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Education

Ph. D. Economics, University of California, Riverside (March 2012, expected)
Dissertation Title: “Essays on Health Care: The Impact of Insurance and Use of Medical Services on Health”
Committee: David Fairris (Co-Chair), Mindy Marks (Co-Chair), Aman Ullah, Todd Sorensen
MBA, University of California, Irvine (2005)
Concentration: Accounting/Finance
B.S. Computer Science, Ewha Woman’s University, S.Korea (1996)

Research Interests

Primary: Health Economics
Secondary: Labor Economics
Teaching: Health Economics, Labor Economics, Micro/Macro Economics

Publication

“The Impact of Medicaid Coverage on Dental Service Use”, *The Journal of Health Economics* 2011, 30(5):1020 – 1031 (Job Market Paper)

Research Papers

“Access to Medical Resources and Infant Mortality” (with Mindy Marks) (in progress)
“The Impact of Insurance Coverage on Dental Service Use among Older Population” (in progress)

Conference Presentations

“The Impact of Medicaid Coverage on Dental Service Use”
Applied Economics Seminar Series, UC Riverside, March 2010
Western Economic Association International, Portland, OR, July 2010
All CA Labor Economics Workshop, Poster Session, UC Santa Barbara, September 2010

Teaching Experience

Instructor: Summer 2010

Introduction to Money, Banking, and Credit (Econ130)

Teaching Assistant: 2006-present

Introduction to Macroeconomics (Econ002)

Introduction to Microeconomics (Econ003)

Principles of Economics (Econ004)

Intermediated Microeconomics (Econ 102)

Intermediate Macroeconomics (Econ 103)

Intermediate Microeconomic Theory (Econ104A)

The Stock Market (Econ 135)

TA responsibilities include leading weekly discussion sections, holding office hours, proctoring and grading exams, and grading homework.

Awards and Professional Accomplishments

GSA Travel Grant, UC Riverside 2010

Faculty Fellowship, UC Irvine, 2003-2004

Passed CPA exam, 1999

Professional Affiliation

American Society of Health Economists

Languages

English (Fluent), Korean (Native)

Citizenship

USA

References

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Dissertation Abstract

Essays on Health Care: The Impact of Insurance and Use of Medical Services on Health

Per capita health care spending in the United States is the highest in the world and is increasing rapidly. This enormous spending is primarily driven by two factors: increase in medical service usages facilitated by insurance coverage, and increase in the price of new and advanced medical technology. My dissertation investigates the impact of additional health care spending/medical service usage on health status. Utilizing exogenous sources of variation, it examines the impact of Medicaid eligibility on medical service use and health status in understudied dental market, and the effectiveness of additional healthcare spending on infant health outcomes.

My job market paper, “The Impact of Medicaid Coverage on Dental Service Use” (*The Journal of Health Economics*, 2011, 30(5):1020-1031), estimates the causal relationship between Medicaid dental benefits and dental service usage for low-income adults. The new comprehensive health reform, beginning in 2014, will require Medicaid to expand all elements of coverage to individuals with incomes up to 133 percent of the federal poverty line. With millions more individuals gaining eligibility for the adult Medicaid dental benefit, generating unbiased estimates of elasticity of demand for dental services and measuring the impact on dental health are critical for making budget decisions and allocating limited resources. I estimate difference-in-differences equations to exploit the state level variation in adult Medicaid dental benefits. I compare the level of dental service use among low-income parents in states with and without adult Medicaid dental benefits. To adjust for the state-specific differences in access to dental service, I use childless adults as a control group because childless adults are not likely to be eligible for Medicaid benefits. I discover that the adult Medicaid dental benefit increases the probability of a dental visit within 12 months by 16.4 - 22 percent. I find evidence that this increase in dental service use improves dental health among low-income people. A variety of robustness checks, including placebo tests, employing alternative control group, and standard error correction, confirms the finding.

The next paper, “The Impact of Insurance Coverage on Dental Service Use among Older Population”, investigates the relationship between dental insurance and dental service use among

well-educated older populations. There is a sudden drop in the number of people with dental insurance at around age 65. Between ages of 64 and 67, about 27 percent of previously insured people with at least some college education lose their dental insurance. The decrease in dental coverage is primarily driven by the loss of employer-provided dental benefits with retirement. I calculate the predicted possibility of holding dental insurance and find that there is no evidence of a decrease in dental visits among well-educated older populations even after the loss of dental insurance coverage. However, analysis on procedures performed each visit shows there is a difference in the kinds of procedures provided. People with dental insurance are more likely to receive more expensive procedures such as crowns, while people without insurance are more likely to have their teeth extracted.

The final paper, “Access to Medical Resources and Infant Mortality”, which is co-authored with Mindy Marks, addresses the benefit of additional healthcare spending for newborn babies. Childbirth is one of the most common medical procedures, and the average cost for newborn delivery has been steadily rising. To identify the true relationship between healthcare spending and infant health measured by mortality rate and readmission within one year, we use the number of infants born on a given day in a given location as an identifying variable to generate variation in spending. We compare health outcomes within the same region using variation in spending that arises from hospital crowding due to the non-uniform distribution of birthdates within a given region. The number of babies born on a given day is an ideal IV because it is highly correlated with spending. Our first stage reports that when the number of babies born on a given day in a given region decreases by one standard deviation, the charge increases by more than \$700. This is evidence that when the hospital is less crowded with newborns, physicians respond to the temporary income shock by performing more procedures or having the babies stay longer. Because the additional procedures are more likely to be given to the babies who are considered to be in “marginal” health, our second stage analysis would reveal the true health benefit of the additional spending. We use confidential data from the California Office of Statewide Health Planning and Development that contain detailed information on every hospital birth in California from 2002 to 2006. The second stage analysis reports that the additional health care spending on the babies born on slower days does not translate into measurable infant health gain.