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.

**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.

**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.

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