and eager to learn about other various topics of health economics, which is the primary reason for this application. For example, in another work in progress, I am planning to study the substitution of urgent care facilities and emergency departments. Past studies, although not many, conducted similar researches only with emergency department claims (Krishna, 2015; Alexander et al., 2017), so I am planning to use both emergency departments and urgent care facility claims from the New Hampshire Comprehensive Health Care Information System to reveal more about the impact of the substitution on the efficiency of healthcare utilization. Besides, in my co-work with Professor Claire Lim (Choi and Lim, 2017), we are studying how the political orientation of states influences various aspects of Medicaid programs including eligibility and delivery.

My primary research is still preliminary, so it has plenty of room for improvement. So are my potential future research ideas. Therefore, I firmly believe the NBER Health Economics Research Boot Camp will be an excellent opportunity for me, as a beginner researcher, to learn more about the topics related to my current as well as future research. It will allow me to conduct more rigorous studies and to find new exciting topics for future research as well.

References

Alexander, D., J. Currie, M. Schnell (2017) "Check Up Before You Check Out: Retail Clinics and Emergency Room Use" Working Paper.

Brown, Jason, Mark Duggan, Ilyana Kuziemko and William Woolston (2014) "How Does Risk Selection Respond to Risk Adjustment? New Evidence from the Medicare Advantage Program" *American Economic Review*. 104(10): 3335-3364.

Choi, Jee Hun and Claire S.H. Lim (2017) "The Political Economy of Medicaid: Ideology, Eligibility, and the Consequences of Cost-Saving Measures" Working Paper.

Duggan, M. and F. Scott Morton (2010) "The Effect of Medicare Part D on Pharmaceutical Prices and Utilization" *American Economic Review*. 100(1), 590-607.

Gowrisankaran, G., A. Nevo, R. Town (2015) "Mergers When Prices Are Negotiated: Evidence from the Hospital Industry" *American Economic Review*. 105 (1), 172-203.

Ho, K., and R. Lee (2017) "Insurer Competition in Health Care Markets" *Econometrica*. 85(2), 379-417.

Kaiser Family Foundation (2017) "Key Facts about the Uninsured Population" https://www.kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/

Krishna M. (2015) "Asymmetric Regulations in Healthcare: Urgent Care Centers and Emergency Departments" Working Paper.

Lakdawalla, D., W. Yin (2015) "Insurers' Negotiating Leverage and the External Effects of Medicare Part D" *The Review of Economics and Statistics*. 97 (2), 314–331.

Lorenzoni, Luca and Francette Koechlin (2017) "International Comparisons of Health Prices and Volumes: New Findings" *OECD*

Newhouse, Joseph, Mary Landrum, Mary Price, J. Michael McWilliams, John Hsu and Thomas McGuire (2018) "The Comparative Advantage of Medicare Advantage" *NBER Working Paper* 24289.

Park, Sungchul, Anirban Basu, Norma Coe and Fahad Khalil (2017) "Service Level Selection: Strategic Risk Selection in Medicare Advantage in Response to Risk Adjustment" *NBER Working Paper* 24038.