

# MAGGIE SHI

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## PLACEMENT CHAIRS:

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## EDUCATION

PhD	Columbia University Economics	2016 - 2022
BA	Rice University Mathematical Economic Analysis and Statistics <i>magna cum laude</i>	2012 - 2016

## FIELDS OF SPECIALIZATION

*Primary Field:* Public Economics; *Secondary Field:* Health Economics

## JOB MARKET PAPER

The Costs and Benefits of Monitoring Providers: Evidence from Medicare Audits

*Abstract:* Governments often outsource services to third parties and subsequently monitor them to deter wasteful spending, but monitoring can be costly. This paper studies monitoring in Medicare, where the provision of unnecessary healthcare is a major source of waste. Using novel administrative data on Medicare's largest monitoring program, I study monitoring aimed at detecting and reclaiming Medicare payments for unnecessary hospital admissions. Exploiting plausibly exogenous variation in monitoring intensity across hospitals and across patients, I find that hospitals respond to monitoring by reducing unnecessary admissions, but incur substantial compliance costs to do so. I find no evidence that the marginal patient denied admission is harmed, suggesting that hospitals fine-tune their response to target unnecessary admissions. But in doing so, hospitals' compliance costs increase and they adopt technology to identify unnecessary care. For every \$1,000 in savings to Medicare from the monitoring, hospitals incur \$216 in increased compliance costs. But despite the compliance costs, I find that increased monitoring improves welfare because of the substantial government savings and lack of patient harm.

## WORKING PAPERS

### [Regulated Revenues and Firm Behavior: Evidence from a Medicare Overhaul](#) (submitted)

with [Tal Gross](#), [Adam Sacarny](#), and [David Silver](#)

*Abstract:* We study a 2008 policy reform in which Medicare revised its hospital payment system to better reflect patients' severity of illness. We construct a simulated instrument that predicts a hospital's policy-induced change in reimbursement using pre-reform patients and post-reform rules. The reform led to large persistent changes in Medicare payment rates across hospitals. Hospitals that faced larger gains in Medicare reimbursement increased the volume of Medicare patients they treated. The estimates imply a volume elasticity of approximately unity. To accommodate greater volume, hospitals increased nurse employment, but also lowered length of stay, with ambiguous effects on quality.

### [Job Lock, Retirement, and Dependent Health Insurance: Evidence from the Affordable Care Act](#)

*Abstract:* The 2010 Affordable Care Act expanded health insurance coverage to dependents up to age 26, allowing some parents to add adult children to their employer-sponsored plans. I leverage this policy to understand the role adult children play in their parents' labor supply and consider a potential spillover of the dependent mandate policy to parents: did parents delay retirement to take advantage of the policy? I find that affected parents' retirement rate fell by 3.8 percentage points after policy enactment, causing them to delay retirement by 0.74 years on average. An estimated 290,000 parents delayed retirement in order to obtain coverage for their children.

### [Does Decentralization Matter? Evidence from Italian Municipalities](#)

with [Andrea Tulli](#)

*Abstract:* This paper considers whether decentralization of tax revenue to local governments affects their budgetary decisions. We study a 2012 Italian decentralization reform which (1) expanded municipalities' discretion in setting property tax rates, and (2) increased the share of the budget a municipality is responsible for raising. We exploit the differential impact of the reform on the municipalities' revenue to document three findings. First, using novel data on how much property tax revenue the national government would have collected if it was responsible for implementing the tax, we show large heterogeneity in the amount municipalities actually collected with their newfound discretion, compared to the government suggestion. Second, municipalities with greater revenue responsibility over their budget as a result of the reform increase their total revenue and spend the additional resources on public services. Finally, municipalities respond to greater responsibility by decreasing their deficit. We show that the latter result is driven by municipalities subject to fiscal rules that limit debt accumulation.

## WORKS IN PROGRESS

### Medical Necessity and the Cost and Quality of Healthcare

with [Ashvin Gandhi](#)

*Research Question:* How does requiring healthcare providers to demonstrate medical necessity change the cost and quality of care they provide?

### What Determines Compliance with Hospital Pricing Transparency Laws?

with [Ben Chartock](#)

*Research Question:* Hospitals are required by law to disclose prices, yet many do not comply with this law -- what are the market-level and hospital-level determinants of compliance, and what does this imply about the usefulness of price transparency laws?

## AWARDS AND FELLOWSHIPS

R36 Dissertation Fellowship Health Services Research Dissertation Program Agency for Health Research and Quality	2020 - 2022
Harriss Prize Best second-year paper Columbia University	2018
Dean's Fellowship and Faculty Fellowship Columbia University	2016 -2022
Peter Mieszkowski Prize for Honors Program Research Rice University	2016

## GRANTS

Columbia Applied Microeconomics Colloquium Data Grant	2019
Columbia Applied Microeconomics Colloquium Travel Grant	2019
Columbia Program for Economic Research Travel Grant	2019
Columbia Program for Economic Research Data Grant (2x)	2018, 2019

## TEACHING EXPERIENCE

The American Economy (Halbac)	F2018, F2019, F2020
Intermediate Microeconomics (Vergote)	S2019, S2020
Principles of Economics (Miller, Zaniboni)	F2017, S2018

## RESEARCH ASSISTANTSHIP

Adam Sacarny	2019
Michael Best, François Gerard	2018 - 2020

## INVITED PRESENTATIONS

ASSA, EEA, APPAM Student Research Series, Columbia HPM, ASHEcon, WEAI Graduate Student Workshop, EHEC, SEA*, APPAM*, SHESG*, NTA*, Rice University*, Congressional Budget Office* (* <i>scheduled</i> )	2021
YES, NTA	2020
ASHEcon, SOLE	2019

## OTHER ACTIVITIES

Panel on the Path to Economics and Related PhDs -- <i>panelist</i>	2020
Health Economics Bootcamp Alumni Online Workshop -- <i>organizer</i>	2020
NBER Health Economics Bootcamp -- <i>invited attendee</i>	2019
Columbia Applied Microeconomics Reading Group -- <i>organizer</i>	2019

## CITIZENSHIP

USA

## REFERENCES

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