

Expanding public health insurance and enlisting private agents for service delivery are common policy strategies to meet the goals of universal health coverage, but there is limited evidence from developing countries to inform their design. We provide quantitative evidence on how insurance design affects program performance and incidence in the context of a government-funded health insurance program that aims to provide free care to 46 million people in Rajasthan, India. We exploit a policy-induced natural experiment, and use administrative claims linked to patient surveys, to provide at-scale evidence of private hospital behavior under public health insurance.