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Supplementary Materials for: Is Results-Based Aid More Effective than Conventional Aid?

Evidence from the Health Sector in El Salvador

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APPENDIX A: ROBUSTNESS CHECKS

Table A.1: Robustness Checks, SMI RBA Model on Outpatient Consultations

Population Group	Overall				Women 15-49				Children less than 5			
Panel A. Outpatient visits	False Test (1.1)	Cont. Enroll. (1.2)	Weighted (1.3)	Outliers (1.4)	False Test (2.1)	Cont. Enroll. (2.2)	Weighted (2.3)	Outliers (2.4)	False Test (3.1)	Cont. Enroll. (3.2)	Weighted (3.3)	Outliers (3.4)
RBA x Onset	-22.737	809.041**	1249.116**	625.527**	21.740	275.937*	390.246	224.722	0.253	152.096**	200.6**	152.691**
	(207.027)	(346.347)	(557.429)	(307.017)	(105.869)	(147.141)	(237.32)	(136.62)	(65.957)	(71.835)	(93.648)	(74.701)
Aid x Onset	34.344	279.984	-80.834	325.004*	17.929	123.951*	36.598	147.059**	48.658	68.132	-22.673	69.453*
	(156.112)	(180.444)	(441.435)	(170.569)	(56.175)	(70.993)	(168.22)	(69.142)	(42.959)	(41.850)	(95.156)	(39.499)
Pre-trends Analysis (p-value)												
RBA vs NF	0.373				0.386				0.329			
AID vs NF	0.396				0.480				0.354			
RBA vs AID	0.612				0.701				0.222			
N	588	2632	2744	2660	588	2632	2744	2660	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on overall visits for a different sample. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A.2: Robustness Checks, SMI RBA Model on Outpatient Consultations

Population Group	Overall				Women 15-49				Children less than 5			
Panel B. Preventive visits	False Test (1.1)	Cont. Enroll. (1.2)	Weighted (1.3)	Outliers (1.4)	False Test (2.1)	Cont. Enroll. (2.2)	Weighted (2.3)	Outliers (2.4)	False Test (3.1)	Cont. Enroll. (3.2)	Weighted (3.3)	Outliers (3.4)
RBA x Onset	-141.546	1079.3***	1682.1***	812.9***	18.474	306.753**	460.8**	226.7**	-79.200	162.442**	232.109*	154.589**
	(103.957)	(408.237)	(614.450)	(301.338)	(32.122)	(124.291)	(198.839)	(91.402)	(48.780)	(71.155)	(121.370)	(69.284)
Aid x Onset	43.932	240.875*	422.867	235.1**	13.682	106.160**	170.125	103.5**	41.407*	23.223	18.447	31.766
	(35.499)	(130.451)	(274.688)	(113.798)	(9.308)	(51.282)	(112.032)	(42.920)	(24.909)	(26.265)	(40.651)	(23.788)
Pre-trends Analysis (p-value)												
RBA vs NF	0.039				0.233				0.288			
AID vs NF	0.703				0.892				0.751			
RBA vs AID	0.159				0.116				0.301			
N	588	2632	2744	2660	588	2632	2744	2660	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on overall visits for a different sample. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A.3: Robustness Checks, SMI RBA Model on Outpatient Consultations

Population Group	Overall				Women 15-49				Children less than 5			
Panel C. Curative visits	False Test	Continuous Enrollment	Weighted	Outliers	False Test	Continuous Enrollment	Weighted	Outliers	False Test	Continuous Enrollment	Weighted	Outliers
	(1.1)	(1.2)	(1.3)	(1.4)	(2.1)	(2.2)	(2.3)	(2.4)	(3.1)	(3.2)	(3.3)	(3.4)
RBA x Onset	118.809	-270.321	-433.027	-185.729	3.267	-30.817	-70.554	-5.232	79.453	-10.345	-31.419	-1.113
	(263.10)	(340.53)	(493.596)	(291.88)	(106.32)	(113.13)	(163.96)	(105.8)	(62.85)	(69.91)	(102.84)	(61.35)
Aid x Onset	-9.588	39.109	-503.701	122.750	4.247	17.791	-133.527	55.559	7.252	44.909	-41.120	47.377
	(150.79)	(193.47)	(606.07)	(142.71)	(50.90)	(59.24)	(186.73)	(46.50)	(32.82)	(37.19)	(102.84)	(32.48)
Pre-trends Analysis (p-value)												
RBA vs NF	0.446				0.372				0.551			
AID vs NF	0.399				0.308				0.291			
RBA vs AID	0.701				0.689				0.736			
N	588	2632	2744	2660	588	2632	2744	2660	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on overall visits for a different sample. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A.4: Robustness Checks, SMI RBA Model on Maternal and Infant Preventive Visits

Type of Visit	Family Planning				Prenatal			
Panel A1. First Visit	False Test	Continuous Enrollment	Weighted	Outliers	False Test	Continuous Enrollment	Weighted	Outliers
	(1.1)	(1.2)	(1.3)	(1.4)	(2.1)	(2.2)	(2.3)	(2.4)
RBA x Onset	0.681	7.558*	14.406*	5.027	-5.496	27.538**	35.309**	22.212**
	(7.359)	(3.935)	(8.295)	(4.450)	(6.440)	(10.741)	(13.829)	(8.480)
Aid x Onset	-0.024	-4.441*	-5.657	-4.484**	0.082	12.714**	25.494**	11.573**
	(1.806)	(2.406)	(6.376)	(2.225)	(2.057)	(5.773)	(12.786)	(4.612)
Pre-trends Analysis (p-value)								
RBA vs National Funding	0.293				0.596			
AID vs National Funding	0.230				0.707			
RBA vs AID	0.239				0.545			
N	588	2632	2744	2660	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on type of visit, and each panel reports the effect on the either the first visit or posterior visits. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * p < 0.10, ** p < 0.05, *** p < 0.01.

Table A.5: Robustness Checks, SMI RBA Model on Maternal and Infant Preventive Visits

Type of Visit	Puerperal				Infant			
Panel A2. First Visit	False Test (1.1)	Continuous Enrollment (1.2)	Weighted (1.3)	Outliers (1.4)	False Test (2.1)	Continuous Enrollment (2.2)	Weighted (2.3)	Outliers (2.4)
RBA x Onset	-2.720 (6.094)	21.371*** (5.385)	29.840*** (7.657)	19.057*** (5.187)	-7.392* (3.903)	22.832** (9.911)	36.750** (16.835)	17.197** (7.394)
Aid x Onset	1.800 (1.674)	6.681** (2.627)	10.067** (4.073)	6.631** (2.545)	2.649* (1.385)	11.936** (4.890)	24.866** (11.538)	10.563** (4.093)
Pre-trends Analysis (p-value)								
RBA vs National Funding	0.422				0.326			
AID vs National Funding	0.947				0.517			
RBA vs AID	0.410				0.338			
N	588	2632	2744	2660	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on type of visit, and each panel reports the effect on the either the first visit or posterior visits. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * p < 0.10, ** p < 0.05, *** p < 0.01.

Table A.6: Robustness Checks, SMI RBA Model on Maternal and Infant Preventive Visits

Type of Visit	Family Planning				Prenatal			
Panel B1. Total Visits	False Test (1.1)	Continuous Enrollment (1.2)	Weighted (1.3)	Outliers (1.4)	False Test (2.1)	Continuous Enrollment (2.2)	Weighted (2.3)	Outliers (2.4)
RBA x Onset	11.192	17.633	29.574	23.811**	27.690	67.058**	127.097**	50.046**
	(7.476)	(17.106)	(34.423)	(10.800)	(33.483)	(32.919)	(63.587)	(24.512)
Aid x Onset	8.585	-15.701	-40.230	-10.191*	11.381	36.423**	50.217*	32.732**
	(6.946)	(9.966)	(38.414)	(5.772)	(7.833)	(15.431)	(28.764)	(14.242)
Pre-trends Analysis (p-value)								
RBA vs National Funding	0.378				0.138			
AID vs National Funding	0.196				0.735			
RBA vs AID	0.868				0.030			
N	588	2632	2744	2660	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on type of visit, and each panel reports the effect on the either the first visit or posterior visits. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * p < 0.10, ** p < 0.05, *** p < 0.01.

Table A.7: Robustness Checks, SMI RBA Model on Maternal and Infant Preventive Visits

Type of Visit	Infant			
Panel B2. Total Visits	False Test (2.1)	Continuous Enrollment (2.2)	Weighted (2.3)	Outliers (2.4)
RBA x Onset	9.971 (20.831)	47.587** (20.663)	79.885** (36.542)	38.414** (18.631)
Aid x Onset	18.918** (9.132)	8.608 (8.430)	1.075 (14.734)	10.435 (8.003)
Pre-trends Analysis (p-value)				
RBA vs National Funding	0.687			
AID vs National Funding	0.474			
RBA vs AID	0.580			
N	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on type of visit, and each panel reports the effect on the either the first visit or posterior visits. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses.
* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A.8: Robustness Checks, SMI RBA Model on Inpatient Visits

Population Group	Overall				Women 15-49			
	False Test (1.1)	Continuous Enrollment (1.2)	Weighted (1.3)	Outliers (1.4)	False Test (2.1)	Continuous Enrollment (2.2)	Weighted (2.3)	Outliers (2.4)
RBA x Onset	65.523 (55.257)	16.243 (13.544)	7.829 (24.045)	22.005 (13.779)	25.466 (17.551)	9.531 (6.191)	12.368 (10.145)	9.778* (5.824)
Aid x Onset	6.505 (4.258)	6.985 (7.355)	-5.424 (23.528)	14.335** (6.113)	3.059 (1.994)	3.074 (3.987)	-2.266 (13.867)	7.433** (3.288)
Pre-trends Analysis (p-value)								
RBA vs National Funding	0.007				0.01			
AID vs National Funding	0.438				0.542			
RBA vs AID	0.003				0.004			
N	2156	4200	4312	4180	2156	4200	4312	4180

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on overall visits for a different sample. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A.9: Robustness Checks, SMI RBA Model on Inpatient Visits

Population Group	Women 15-49 Obstetric				Women 15-49 Non-Obstetric			
	False Test (1.1)	Continuous Enrollment (1.2)	Weighted (1.3)	Outliers (1.4)	False Test (2.1)	Continuous Enrollment (2.2)	Weighted (2.3)	Outliers (2.4)
RBA x Onset	22.970 (14.426)	12.659** (6.321)	19.955** (9.217)	11.876** (5.787)	2.496 (3.849)	-3.128 (2.047)	-7.587* (3.857)	-2.099 (2.022)
Aid x Onset	3.061* (1.823)	3.238 (3.146)	1.372 (9.308)	6.203** (2.789)	-0.002 (0.815)	-0.163 (1.335)	-3.638 (5.489)	1.230 (0.793)
Pre-trends Analysis (p-value)								
RBA vs NF	0.000				0.000			
AID vs NF	0.302				0.361			
RBA vs AID	0.006				0.009			
N	2156	4200	4312	4180	2156	4200	4312	4180

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on overall visits for a different sample. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * p < 0.10, ** p < 0.05, *** p < 0.01.

Table A.10: Robustness Checks, SMI RBA Model on Ambulatory Care Sensitive Conditions

Type of Visit	Prenatal in first trimester of pregnancy				Infant in first week after birth			
	False Test (1.1)	Continuous Enrollment (1.2)	Weighted (2.3)	Outliers (2.4)	False Test (2.1)	Continuous Enrollment (2.2)	Weighted (2.3)	Outliers (2.4)
RBA x Onset	-0.003 (0.043)	0.001 (0.030)	-0.034 (0.032)	0.003 (0.029)	-0.020 (0.038)	0.116*** (0.041)	0.028 (0.038)	0.124*** (0.043)
Aid x Onset	0.037 (0.025)	-0.057** (0.023)	-0.058** (0.023)	-0.059*** (0.022)	0.033 (0.030)	-0.046 (0.031)	-0.073** (0.030)	-0.047 (0.031)
Pre-trends Analysis (p-value)								
RBA vs National Funding	0.584				0.593			
AID vs National Funding	0.691				0.679			
RBA vs AID	0.966				0.81			
N	587	2628	2740	2656	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on ACS Hospitalizations for different populations. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses.
* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A.11: Robustness Checks, SMI RBA Model on Other Population Groups

Type of Visit	Total Visits				Preventive Visits				Curative Visits			
Panel A. Men 15-49	False Test (1.1)	Cont. Enroll (1.2)	Weighted (1.3)	Outliers (1.4)	False Test (2.1)	Cont. Enroll (2.2)	Weighted (2.3)	Outliers (2.4)	False Test (3.1)	Cont. Enroll (3.2)	Weighted (3.3)	Outliers (3.4)
RBA x Onset	51.143	88.350**	140.697***	72.085**	-0.238	74.436**	114.333**	49.049*	51.381	13.915	26.364	21.784
	(46.048)	(35.333)	(51.127)	(30.161)	(1.364)	(33.606)	(52.590)	(27.574)	(45.940)	(20.926)	(26.393)	(17.974)
Aid x Onset	2.790	46.403***	38.064	44.748***	0.612	20.050*	42.078	13.944	2.177	26.353	-4.014	30.065**
	(17.022)	(17.068)	(31.107)	(16.910)	(0.751)	(11.934)	(31.533)	(10.888)	(16.869)	(16.738)	(46.242)	(14.316)
Pre-trends Analysis (p-value)												
RBA vs NF	0.467				0.714				0.478			
AID vs NF	0.422				0.863				0.414			
RBA vs AID	0.442				0.785				0.468			
N	588	2632	2744	2660	588	2632	2744	2660	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on overall visits for a different sample. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * p < 0.10, ** p < 0.05, *** p < 0.01.

Table A.12: Robustness Checks, SMI RBA Model on Other Population Groups

Type of Visit	Total Visits				Preventive Visits				Curative Visits			
Panel B. Elderly	False Test (1.1)	Cont. Enroll. (1.2)	Weighted (1.3)	Outliers (1.4)	False Test (2.1)	Cont. Enroll. (2.2)	Weighted (2.3)	Outliers (2.4)	False Test (3.1)	Cont. Enroll. (3.2)	Weighted (3.3)	Outliers (3.4)
RBA x Onset	37.375	69.297*	111.242**	70.772*	2.764	84.940***	117.622***	80.529***	34.611	-15.644	-6.380	-1.418
	(45.515)	(39.555)	(44.341)	(38.048)	(10.791)	(27.621)	(36.276)	(26.645)	(45.738)	(39.936)	(51.092)	(35.584)
Aid x Onset	12.009	7.301	-44.435	18.702	1.829	11.745	9.228	10.312	10.180	-4.443	-53.663	5.064
	(23.623)	(23.447)	(55.149)	(21.626)	(5.014)	(11.062)	(18.750)	(10.939)	(24.632)	(21.804)	(55.713)	(19.366)
Pre-trends Analysis (p-value)												
RBA vs NF	0.340				0.441				0.547			
AID vs NF	0.431				0.890				0.602			
RBA vs AID	0.510				0.564				0.837			
N	588	2632	2744	2660	588	2632	2744	2660	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on overall visits for a different sample. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * p < 0.10, ** p < 0.05, *** p < 0.01.

Table A.13: Robustness Checks, SMI RBA Model on Ambulatory Care Sensitive Conditions

Type of Visit	ACS Hospitalizations				Women 15-49 ACS Hospitalizations				Women 15-49 ACS Prenatal Hospitalizations			
	False Test (1.1)	Cont. Enroll. (1.2)	Weighted (1.3)	Outliers (1.4)	False Test (2.1)	Cont. Enroll. (2.2)	Weighted (2.3)	Outliers (2.4)	False Test (3.1)	Cont. Enroll. (3.2)	Weighted (3.3)	Outliers (3.4)
RBA x Onset	23.560	-7.059	-26.069	-0.295	7.444	-2.272	-7.018	-0.456	3.961	-0.007	-0.697	0.441*
	(25.271)	(7.535)	(17.390)	(5.065)	(6.367)	(1.790)	(4.470)	(0.786)	(2.809)	(0.469)	(1.252)	(0.254)
Aid x Onset	0.810	0.168	-5.130	1.771	0.128	0.262	-1.808	0.933**	-0.036	0.469*	-0.019	0.661***
	(1.630)	(1.603)	(4.651)	(1.379)	(0.484)	(0.605)	(2.370)	(0.368)	(0.317)	(0.249)	(0.741)	(0.240)
Pre-trends Analysis (p-value)												
RBA vs NF	0.001				0.001				0.000			
AID vs NF	0.093				0.034				0.065			
RBA vs AID	0.012				0.145				0.001			
N	588	2632	2744	2660	588	2632	2744	2660	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on overall visits for a different sample. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A.14: Robustness Checks, SMI RBA Model on Ambulatory Care Sensitive Conditions

Type of Visit	Child<5 ACS Hospitalizations				Elderly ACS Hospitalizations			
	False Test (3.1)	Continuous Enrollment (3.2)	Weighted (3.3)	Outliers (3.4)	False Test (3.1)	Continuous Enrollment (3.2)	Weighted (3.3)	Outliers (3.4)
RBA x Onset	6.810*	-0.607	-6.764	1.648	6.241	-0.588	-1.774	-0.278
	(3.924)	(2.744)	(6.062)	(1.826)	(8.588)	(1.010)	(2.141)	(1.129)
Aid x Onset	-0.130	-0.046	-0.480	-0.363	-0.016	0.429	0.400	0.815**
	(0.665)	(0.984)	(3.844)	(0.825)	(0.597)	(0.385)	(1.041)	(0.394)
Pre-trends Analysis (p-value)								
RBA vs National Funding	0.000				0.000			
AID vs National Funding	0.086				0.458			
RBA vs AID	0.000				0.000			
N	2156	4200	4312	4180	2156	4200	4312	4180

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on ACS Hospitalizations for different populations. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * p < 0.10, ** p < 0.05, *** p < 0.01.

Table A.15: Robustness Checks, SMI RBA Model on Primary Care Visits

Type of Care Unit	Primary Care Facilities				Hospitals			
Panel A. Total Primary Care Visits	False Test	Continuous Enrollment	Weighted	Outliers	False Test	Continuous Enrollment	Weighted	Outliers
	(1.1)	(1.2)	(1.3)	(1.4)	(2.1)	(2.2)	(2.3)	(2.4)
RBA x Onset	-203.614	988.534**	1966.118*	550.884*	180.877	-179.493	-717.002	74.914
	(218.629)	(463.464)	(1013.023)	(313.160)	(146.330)	(266.405)	(570.300)	(158.718)
Aid x Onset	-5.405	302.517	-264.413	412.970**	39.748	-22.532	183.579	-87.533*
	(155.624)	(223.805)	(811.791)	(171.282)	(24.608)	(94.541)	(447.044)	(46.432)
Pre-trends Analysis (p-value)								
RBA vs National Funding	0.358				0.012			
AID vs National Funding	0.554				0.112			
RBA vs AID	0.677				0.339			
N	588	2632	2744	2660	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly, the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on primary care visits for a different care unit We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * p < 0.10, ** p < 0.05, *** p < 0.01.

Table A.16: Robustness Checks, SMI RBA Model on Primary Care Visits

Type of Care Unit	Primary Care Facilities				Hospitals			
Panel B. Preventive Primary Care Visits	False Test	Continuous Enrollment	Weighted	Outliers	False Test	Continuous Enrollment	Weighted	Outliers
	(1.1)	(1.2)	(1.3)	(1.4)	(2.1)	(2.2)	(2.3)	(2.4)
RBA x Onset	-164.535*	1072.216***	1654.830***	819.706***	22.989*	7.147	27.314	-10.580
	(97.134)	(401.813)	(580.584)	(306.167)	(11.793)	(20.994)	(57.488)	(14.435)
Aid x Onset	46.911	254.662*	505.582	261.029**	-2.979	-13.787	-82.714	-1.692
	(35.087)	(136.025)	(333.128)	(121.233)	(1.797)	(14.252)	(76.734)	(3.434)
Pre-trends Analysis (p-value)								
RBA vs National Funding	0.080				0.720			
AID vs National Funding	0.601				0.501			
RBA vs AID	0.197				0.494			
N	588	2632	2744	2660	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly, the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on primary care visits for a different care unit We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * p < 0.10, ** p < 0.05, *** p < 0.01.

Table A.17: Robustness Checks, SMI RBA Model on Primary Care Visits

Type of Care Unit	Primary Care Facilities				Hospitals			
Panel C. Curative Primary Care Visits	False Test	Continuous Enrollment	Weighted	Outliers	False Test	Continuous Enrollment	Weighted	Outliers
	(1.1)	(1.2)	(1.3)	(1.4)	(2.1)	(2.2)	(2.3)	(2.4)
RBA x Onset	-39.079	-83.681	311.288	-270.509	180.877	-179.493	-717.002	85.813
	(273.873)	(322.194)	(661.097)	(292.789)	(146.330)	(266.405)	(570.300)	(152.604)
Aid x Onset	-52.316	47.855	-769.994	209.496	39.748	-22.532	183.579	-85.561*
	(149.821)	(260.407)	(1062.409)	(142.233)	(24.608)	(94.541)	(447.044)	(45.344)
Pre-trends Analysis (p-value)								
RBA vs National Funding	0.528				0.012			
AID vs National Funding	0.537				0.112			
RBA vs AID	0.721				0.339			
N	588	2632	2744	2660	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly, the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on primary care visits for a different care unit We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A.18: SMI RBA Model on Inpatient Visits – Leaving 2 highest SMI Municipalities out

Type of Visit	Overall (1)	Women 15-49 (2)	Women 15-49 Obstetric (3)	Women 15-49 Non-Obstetric (4)
RBA x Onset	22.583	7.718	8.079	-0.361
	(14.741)	(6.472)	(5.885)	(0.895)
Large Sample p-value	0.129	0.236	0.173	0.687
Wild Bootstrap p-value	0.182	0.280	0.214	0.738
Aid x Onset	8.554	4.081	4.038	0.043
	(7.247)	(3.994)	(3.192)	(1.235)
Large Sample p-value	0.241	0.310	0.209	0.972
Wild Bootstrap p-value	0.268	0.324	0.246	0.972
Large Sample p-value of RBA vs AID	0.356	0.591	0.498	0.779
Wild Bst. p-value of RBA vs AID	0.422	0.630	0.532	0.800
Average of RBA at baseline	194.470	81.250	59.223	22.027
Average of AID at baseline	171.405	70.545	50.792	19.754
N	4224	4224	4224	4224

Notes: This table reports an alternative robustness exercise for inpatient visits: for the RBA municipalities group, we drop the two municipalities with the highest average at baseline of the outcome variable. We report estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of an indicator variable for RBA status with a binary indicator that equals one for the quarter in which the municipality enrolled 10% of its eligible population and after; equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. We include municipality and time fixed effects in the regressions. The p-values are for tests of the null that the difference is equal to zero. We present a Wild bootstrapped p-value that is robust in samples with small numbers of clusters (Cameron et al. 2008). Our Wild bootstrap procedure assigns symmetric weights and equal probability after re-sampling residuals (Davidson and Flachaire 2008) and uses 999 replications. Each column reports the effect on overall visits for a different sample. Standard errors are in parentheses.
* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A.19: SMI RBA Model on Ambulatory Care Sensitive Conditions – Leaving 2 highest SMI Municipalities out

Type of Visit	ACS Hospitalizations (1)	Women 15-49 ACS Hospitalizations (2)	Child < 5 ACS Hospitalizations (4)	Elderly ACS Hospitalizations (5)
RBA x Onset	3.761	0.081	2.836**	0.613
	(2.735)	(0.515)	(1.356)	(0.640)
Large Sample p-value	0.172	0.875	0.039	0.341
Wild bootstrap p-value	0.260	0.870	0.062	0.386
Aid x Onset	0.660	0.374	2.836**	0.576
	(1.556)	(0.574)	(1.356)	(0.420)
Large Sample p-value	0.672	0.516	0.992	0.174
Wild bootstrap p-value	0.696	0.568	0.976	0.182
Large Sample p-value of RBA vs AID	0.292	0.695	0.084	0.957
Wild Bst. p-value of RBA vs AID	0.354	0.648	0.122	0.990
Average of RBA at baseline	41.152	7.182	13.716	9.814
Average of AID at baseline	40.618	7.830	12.857	9.324
N	4224	4224	4224	4224

Notes: ACS are ambulatory care sensitive hospitalizations as defined in Rodriguez et al (2012) using the ICD-10 code for primary diagnosis in hospital discharges. Women and children ACS hospitalizations are defined as those discharges from the sex and age-group that are ACS according to their primary diagnosis and the broad list used in Rodriguez et al (2012). This table reports an alternative robustness exercise for inpatient visits: for the RBA municipalities group, we drop the two municipalities with the highest average at baseline of the outcome variable. We report estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of an indicator variable for RBA status with a binary indicator that equals one for the quarter in which the municipality enrolled 10% of its eligible population and after; equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. We include municipality and time fixed effects in the regressions. The p-values are for tests of the null that the difference is equal to zero. We present a Wild bootstrapped p-value that is robust in samples with small numbers of clusters (Cameron et al. 2008). Our Wild bootstrap procedure assigns symmetric weights and equal probability after re-sampling residuals (Davidson and Flachaire 2008) and uses 999 replications. Each column reports the effect on overall visits for a different sample. Standard errors are in parentheses. * p < 0.10, ** p < 0.05, *** p < 0.01.

Table A.20: Falsification & Pre-trends Tests, SMI RBA Model on Inpatient Visits – Leaving 2 highest SMI Municipalities out

Population Group	Overall	Women 15-49	Women 15-49 Obstetric	Women 15-49 Non-Obstetric
	Falsification (1.1)	Falsification (2.1)	Falsification (3.1)	Falsification (4.1)
RBA x Onset	13.976*	3.225	1.976	1.249
	(8.218)	(2.847)	(1.876)	(1.920)
Aid x Onset	7.181*	3.377*	3.385*	-0.008
	(4.269)	(1.987)	(1.823)	(0.814)
Pre-trends Analysis (p-value)				
RBA vs National Funding	0.03	0.047	0.000	0.000
AID vs National Funding	0.438	0.542	0.302	0.361
RBA vs AID	0.002	0.008	0.012	0.016
Pre-Trends Analysis (starting on 2009, q1)				
RBA vs National Funding	0.322	0.405	0.574	0.319
AID vs National Funding	0.243	0.582	0.496	0.770
RBA vs AID	0.355	0.134	0.114	0.092
N	2112	2112	2112	2112

Notes: This table reports results from falsification models in which the onset has been set a year before the municipality reaches 10% enrollment. Also, for the RBA municipality group, we drop the two municipalities with the highest average at baseline of the outcome variable. We estimate the treatment effect using OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). The first part of the pre-trends section considers all observations before the onset. The second part only considers observations from quarter 1, 2009 to the onset. These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on overall visits for a different sample. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A.21 Falsifications & Pre-trends Tests, SMI RBA Model on Ambulatory Care Sensitive

Type of Visit	ACS Hospitalizations	Women 15-49 ACS Hospitalizations	Child<5 ACS Hospitalizations	Elderly ACS Hospitalizations
	Falsification (1)	Falsification (2)	Falsification (4)	Falsification (5)
RBA x Onset	3.856 (2.798)	0.993 (1.161)	5.148** (1.980)	-0.939 (1.530)
Aid x Onset	1.041 (1.643)	0.196 (0.481)	-0.115 (0.672)	0.056 (0.601)
Pre-trends Analysis (p-value)				
RBA vs National Funding	0.00	0.001	0.000	0.000
AID vs National Funding	0.093	0.034	0.086	0.458
RBA vs AID	0.032	0.055	0.000	0.000
Pre-Trends Analysis (starting on 2009, q1)				
RBA vs National Funding	0.813	0.840	0.278	0.279
AID vs National Funding	0.174	0.503	0.121	0.032
RBA vs AID	0.477	0.978	0.197	0.821
N	2112	2112	2112	2112

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). The first part of the pre-trends section considers all observations before the onset. The second part only considers observations from quarter 1, 2009 to the onset. These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on ACS Hospitalizations for different populations. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A.22: Robustness Checks, SMI RBA Model on Consultations by Origin

Population Group	Same Municipality				Adjacent Municipalities				Other Municipalities			
Panel A. Outpatient Visits	False Test (1.1)	Cont. Enroll. (1.2)	Weighted (1.3)	Outliers (1.4)	False Test (2.1)	Cont. Enroll. (2.2)	Weighted (2.3)	Outliers (2.4)	False Test (3.1)	Cont. Enroll. (3.2)	Weighted (3.3)	Outliers (3.4)
RBA x Onset	-69.994	921.857**	1582.490**	631.703*	191.044	259.089*	245.140	155.702	50.687	28.942	88.687*	6.234
	(157.739)	(371.894)	(702.800)	(326.077)	(168.082)	(139.028)	(171.141)	(137.546)	(40.349)	(30.963)	(49.734)	(21.356)
Aid x Onset	-13.746	372.606**	502.755	321.123*	6.454	206.038**	515.285	86.482*	-3.648	65.478	285.451	8.145
	(148.922)	(174.876)	(361.728)	(171.349)	(36.311)	(95.731)	(322.895)	(51.369)	(11.981)	(52.097)	(214.800)	(24.251)
Pre-trends Analysis (p-value)												
RBA vs NF	0.000				0.113				0.676			
AID vs NF	0.000				0.570				0.000			
RBA vs AID	0.000				0.000				0.000			
N	588	2632	2744	2660	588	2632	2744	2660	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on overall visits for a different sample. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses. * p < 0.10, ** p < 0.05, *** p < 0.01.

Table A.23: Robustness Checks, SMI RBA Model on Consultations by Origin

Population Group	Same Municipality				Adjacent Municipalities				Other Municipalities			
Panel B. Preventive Visits	False Test (1.1)	Cont. Enroll. (1.2)	Weighted (1.3)	Outliers (1.4)	False Test (2.1)	Cont. Enroll. (2.2)	Weighted (2.3)	Outliers (2.4)	False Test (3.1)	Cont. Enroll. (3.2)	Weighted (3.3)	Outliers (3.4)
RBA x Onset	-112.304	1052.140***	1650.012***	787.594***	2.277	111.415**	118.646**	84.210**	3.765	4.788	13.305	4.814
	(107.052)	(395.024)	(613.414)	(290.398)	(9.680)	(49.107)	(51.020)	(41.817)	(3.468)	(5.279)	(10.744)	(4.480)
Aid x Onset	36.003	212.069*	327.141	217.178*	4.082	62.471***	109.903*	39.205**	0.639	11.236*	33.922*	4.849
	(35.530)	(127.129)	(239.969)	(112.651)	(5.119)	(21.545)	(56.399)	(16.303)	(1.747)	(5.777)	(17.247)	(3.708)
Pre-trends Analysis (p-value)												
RBA vs NF	0.000				0.001				0.000			
AID vs NF	0.000				0.058				0.002			
RBA vs AID	0.000				0.000				0.000			
N	588	2632	2744	2660	588	2632	2744	2660	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on overall visits for a different sample. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses.
* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table A.24: Falsification & Pre-trends Tests, SMI RBA Model on Consultations by Origin

Population Group	Same Municipality				Adjacent Municipalities				Other Municipalities			
Panel C. Curative Visits	False Test (1.1)	Cont. Enroll. (1.2)	Weighted (1.3)	Outliers (1.4)	False Test (2.1)	Cont. Enroll. (2.2)	Weighted (2.3)	Outliers (2.4)	False Test (3.1)	Cont. Enroll. (3.2)	Weighted (3.3)	Outliers (3.4)
RBA x Onset	42.309	-130.283	-67.522	-153.004	188.766	147.673	126.494	72.488	3.765	4.788	13.305	4.814
	(218.765)	(336.214)	(520.713)	(308.579)	(161.802)	(109.874)	(144.770)	(113.832)	(3.468)	(5.279)	(10.744)	(4.480)
Aid x Onset	-49.749	160.537	175.614	134.860	2.372	143.567*	405.381	47.815	0.639	11.236*	33.922*	4.849
	(143.320)	(159.305)	(374.783)	(136.339)	(34.176)	(79.418)	(268.560)	(42.971)	(1.747)	(5.777)	(17.247)	(3.708)
Pre-trends Analysis (p-value)												
RBA vs NF	0.000				0.074				0.000			
AID vs NF	0.000				0.524				0.002			
RBA vs AID	0.000				0.000				0.000			
N	588	2632	2744	2660	582	2625	2737	2653	588	2632	2744	2660

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter a year before the municipality enrolled 10% of its eligible population and afterwards, and equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. The first column for each outcome (False Test) reports results from a falsification model in which the onset has been set a year before the municipality reaches 10% enrollment. In the second column in each outcome (Continuous Enrollment) the treatment dummies are interacted with a continuous enrollment variable (percentage of eligible population enrolled). The third column reports results for a weighted OLS model where the weights are population at baseline. Lastly the fourth column present results where outliers were discarded using the following criteria: for each treatment group, we drop the municipality with the highest average of the outcome at baseline. In the pre-trends analysis subsection, we report p-values for tests on a pre-trends model (estimates not shown on the table) which excludes observations from one treatment group on each row (AID on the first, RBA on the second and National Funding on the third). These models regress each outcome on a full set of interactions between treatment status and each quarter. For each of these pre-trends models we present the p-value of an F-test where the null hypothesis is that all treatment-quarter interactions are equal to zero. Each set of columns reports the effect on overall visits for a different sample. We include municipality and time fixed effects in all regressions. Standard errors are in parentheses.
* p < 0.10, ** p < 0.05, *** p < 0.01.

APPENDIX B: RESULTS SETTING ONSET AT THE 1% ENROLLMENT LEVEL

Table B.1: Effect of SMI RBA Model on Outpatient Consultations

Population Group	Overall (1)	Women 15-49 (2)	Children less than 5 (3)
Panel A. Outpatient visits			
RBA x Onset	780.661**	268.272*	149.992**
	(328.340)	(140.909)	(70.289)
Large Sample p-value	0.019	0.060	0.035
Wild Bootstrap p-value	0.032	0.088	0.074
Aid x Onset	270.931	117.099	62.457
	(177.002)	(70.544)	(40.811)
Large Sample p-value	0.129	0.100	0.129
Wild Bootstrap p-value	0.128	0.108	0.128
Large Sample p-value of RBA vs AID	0.147	0.308	0.255
Wild Bst. p-value of RBA vs AID	0.172	0.294	0.290
Average of RBA at baseline	11367.143	3729.560	2792.131
Average of AID at baseline	6408.031	2104.871	1470.682
Panel B. Preventive visits			
RBA x Onset	956.448***	272.219**	146.300**
	(348.74)	(110.179)	(64.898)
Large Sample p-value	0.007	0.015	0.026
Wild Bootstrap p-value	0.01	0.028	0.004
Aid x Onset	206.648*	88.225*	19.949
	(118.281)	(45.839)	(25.053)
Large Sample p-value	0.084	0.057	0.428
Wild Bootstrap p-value	0.062	0.042	0.458
Large Sample p-value of RBA vs AID	0.036	0.102	0.068
Wild Bst. p-value of RBA vs AID	0.046	0.136	0.052
Average of RBA at baseline	2266.393	588.476	1344.893
Average of AID at baseline	1059.814	271.755	635.874
Panel C. Curative visits			
RBA x Onset	-175.787	-3.947	3.692
	(274.567)	(96.865)	(57.631)
Large Sample p-value	0.524	0.968	0.949
Wild Bootstrap p-value	0.554	0.996	0.910
Aid x Onset	64.282	28.874	42.507
	(182.477)	(56.461)	(35.480)
Large Sample p-value	0.725	0.610	0.234
Wild Bootstrap p-value	0.654	0.640	0.260
Large Sample p-value of RBA vs AID	0.376	0.712	0.490
Wild Bst. p-value of RBA vs AID	0.358	0.686	0.544
Average of RBA at baseline	9100.75	3141.083	1447.238
Average of AID at baseline	5348.217	1833.116	834.808
N	2,744	2,744	2,744

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter in which the municipality enrolled 1% of its eligible population and after; equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. We include municipality and time fixed effects in the regressions. The p-values are for tests of the null that the difference is equal to zero. We present a Wild bootstrapped p-value that is robust in samples with small numbers of clusters (Cameron et al. 2008). Our Wild bootstrap procedure assigns symmetric weights and equal probability after re-sampling residuals (Davidson and Flachaire 2008) and uses 999 replications. Each column reports the effect on overall visits for a different sample. Standard errors are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table B.2: Effect of SMI RBA Model on Maternal and Infant Preventive Visits

Type of Visit	Family Planning (1)	Prenatal (2)	Puerperal (3)	Infant (4)
Panel A. First Visit				
RBA x Onset	6.878	23.886***	20.745***	21.238**
	(4.23)	(9.012)	(5.219)	(8.817)
Large Sample p-value	0.107	0.009	0.000	0.018
Wild Bootstrap p-value	0.112	0.014	0.000	0.026
Aid x Onset	-4.179*	10.661**	6.738***	10.082**
	(2.289)	(5.06)	(2.506)	(4.285)
Large Sample p-value	0.071	0.038	0.008	0.021
Wild Bootstrap p-value	0.092	0.046	0.010	0.028
Large Sample p-value of RBA vs AID	0.023	0.150	0.013	0.239
Wild Bst. p-value of RBA vs AID	0.042	0.156	0.016	0.26
Average of RBA at baseline	51.964	90.643	86.262	93.643
Average of AID at baseline	29.035	42.997	42.374	43.544
Panel B. Total visits (excluding the first)				
RBA x Onset	8.648	67.546**		44.324**
	(18.886)	(31.235)		(19.428)
Large Sample p-value	0.648	0.033		0.025
Wild Bootstrap p-value	0.684	0.038		0.036
Aid x Onset	-14.982	31.664**		7.111
	(9.357)	(14.279)		(8.062)
Large Sample p-value	0.113	0.029		0.38
Wild Bootstrap p-value	0.136	0.04		0.35
Large Sample p-value of RBA vs AID	0.312	0.244		0.066
Wild Bst. p-value of RBA vs AID	0.346	0.236		0.096
Average of RBA at baseline	135.94	412.988		439.452
Average of AID at baseline	86.987	183.223		211.381
N	2744	2744	2744	2744

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter in which the municipality enrolled 1% of its eligible population and after; equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. We include municipality and time fixed effects in the regressions. The p-values are for tests of the null that the difference is equal to zero. We present a Wild bootstrapped p-value that is robust in samples with small numbers of clusters (Cameron et al. 2008). Our Wild bootstrap procedure assigns symmetric weights and equal probability after re-sampling residuals (Davidson and Flachaire 2008) and uses 999 replications. Each column reports the effect on overall visits for a different sample. Standard errors are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table B.3: Effect of SMI RBA Model on Inpatient Visits

Type of Visit	Overall (1)	Women 15-49 (2)	Women 15-49 Obstetric (3)	Women 15-49 Non-Obstetric (4)
RBA x Onset	18.198	10.486*	13.323**	-2.837
	(13.156)	(6.057)	(6.177)	(1.948)
Large Sample p-value	0.17	0.087	0.033	0.149
Wild Bootstrap p-value	0.224	0.108	0.060	0.176
Aid x Onset	8.519	4.122	4.106	0.016
	(7.195)	(3.95)	(3.169)	(1.229)
Large Sample p-value	0.239	0.299	0.198	0.990
Wild Bootstrap p-value	0.276	0.288	0.206	0.986
Large Sample p-value of RBA vs AID	0.479	0.322	0.147	0.221
Wild Bst. p-value of RBA vs AID	0.552	0.344	0.204	0.262
Average of RBA at baseline	324.192	133.873	96.666	37.208
Average of AID at baseline	171.405	70.545	50.792	19.754
N	4312	4312	4312	4312

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter in which the municipality enrolled 1% of its eligible population and after; equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. We include municipality and time fixed effects in the regressions. The p-values are for tests of the null that the difference is equal to zero. We present a Wild bootstrapped p-value that is robust in samples with small numbers of clusters (Cameron et al. 2008). Our Wild bootstrap procedure assigns symmetric weights and equal probability after re-sampling residuals (Davidson and Flachaire 2008) and uses 999 replications. Each column reports the effect on overall visits for a different sample. Standard errors are in parentheses.
* p < 0.10, ** p < 0.05, *** p < 0.01.

Table B.4: Effect of SMI RBA Model on timing of care

Type of Visit	Prenatal in first trimester of pregnancy	Infant in first week after birth
	(1)	(2)
RBA x Onset	0.002	0.112***
	(0.029)	(0.049
Large Sample p-value	0.94	0.01
Wild bootstrap p-value	0.978	0.004
Aid x Onset	-0.057**	0.112***
	(0.022)	(0.043)
Large Sample p-value	0.012	0.131
Wild bootstrap p-value	0.012	0.146
Large Sample p-value of RBA vs AID	0.019	0.000
Wild Bst. p-value of RBA vs AID	0.024	0.000
Average of RBA at baseline	0.64	0.511
Average of AID at baseline	0.714	0.649
N	2740	2744

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of an indicator variable for RBA status with a binary indicator that equals one for the quarter in which the municipality enrolled 1% of its eligible population and after; equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. We include municipality and time fixed effects in the regressions. The p-values are for tests of the null that the difference is equal to zero. We present a Wild bootstrapped p-value that is robust in samples with small numbers of clusters (Cameron et al. 2008). Our Wild bootstrap procedure assigns symmetric weights and equal probability after re-sampling residuals (Davidson and Flachaire 2008) and uses 999 replications. Each column reports the effect on overall visits for a different sample. Standard errors are in parentheses.
* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table B.5: Effect of SMI RBA on other population groups

Type of Visit	Total Visits (1)	Preventive (2)	Curative (3)
A. Men 15-49			
RBA x Onset	86.029**	62.334**	23.695
	(33.437)	(28.445)	(17.041)
Large Sample p-value	0.012	0.031	0.168
Wild Bootstrap p-value	0.018	0.052	0.18
Aid x Onset	42.846**	16.415	26.432*
	(16.572)	(10.45)	(15.785)
Large Sample p-value	0.011	0.119	0.097
Wild Bootstrap p-value	0.008	0.132	0.078
Large Sample p-value of RBA vs AID	0.239	0.119	0.741
Wild Bst. p-value of RBA vs AID	0.28	0.122	0.734
Average of RBA at baseline	854.214	2.929	851.286
Average of AID at baseline	478.182	2.406	475.777
B. Elderly			
RBA x Onset	75.318**	78.232***	-2.915
	(37.153)	(24.599)	(33.017)
Large Sample p-value	0.045	0.002	0.93
Wild Bootstrap p-value	0.066	0.006	0.9
Aid x Onset	8.416	11.492	-3.076
	(22.481)	(10.554)	(21.142)
Large Sample p-value	0.709	0.279	0.885
Wild Bootstrap p-value	0.716	0.312	0.882
Large Sample p-value of RBA vs AID	0.101	0.006	0.927
Wild Bst. p-value of RBA vs AID	0.134	0.008	0.928
Average of RBA at baseline	1300.321	17.905	1282.417
Average of AID at baseline	765.085	9.912	755.173
N	2744	2744	2744

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of an indicator variable for RBA status with a binary indicator that equals one for the quarter in which the municipality enrolled 1% of its eligible population and after; equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. We include municipality and time fixed effects in the regressions. The p-values are for tests of the null that the difference is equal to zero. We present a Wild bootstrapped p-value that is robust in samples with small numbers of clusters (Cameron et al. 2008). Our Wild bootstrap procedure assigns symmetric weights and equal probability after re-sampling residuals (Davidson and Flachaire 2008) and uses 999 replications. Each column reports the effect on overall visits for a different type of visit. Standard errors are in parentheses.
* $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table B.6: Effect of SMI RBA on ambulatory care sensitive hospitalizations

Type of Visit	ACS Hospitalizations	Women 15-49 ACS Hospitalizations	Child < 5 ACS Hospitalizations	Elderly ACS Hospitalizations
	(1)	(2)	(3)	(4)
RBA x Onset	-6.486	-2.13	-0.568	-0.42
	(7.272)	(1.679)	-2.598	-1.044
Large Sample p-value	0.375	0.208	0.827	0.688
Wild bootstrap p-value	0.432	0.258	0.84	0.81
Aid x Onset	0.564	0.341	-0.002	0.547
	(1.575)	(0.586)	-0.984	-0.42
Large Sample p-value	0.721	0.562	0.999	0.196
Wild bootstrap p-value	0.724	0.638	0.98	0.196
Large Sample p-value of RBA vs AID	0.345	0.171	0.84	0.397
Wild Bst. p-value of RBA vs AID	0.438	0.212	0.866	0.528
Average of RBA at baseline	74.614	13.471	24.877	17.006
Average of AID at baseline	40.618	7.83	12.857	9.324
N	4312	4312	4312	4312

Notes: ACS are ambulatory care sensitive hospitalizations as defined in Rodriguez et al (2012) using the ICD-10 code for primary diagnosis in hospital discharges. Women and children ACS hospitalizations are defined as those discharges from the sex and age-group that are ACS according to their primary diagnosis and the broad list used in Rodriguez et al (2012). This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of an indicator variable for RBA status with a binary indicator that equals one for the quarter in which the municipality enrolled 1% of its eligible population and after; equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. We include municipality and time fixed effects in the regressions. The p-values are for tests of the null that the difference is equal to zero. We present a Wild bootstrapped p-value that is robust in samples with small numbers of clusters (Cameron et al. 2008). Our Wild bootstrap procedure assigns symmetric weights and equal probability after re-sampling residuals (Davidson and Flachaire 2008) and uses 999 replications. Each column reports the effect on overall visits for a different sample. Standard errors are in parentheses. * p < 0.10, ** p < 0.05, *** p < 0.01.

Table B.7: Effect of SMI RBA on preventive care according to place of occurrence

Type of Facility	Primary Care Facilities (1)	Hospitals (2)
Panel A. Total Primary Care Visits		
RBA x Onset	880.870**	-100.209
	(433.523)	(225.099)
Large Sample p-value	0.045	0.657
Wild Bootstrap p-value	0.054	0.66
Aid x Onset	282.698	-11.767
	(219.807)	(92.231)
Large Sample p-value	0.201	0.899
Wild Bootstrap p-value	0.222	0.986
Large Sample p-value of RBA vs AID	0.22	0.700
Wild Bst. p-value of RBA vs AID	0.264	0.738
Average of RBA at baseline	8851.631	2515.512
Average of AID at baseline	5284.075	1123.956
Panel B. Preventive Primary Care Visits		
RBA x Onset	951.121***	5.328
	(343.711)	(20.256)
Large Sample p-value	0.007	0.793
Wild Bootstrap p-value	0.006	0.852
Aid x Onset	225.358*	-18.71
	(125.918)	(17.829)
Large Sample p-value	0.077	0.297
Wild Bootstrap p-value	0.08	0.406
Large Sample p-value of RBA vs AID	0.042	0.383
Wild Bst. p-value of RBA vs AID	0.046	0.462
Average of RBA at baseline	2176.56	89.833
Average of AID at baseline	1006.865	52.95
Panel C. Curative Primary Care Visits		
RBA x Onset	-70.251	-105.536
	(304.155)	(232.978)
Large Sample p-value	0.818	0.652
Wild Bootstrap p-value	0.876	0.772
Aid x Onset	57.34	6.943
	(255.107)	(107.395)
Large Sample p-value	0.823	0.949
Wild Bootstrap p-value	0.886	0.97
Large Sample p-value of RBA vs AID	0.693	0.648
Wild Bst. p-value of RBA vs AID	0.702	0.72
Average of RBA at baseline	6675.071	2425.679
Average of AID at baseline	4277.211	1071.006
N	2744	2744

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter in which the municipality enrolled 1% of its eligible population and after; equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. We include municipality and time fixed effects in the regressions. The p-values are for tests of the null that the difference is equal to zero. We present a Wild bootstrapped p-value that is robust in samples with small numbers of clusters (Cameron et al. 2008). Our Wild bootstrap procedure assigns symmetric weights and equal probability after re-sampling residuals (Davidson and Flachaire 2008) and uses 999 replications. Each column reports the effect on all three outcomes for a different care unit (primary or hospital). Standard errors are in parentheses. * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$.

Table B.8: Effect of SMI RBA Model on Outpatient Consultations by Origin

Population Group	Same Municipality (1)	Adjacent Municipalities (2)	Other Municipalities (3)
Panel A. All visits			
RBA x Onset	862.192**	184.147	27.404
	(364.292)	(134.76)	(28.002)
Large Sample p-value	0.02	0.175	0.33
Wild Bootstrap p-value	0.028	0.204	0.33
Aid x Onset	372.310**	186.843**	58.134
	(168.966)	(88.419)	(47.227)
Large Sample p-value	0.03	0.037	0.221
Wild Bootstrap p-value	0.034	0.024	0.254
Large Sample p-value of RBA vs AID	0.208	0.995	0.55
Wild Bst. p-value of RBA vs AID	0.256	0.986	0.72
Average of RBA at baseline	9466.024	822.024	142.94
Average of AID at baseline	5203.846	390.333	177.755
Panel B. Preventive visits			
RBA x Onset	929.183***	82.230**	3.988
	(338.606)	(39.842)	(4.691)
Large Sample p-value	0.007	0.042	0.397
Wild Bootstrap p-value	0.000	0.042	0.41
Aid x Onset	180.803	54.304***	3.988
	(116.041)	(19.006)	(4.691)
Large Sample p-value	0.122	0.005	0.065
Wild Bootstrap p-value	0.088	0.004	0.058
Large Sample p-value of RBA vs AID	0.031	0.522	0.392
Wild Bst. p-value of RBA vs AID	0.038	0.58	0.39
Average of RBA at baseline	2110.143	98	11.845
Average of AID at baseline	991.742	43.613	11.604
Panel C. Curative visits			
RBA x Onset	-66.992	101.917	23.416
	(288.154)	(113.103)	(25.305)
Large Sample p-value	0.817	0.370	0.357
Wild Bootstrap p-value	0.810	0.402	0.394
Aid x Onset	191.507	132.539*	49.047
	(145.901)	(74.852)	(43.496)
Large Sample p-value	0.192	0.08	0.262
Wild Bootstrap p-value	0.226	0.09	0.342
Large Sample p-value of RBA vs AID	0.352	0.821	0.585
Wild Bst. p-value of RBA vs AID	0.434	0.796	0.73
Average of RBA at baseline	7355.881	724.024	131.095
Average of AID at baseline	4212.104	346.72	166.151
N	2,744	2,744	2,744

Notes: This table reports the estimates of the treatment effect estimated from an OLS regressions of the dependent variable on the interaction of: (1) an indicator variable for RBA status with a binary indicator that equals one for the quarter in which the municipality enrolled 1% of its eligible population and after; equals zero for quarters before; and, (2) an indicator variable for Aid status, which works in the same manner as the previous variable. We include municipality and time fixed effects in the regressions. The p-values are for tests of the null that the difference is equal to zero. We present a Wild bootstrapped p-value that is robust in samples with small numbers of clusters (Cameron et al. 2008). Our Wild bootstrap procedure assigns symmetric weights and equal probability after re-sampling residuals (Davidson and Flachaire 2008) and uses 999 replications. Each column reports the effect on overall visits for a different sample. Standard errors are in parentheses. * p < 0.10, ** p < 0.05, *** p < 0.01.

**APPENDIX C. MUNICIPALITIES BY POVERTY LEVEL AND FUNDING TYPE
FOR THE HEALTH REFORM**

Table C1. Municipalities by poverty level and funding type for the Health Reform

Funding at time of targeting [1]	Department	Municipality	Extreme Poverty [2]	Group [3]	Conventional Aid Source [4]
MoH	San Miguel	San Antonio	40%	National Funds	
MoH	Cabanas	Jutiapa	37%	National Funds	
MoH PAHO	Morazan	Cacaopera	36%	Conventional Aid	PAHO
MoH Andalucia	San Miguel	Carolina	33%	Conventional Aid	IDB,Andalucia
MoH	Cabanas	Victoria	32%	National Funds	
MoH incomplete	La Paz	San Antonio Masahuat	31%	RBA (SMI)	
MoH Andalucia	Usulutan	Berlin	31%	Conventional Aid	Andalucia
MoH PAHO	Morazan	Guatajiagua	31%	Conventional Aid	PAHO
MoH incomplete	Cabanas	Ilobasco	30%	RBA (SMI)	
MoH PAHO	Morazan	San Simon	30%	Conventional Aid	PAHO
MoH	Cabanas	Tejutepeque	28%	National Funds	
MoH Andalucia	Morazan	Corinto	28%	Conventional Aid	Andalucia
MoH Andalucia	Morazan	Chilanga	28%	Conventional Aid	Andalucia
MoH IDB	Chalatenango	Arcatao	27%	Conventional Aid	IDB
MoH IDB	Chalatenango	San Antonio Los Ranchos	27%	Conventional Aid	IDB
MoH incomplete	La Paz	Santa Maria Ostuma	27%	RBA (SMI)	
MoH incomplete	San Vicente	San Esteban Catarina	27%	RBA (SMI)	
MoH incomplete	San Vicente	San Ildefonso	27%	RBA (SMI)	
MoH Andalucia	Usulutan	San Agustin	27%	Conventional Aid	Andalucia
MoH Andalucia	Usulutan	San Francisco Javier	27%	Conventional Aid	Andalucia
MoH Andalucia	Morazan	Yamabal	27%	Conventional Aid	Andalucia
MoH	Morazan	San Isidro	27%	Conventional Aid	WB
MoH incomplete	Ahuachapan	Tacuba	26%	RBA (SMI)	
MoH	Chalatenango	El Carrizal	26%	Conventional Aid	IDB
MoH IDB	Chalatenango	La Laguna	26%	Conventional Aid	IDB
MoH	Chalatenango	San Fernando	26%	Conventional Aid	IDB
MoH	Chalatenango	San Jose Cancasque	26%	National Funds	
MoH	La Paz	San Emigdio	26%	National Funds	
MoH	Morazan	San Fernando	26%	National Funds	
MoH	Chalatenango	Las Vueltas	25%	Conventional Aid	IDB
MoH incomplete	La Libertad	Chiltiupan	25%	RBA (SMI)	
MoH	La Paz	San Juan Tepezontes	25%	National Funds	
MoH	Cabanas	Guacotecti	25%	Conventional Aid	WB
MoH	Cabanas	Villa Dolores	25%	National Funds	
MoH	San Vicente	Tepetitan	25%	National Funds	

Funding at time of targeting [1]	Department	Municipality	Extreme Poverty [2]	Group [3]	Conventional Aid Source [4]
MoH	Chalatenango	Ojos De Agua	24%	Conventional Aid	IDB
MoH	Cabanas	Cinquera	24%	National Funds	
MoH Andalucia	San Miguel	Ciudad Barrios	24%	Conventional Aid	IDB,Andalucia
MoH	Cuscatlan	San Cristobal	23%	RBA (SMI)	
MoH	La Paz	Paraiso De Osorio	23%	National Funds	
MoH	San Vicente	San Lorenzo	23%	Conventional Aid	WB
MoH Andalucia	San Miguel	San Gerardo	23%	Conventional Aid	IDB,Andalucia
MoH Andalucia	La Union	Lislique	23%	Conventional Aid	Andalucia
MoH	Chalatenango	Potonico	22%	Conventional Aid	IDB
MoH	Chalatenango	San Ignacio	22%	Conventional Aid	IDB
MoH	Chalatenango	San Miguel De Mercedes	22%	Conventional Aid	IDB
MoH	Morazan	Sensembra	22%	National Funds	
MoH Japan	Chalatenango	Dulce Nombre De Maria	21%	Conventional Aid	IDB, Japan
MoH	Chalatenango	San Jose Las Flores	21%	National Funds	
MoH incomplete	Cuscatlan	Monte De San Juan	21%	RBA (SMI)	
MoH basic	Cabanas	Sensuntepeque	21%	RBA (SMI)	
MoH basic	San Vicente	Tecoluca	21%	RBA (SMI)	
MoH Andalucia	Usulutan	Alegria	21%	Conventional Aid	Andalucia
MoH	Morazan	Arambala	21%	National Funds	
MoH	Morazan	Joateca	21%	National Funds	
MoH basic	Morazan	Sociedad	21%	RBA (SMI)	
MoH incomplete	La Union	El Sauce	21%	RBA (SMI)	
MoH incomplete	Cuscatlan	El Rosario	20%	Conventional Aid	WB
MoH incomplete	San Vicente	Apastepeque	20%	RBA (SMI)	
MoH incomplete	San Vicente	Santa Clara	20%	National Funds	
MoH Andalucia	Usulutan	Tecapan	20%	Conventional Aid	Andalucia
MoH basic	San Miguel	Uluazapa	20%	Conventional Aid	IDB
MoH Andalucia	Morazan	Gualococti	20%	Conventional Aid	Andalucia
MoH basic	Morazan	Meanguera	20%	Conventional Aid	WB
MoH	Morazan	Torola	20%	National Funds	
MoH incomplete	Ahuachapan	San Pedro Puxtla	19%	National Funds	
MoH	Chalatenango	San Antonio De La Cruz	19%	Conventional Aid	IDB
MoH incomplete	Chalatenango	San Francisco Morazan	19%	National Funds	
MoH	La Libertad	Teotepeque	19%	National Funds	
MoH incomplete	San Salvador	Panchimalco	19%	Conventional Aid	IDB
MoH incomplete	San Salvador	Rosario De Mora	19%	Conventional Aid	IDB

Funding at time of targeting [1]	Department	Municipality	Extreme Poverty [2]	Group [3]	Conventional Aid Source [4]
MoH incomplete	Cuscatlan	El Carmen	19%	Conventional Aid	WB
MoH	Cuscatlan	Tenancingo	19%	National Funds	
MoH basic	San Vicente	San Vicente	19%	Conventional Aid	WB
MoH basic	Usulutan	California	19%	National Funds	
MoH basic	San Miguel	Lolotique	19%	Conventional Aid	IDB
MoH	Morazan	Lolotiquillo	19%	National Funds	
MoH incomplete	La Union	Poloros	19%	National Funds	
MoH incomplete	Ahuachapan	Guaymango	18%	National Funds	
MoH incomplete	Ahuachapan	Jujutla	18%	National Funds	
MoH incomplete	Santa Ana	Masahuat	18%	National Funds	
MoH incomplete	La Paz	Tapalhuaca	18%	National Funds	
MoH basic	San Vicente	Guadalupe	18%	Conventional Aid	WB
MoH incomplete	San Vicente	San Cayetano Istepeque	18%	Conventional Aid	WB
MoH basic	Usulutan	Jucuapa	18%	Conventional Aid	WB
MoH Andalucia	San Miguel	Nuevo Eden De San Juan	18%	Conventional Aid	IDB,Andalucia
MoH IDB	San Miguel	San Luis De La Reina	18%	Conventional Aid	IDB
MoH Andalucia	San Miguel	Sesori	18%	Conventional Aid	IDB,Andalucia
MoH basic	Ahuachapan	San Francisco Menendez	17%	Conventional Aid	WB
MoH incomplete	Chalatenango	Azacualpa	17%	Conventional Aid	IDB
MoH incomplete	Chalatenango	Comalapa	17%	Conventional Aid	IDB
MoH	Chalatenango	La Palma	17%	Conventional Aid	IDB
MoH basic	La Libertad	Tamanique	17%	Conventional Aid	WB
MoH basic	La Paz	Mercedes La Ceiba	17%	Conventional Aid	WB
MoH incomplete	La Paz	San Miguel Tepezontes	17%	National Funds	
MoH incomplete	La Paz	San Pedro Nonualco	17%	National Funds	
MoH basic	San Vicente	San Sebastian	17%	Conventional Aid	WB
MoH Andalucia	Usulutan	Santa Elena	17%	Conventional Aid	Andalucia

Notes: The table presents the 98 poorest municipalities in El Salvador ranked according to their extreme poverty. SMI municipalities, that is those with Results-Based-Aid were selected following this list selecting those that had incomplete or basic funding for the reform in 2011 when the targeting occurred. It also includes any other traditional funding received by the municipalities to implement the reform. The table is adapted from Tejerina (2011) to include funding sources after the targeting of SMI occurred.

1/ Refers to the funding available for the reform at the time when RBA municipalities were selected. Basic or incomplete refer to municipalities with no full-funding for the reform at that time.

2/ Municipal level extreme poverty rate in 2008.

3/ Category of the municipality according to its main funding source for the reform.

4/ Source of Conventional Aid by institution providing it. WB=World Bank, IDB=Inter-American Development Bank, PAHO=Panamerican Health Organization.