On the Distribution and Dynamics of Medical Expenditure among the Elderly

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Our contributions

- Estimate cutting edge model of dynamics of medical spending
- Estimate non-linear budget set
 out of pocket as fraction of total medical spending

Data

 HRS (out-of-pocket spending) linked to Medicaid and Medicare fee for service claims

(imputing other payors is in progress)

Households with heads aged 65 or older, years 1998-2012

Medical Spending Facts

Fact 1: Medical Spending is Concentrated

Total	Total Spending		Percent paid by			
Spending	Average	Pct. of	Out-of-			
Percentiles	Exp.	Total	Pocket	Medicare	Medicaid	
All	14,500	100.0	20.8	69.2	10.0	
95-100%	105,700	36.4	15.9	69.7	14.5	
90-95%	52,100	18.0	14.8	72.4	12.8	
70-90%	21,900	30.2	21.1	72.2	6.7	
50-70%	7,200	10.0	35.7	61.3	3.0	
0-50%	1,600	5.5	44.4	53.7	1.9	

Notes: Total spending is the sum of annual household Medicare, Medicaid, and out-of-pocket spending, age 65+. Expenditures are expressed in 2014 dollars.

Table: Medical spending by total expenditures and payor

Fact 2: Medicare and Medicaid Pay a High Share of Care of Highest Medical Spenders

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Budget Sets

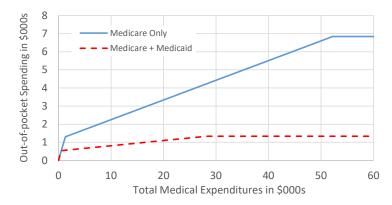


Figure: Out of pocket medical spending as a function of total medical spending

Persistence of medical spending

► *M_{i,t}* = medical expenditures for household *i* at time *t*

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$$\blacktriangleright \ \ln M_{i,t} = X_{i,t}\gamma + \eta_{i,t} + \varepsilon_{i,t},$$

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- > $\eta_{i,t}$ a persistent (first order Markov) component
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- $\varepsilon_{i,t}$ a transitory component
- We build on the Arellano, Blundell, Bonhomme (Ecta 2017) approach
 - Flexible distribution of the shocks
 - Flexible Markov model for persistence of the shocks–allows for non-linear persistence

Dynamics of health, survival

► Health (and survival) ∈ {dead, nursing home, bad, good}: age, gender, marital status, and PI-specific Markov chain

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- Use estimated models to simulate lifetime histories of:
 - health, mortality shocks
 - medical spending shocks
 - \blacktriangleright \Rightarrow compute medical spending histories

Life Expectancy as of Age 70

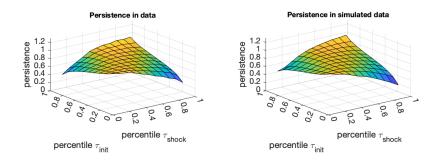
	Men			Women			
Income Percentile	Nursing Home	Bad Health	Good Health	Nursing Home	Bad Health	Good Health	All
Singles							
10 th	3.0	6.9	8.7	4.1	11.3	13.2	10.2
90 th	2.9	8.1	10.9	3.8	12.5	15.4	12.0
Couples							
10 th	2.7	7.8	9.8	4.0	12.1	14.1	11.3
90 th	2.7	10.4	13.5	3.9	14.6	17.3	14.5
Oldest Survivor Probability that Oldest Survivor is Woman					17.9 63.7%		

Probability of Ever Entering a Nursing Home

	Men		Woi		
Income	Bad	Good	Bad	Good	
Percentile	Health	Health	Health	Health	All
Singles					
10 th	23.6	25.3	35.8	37.9	32.8
90 th	20.3	22.8	32.2	35.8	30.1
Couples					
10 th	17.3	19.2	34.4	37.0	28.7
90 th	14.6	16.8	31.4	34.5	26.3

Conditional on being alive at age 70

Persistence of Medical Spending



How much total medical spending risk do households face?

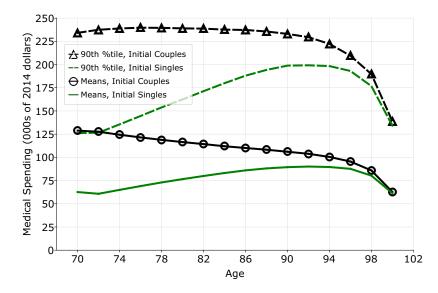


Figure: Mean and 90th percentile of remaining lifetime medical spending for surviving households, initial singles and initial couples

Conclusion

We establish the following facts about medical spending

- It is very dispersed (not new)
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- It is very dispersed (not new)
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- Highest persistence is in the tails of the distribution (new)
- We develop a framework to
 - Predict lifetime medical expenses
 - Predict how lifetime medical spending is reduced by Medicare, Medicaid