

USC-Brookings Schaeffer Initiative for Health Policy

Cost-Shifting: Fact or Fiction?

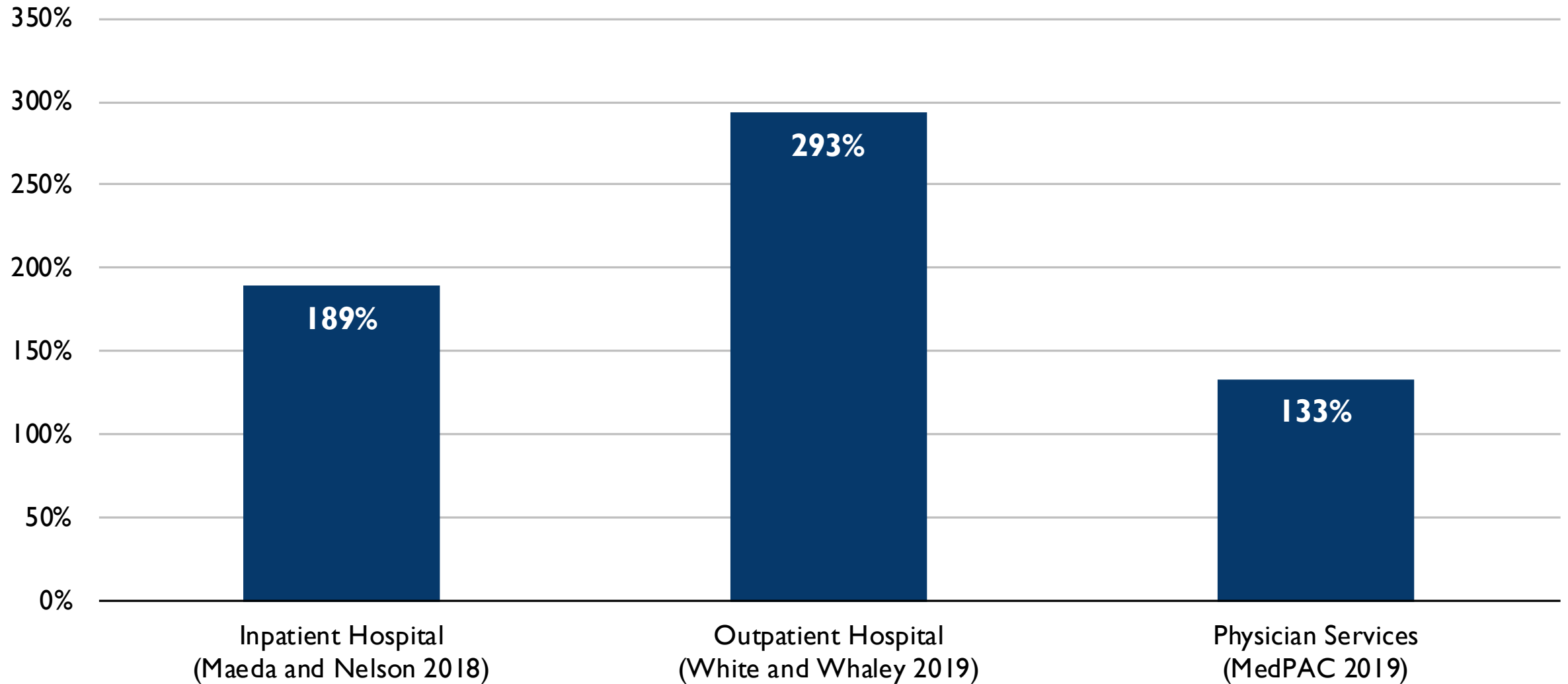
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Average Contracted Payment Rates as a Percentage of Medicare Rates for Major Service Categories



What is Cost-Shifting?

Hospital cost-shifting: Charging private payers more in response to low public payer payments.

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BUT

If hospitals could raise prices on private payers above current levels, why aren't they already doing this?

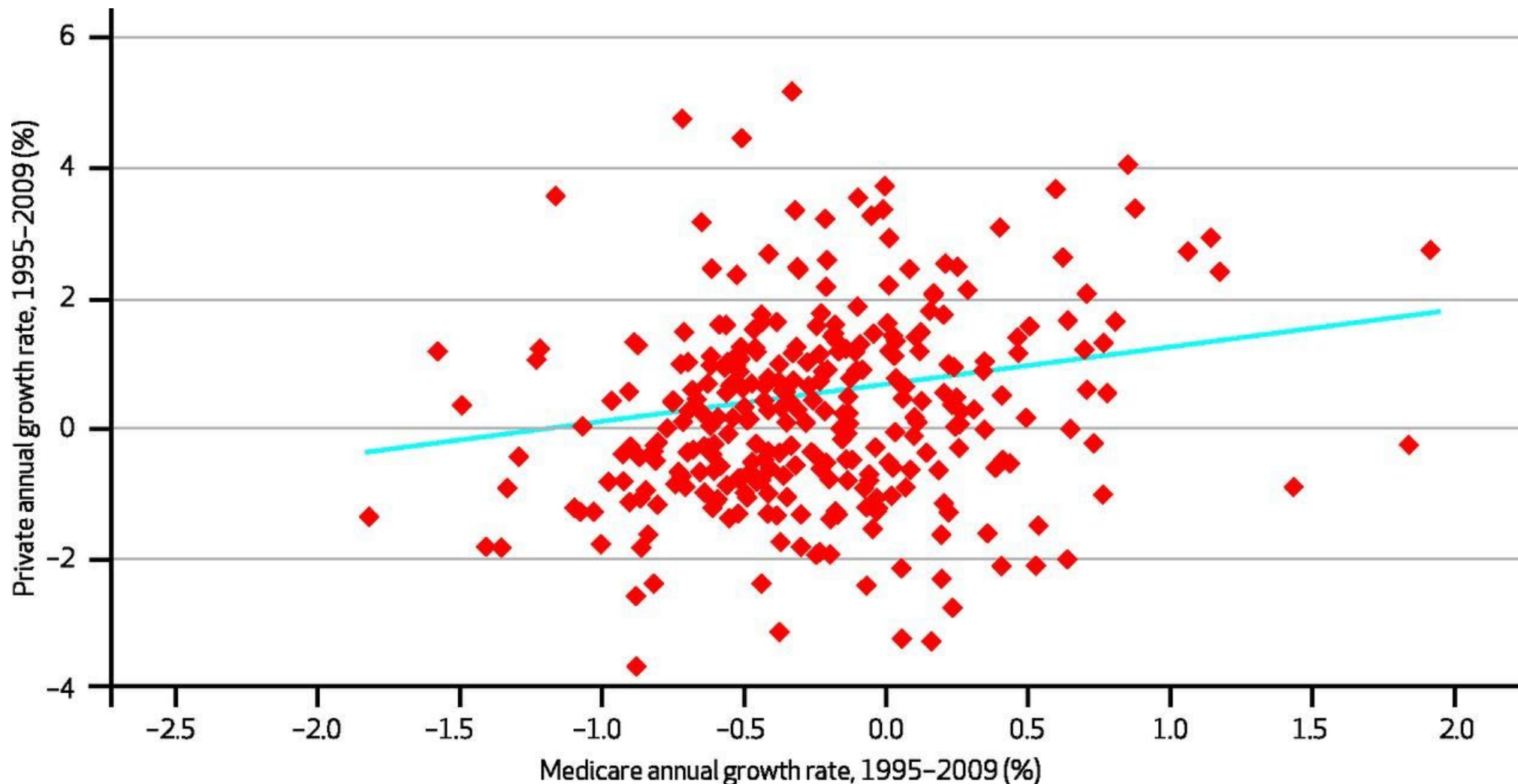
Cost-shifting theory is only possible if hospitals aren't profit-maximizing today.

Empirical Literature on Cost-Shifting

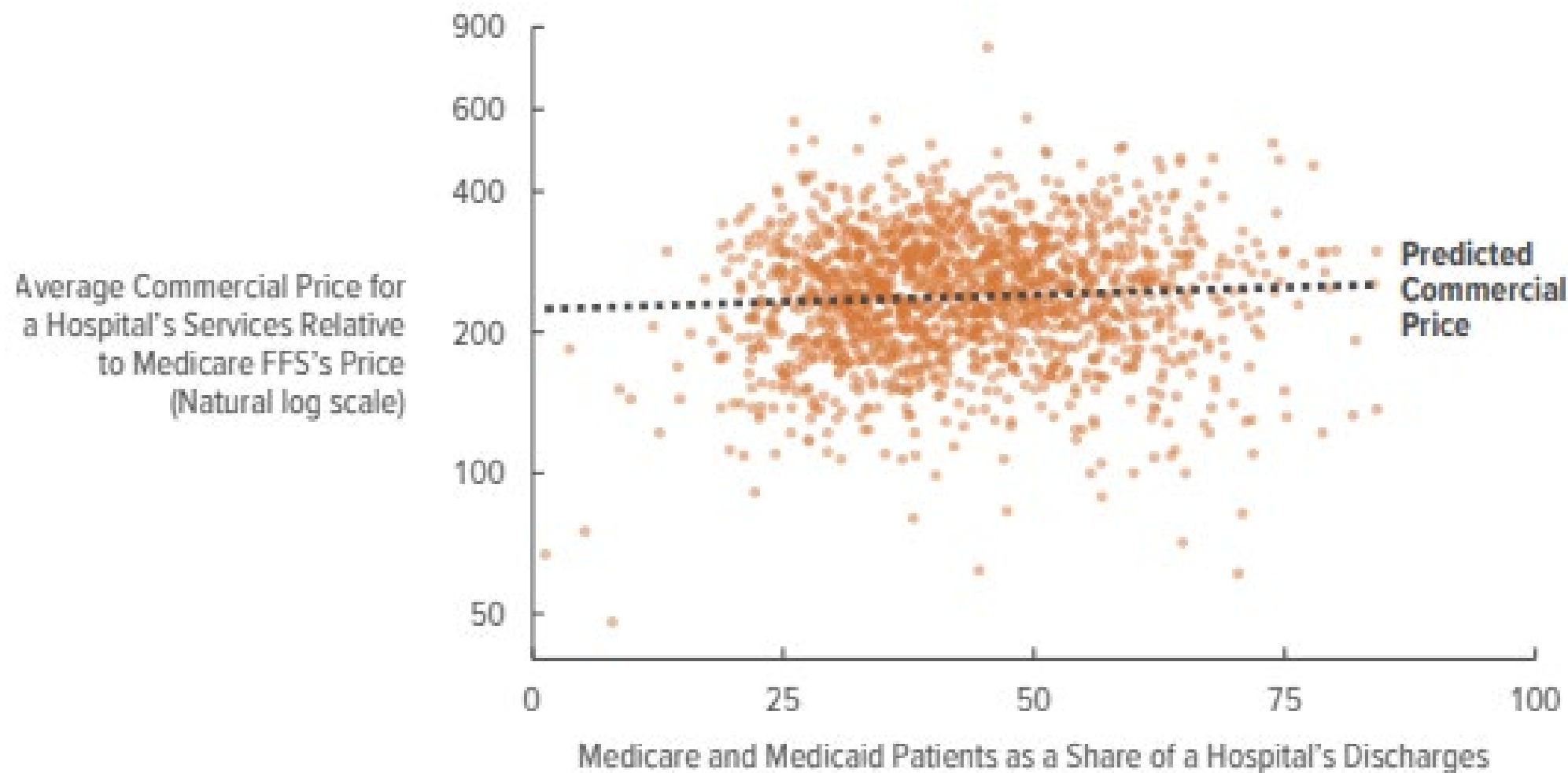
Empirical literature **finds no evidence** of hospital cost-shifting

- White (2013): 10% reduction in Medicare rates → **reduction** in private insurer prices of 3 to 8%.
- White and Wu (2013): Medicare price cuts associated with larger revenue declines than direct Medicare price effect, consistent with price spillovers.
 - Non-profits respond by reducing operating expenses
 - For-profits saw reduced profits

Annual Payment Rate Growth Rates Per Discharge for Medicare and Private Insurers, Adjusted for Input Costs, 1995-2009

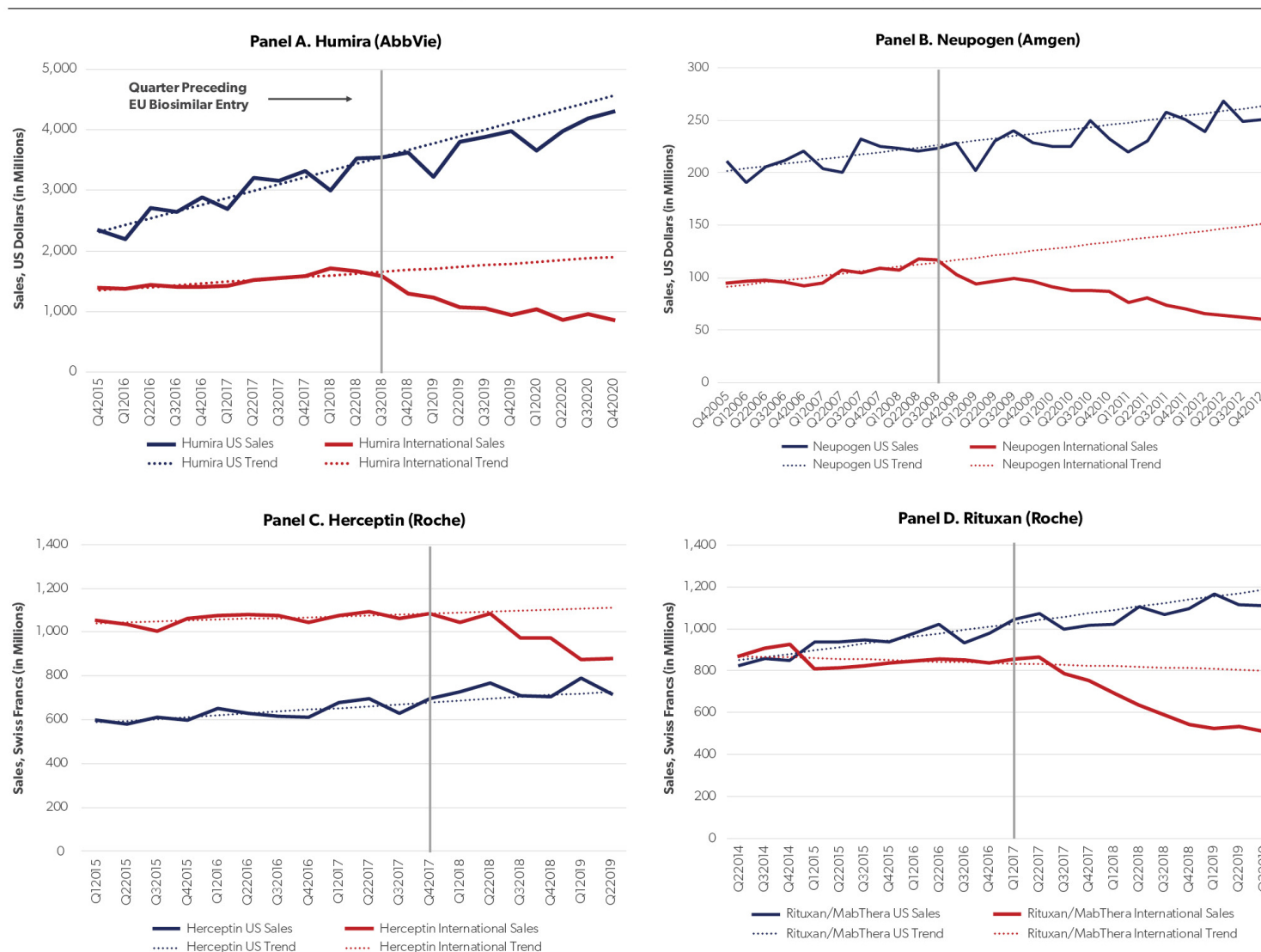


Relationship Between a Hospital's Share of Medicare and Medicaid Patients and Commercial Insurers' Average Price, 2016-18



Source: CBO (2022)

Net Sales of Selected Biologic Drugs Surrounding Biosimilar Entry in EU



Why are Prices High in Private Insurance?

- Limited competition
- High consumer value on choice of provider
- Public policies that limit insurer leverage
- Greater public sympathy for providers than insurers (?)