KEY FACTS SHEET

RURAL & MINORITY Health Research Center

at The University of South Carolina

ABOUT US

The Rural and Minority Health Research Center's mission is to illuminate and address the health and social inequities experienced by rural and minority populations to promote the health of all through policy-relevant research and advocacy.

PROJECT OVERVIEW

Rural-Urban Differences in Hospital Payer Mix in 2017

THE GOAL

Examine the proportion of inpatient days covered by Medicare and Medicaid by hospital location and critical access hospital status in 2017.

THE DATA

In 2017, rural hospitals accounted for 41.2% of nationwide community hospitals, with 769 hospitals in rural micropolitan counties and 1,126 hospitals in rural non-core counties.

RESEARCH APPROACH

DATA SOURCES

The 2017 American Hospital Association annual survey was linked to 2013 Urban Influence Codes designated by USDA ERS for hospital location.

DEFINITIONS

Payer mix: The proportion of inpatient days covered by Medicare and/or Medicaid insurance.

Figure 1. % Inpatient Days Paid by Medicare/Medicaid in 2017 by Hospital Locations

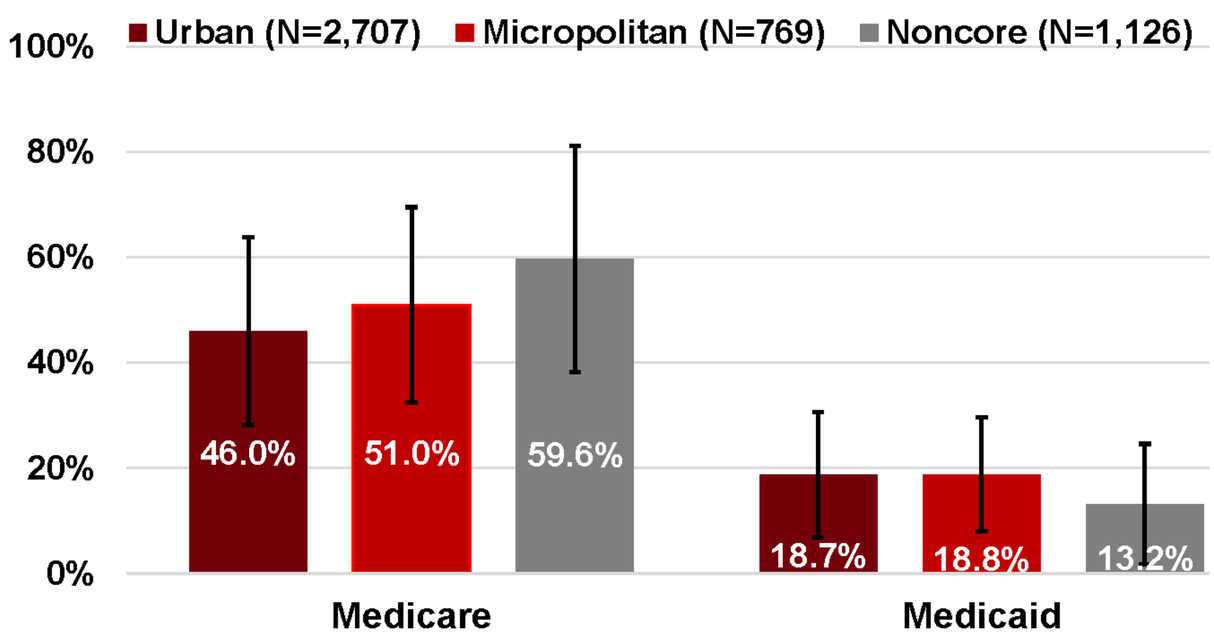
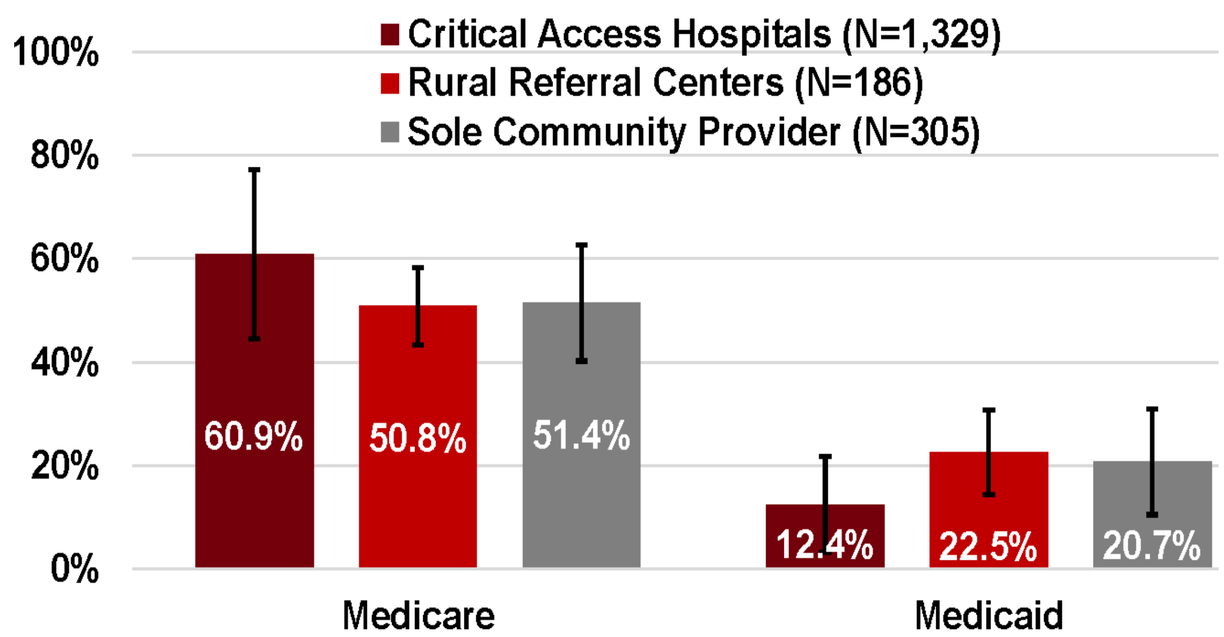


Figure 2. % Inpatient Days Paid by Medicare/Medicaid in 2017 by Hospital Programs



THE KEY FACTS

- The proportion of hospital inpatient days covered by **Medicare** increased with hospital rurality. (**See Figure 1**)
- Rural noncore hospitals had lower rates of hospital inpatient days paid by **Medicaid** than urban and rural micropolitan hospitals. (**See Figure 1**)
- The proportion of Medicare payer mix was higher among critical access hospitals with over 60% of inpatient days covered by Medicare. **(See Figure 2**)
- The study determined that rural hospitals are heavily reliant on **Medicare**, especially among rural noncore areas where residents are older and poorer than less rural communities.

CONTACT

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