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Rural-urban differences in barriers to care and utilization of preventive care among Traditional Medicare and Medicare Advantage Beneficiaries

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Purpose

The number of Medicare beneficiaries enrolling in Medicare Advantage (MA) as compared to traditional, fee-for-service Medicare (TM) has grown considerably in recent years to 45.3 percent of rural enrollees (4.7 million enrollees) in 2023, from 21.6 percent in 2014. Urban enrollment in MA has also grown from 34.2 percent of all Medicare beneficiaries in 2014 to 53.9 percent in 2023. With this growth, it is important to assess any barriers to care that may be disproportionately experienced by rural MA or TM enrollees compared to their metropolitan counterparts, as well as how MA and TM enrollees may differ in their receipt of preventive services. The purpose of this brief is to examine how rural and urban MA and TM enrollees differ in the barriers to care that they experience and how they use preventive services.

Key Findings:

- Rural Medicare Advantage enrollees faced more barriers in accessing health services due to cost, compared to their urban counterparts and to all traditional Medicare enrollees, urban and rural.
- A lower proportion of rural enrollees in both traditional Medicare and Medicare Advantage received a flu shot compared to their urban counterparts.
- Female Traditional Medicare enrollees living in rural areas were the least likely to utilize health care services compared to both their urban counterparts and Medicare Advantage enrollees.

Background

Medicare Advantage (MA) enrollment has experienced significant growth in recent years, particularly in non-metropolitan (rural) counties. The proportion of rural beneficiaries enrolled in MA increased from 21.4 percent in 2014 to 45.3 percent in 2023.¹ Prior research has indicated that beneficiaries in rural counties have access to a limited variety of plans and a reduced number of supplemental benefits compared to those in urban counties.^{2,3} Studies also show that, compared to urban areas, MA plans in rural areas have higher per-enrollee cost of providing benefits.



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and are more likely to require an additional premium.^{4,5} Thus, it is crucial to examine the differences between rural and urban areas not only at the county or plan level, but also at the individual level. Analyzing how rural-urban differences among MA enrollees differ from those experienced by beneficiaries of traditional Medicare is also important, particularly given that rural MA beneficiaries are more likely to switch to traditional Medicare (TM).⁶

A 2022 Center for Medicare and Medicaid Services (CMS) report indicated that rural MA and TM beneficiaries experience similar disparities in patient experience when compared to their urban counterparts.⁷ However, MA beneficiaries in rural counties were below national averages for roughly a quarter of clinical care measures (e.g., osteoporosis management, COPD confirmation testing).⁷ It is unknown how other important factors such as barriers to care and utilization of preventive services vary simultaneously across both rural and urban geography and enrollment programs (MA vs. TM).⁸ With the growth of MA, it is important to understand how barriers to care vary across geography and enrollment choice as well as the individual-level impact of enrollment choice on important preventive services (e.g., flu shot) and chronic disease management (e.g., HbA1C measures).

Methods

The data was obtained from the Medicare Current Beneficiary Survey (MCBS) public use file, a national survey of Medicare enrollees that queried on demographic characteristics, healthcare access and use, health status, supplementary coverage, and administratively reported cost and usage data for medical services. The MCBS employs a rotating panel design that supports both longitudinal and cross-sectional analyses. We conducted a pooled cross-sectional analysis, aggregating data over five years (2017-2021) to enable robust statistical comparisons of disparities across geographical areas and by Medicare program type, using guidance from CMS' Pooled Cross-Section Analysis Advanced Tutorial.

To ensure valid comparisons of TM and MA services access and utilization, our analysis included only respondents enrolled in TM or MA for a minimum of one year. Despite variations in sample sizes and responses across survey years, we applied MCBS ever-enrolled weights to descriptive data to achieve accurate representation. We focused our analysis on self-reported experiences of healthcare access barriers, including difficulty obtaining care due to cost, delays in care due to cost, issues paying medical bills, dissatisfaction with the quality of medical care received in the past year, and dissatisfaction with out-of-pocket medical costs in the past year. For utilization measures, we examined whether respondents received the following services in the past year: a mammogram, a Pap smear test, a blood test for prostate cancer (i.e., PSA testing), flu shots, blood cholesterol tests, and diabetes tests. MCBS respondents were categorized as metropolitan (urban) or non-metropolitan(rural).⁹

We conducted chi-squared tests to determine whether differences between rural and urban enrollees were significant among TM and MA enrollees, respectively. All analyses were conducted in STATA, and this study was deemed non-human subjects research by the University of Iowa Institutional Review Board.

Limitations

Responses pertaining to access barriers and the utilization of preventive services are self-reported. Additionally, only a dichotomous metropolitan status variable was available, so we were unable to make distinctions among more granular geographic classifications. Moreover, it is not possible to fully evaluate the comprehensiveness of the respondents' Medicare Advantage or supplemental plans.

Results

Table 1 demonstrates differences between rural and urban Medicare enrollees in their experiences with barriers to care and utilization of healthcare services.

Regardless of TM or MA enrollment, we find the following non-metropolitan/metropolitan differences (Table 1):

Table 1: Rural-Urban Differences in Access and Utilization Measures among Medicare Enrollees			
Access Measures (a positive difference indicates a greater prevalence in an access barrier in rural)			
	<i>Rural</i>	<i>Urban</i>	<i>Percentage Point Difference</i>
Respondents had trouble getting care	7.6%	7.6%	0.0%
Respondents had trouble getting care due to cost ⁺	32.1%	24.4%	7.7%*
Respondents delayed care due to cost	10.8%	8.4%	2.4%*
Had problems paying medical bills	10.8%	8.6%	2.2%*
Dissatisfied with quality of medical care	6.9%	6.4%	0.5%*
Dissatisfied with out-of-pocket costs of medical care	18.2%	16.4%	1.8%*
Utilization Measures (a negative difference indicates rural beneficiaries utilized a service less than urban enrollees)			
Received mammogram or breast x-ray in prior year	42.4%	46.1%	-3.9%*
Received pap smear in prior year	12.4%	15.5%	-3.1%*
Received blood test for detection of prostate cancer in prior year	56.1%	56.6%	-0.5%
Received flu shot for current flu season	67.6%	74.1%	-6.5%*
Received blood cholesterol test in prior year	87.4%	88.7%	-1.3%
Received blood test for diabetes in prior year	72.6%	76.5%	-3.9%*

- 32.1 percent of rural enrollees reported trouble getting care due to cost compared to 24.4 percent of urban enrollees.

- A higher percentage of rural enrollees reported delaying care due to cost and had problems paying medical bills compared to their urban counterparts (2.4 and 2.2 percentage points higher, respectively)

- A higher percentage of rural enrollees (18.2 percent) were dissatisfied with the quality of their medical care and the out-of-pocket costs associated with their care compared to urban (16.4 percent)

- A lower percentage of rural female enrollees had a mammogram (42.4 vs. 46.1 percent) or pap smear (12.4 vs. 15.5 percent) within the past year compared to urban enrollees.

- A lower percentage of rural enrollees (67.6 percent) received a flu shot compared to urban enrollees (74.1 percent)

- A lower percentage of rural enrollees (72.6 percent) received a blood test for diabetes the prior year compared to urban enrollees (76.5 percent)

*Indicates that estimated difference is statistically significant at the $p < 0.05$ level.

⁺ Indicates question only asked to respondents who stated "yes" to having trouble getting care.

Our analysis included a total of 64,919 respondents, with 37,970 (58.5 percent) enrolled in TM and 26,949 (41.5 percent) enrolled in MA (**Table 2**). Demographic characteristics of enrollees are indicated in Appendix Table 1. Table 2 display differences in barriers among rural and urban enrollees by Medicare type, and Table 3 displays differences between rural and urban enrollees regarding their utilization of health services by Medicare type.

Traditional Medicare (TM) enrollees

Among TM enrollees, rural respondents reported statistically significantly higher levels of the following barriers compared to their urban counterparts:

- Delayed care due to costs (9.3 percent vs. 7.4 percent in urban)
- Had problems paying medical bills (9.0 percent vs. 7.0 percent in urban)
- Dissatisfaction with quality of care (7.4 percent vs. 6.2 percent in urban)
- A lower percentage of rural TM female enrollees received mammograms (40.4 percent vs. 44.4 percent) and Pap smears (11.0 percent vs. 15.0 percent) within the past year compared to urban TM enrollees.
- A lower percentage of rural TM enrollees received a flu shot compared to urban TM enrollees (66.7 percent vs. 73.9 percent).
- A lower percentage of rural TM enrollees received a blood test for high cholesterol (85.9 percent vs 87.9 percent) and diabetes (71.7 percent vs.76.5 percent) compared to urban TM enrollees.

Medicare Advantage (MA) enrollees

Among those who were enrolled in MA, there was a statistically significant difference in respondents having trouble getting care due to cost and wider disparities in other barriers:

- Among those reporting trouble getting care, 37.3 percent of rural MA enrollees cited cost compared to 23.7 percent of urban MA enrollees.
- Rural MA enrollees reported delaying care due to cost (11.4 percent vs. 8.4 percent) and problems paying medical bills (12.8 percent vs. 9.8 percent) at 3.0 percentage points higher than urban MA enrollees.
- A higher percentage of urban MA enrollees reported being dissatisfied with out-of-pockets costs of medical care (17.0 percent vs. 14.6 percent for urban MA enrollees).
- the only statistically significant difference in rural and urban MA enrollees was in receipt of a flu shot: 70.3 percent of rural enrollees versus 74.9 percent of urban enrollees.

Rural Traditional Medicare and Medicare Advantage enrollees

- A higher percentage of rural MA beneficiaries report trouble getting care due to cost compared to rural TM beneficiaries (37.3 percent vs. 28.5 percent, respectively)

Table 2: Rural-urban differences in access to care in Traditional Medicare and Medicare Advantage (a positive difference indicates a greater prevalence in an access barrier in rural)								
	Traditional Medicare (n=37,970)				Medicare Advantage (n=26,949)			
	All	Rural	Urban	Percentage Point Difference	All	Rural	Urban	Percentage Point Difference
Respondents had trouble getting care	6.7%	6.9%	6.7%	0.2%	8.3%	7.7%	8.4%	0.7%
Respondents had trouble getting care due to cost ⁺	27.9%	28.5%	23.5%	5.0%	25.4%	37.3%	23.7%	13.6%*
Respondents delayed care due to cost	7.8%	9.3%	7.4%	1.9%*	8.8%	11.4%	8.4%	3.0%*
Had problems paying medical bills	7.4%	9.0%	7.0%	2.0%*	10.2%	12.8%	9.8%	3.0%*
Dissatisfied with quality of medical care	6.5%	7.4%	6.2%	1.2%*	6.2%	6.6%	6.2%	0.4%

Dissatisfied with out-of-pocket costs of medical care	16.9%	18.0%	16.7%	1.3%	15.0%	17.0%	14.6%	2.5%*
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*Indicates that estimated difference is statistically significant at the $p < 0.05$ level. + Indicates question only asked to respondents who stated "yes" to having trouble getting care.

Table 3: Rural-urban differences in utilization of care in Traditional Medicare and Medicare Advantage

	Traditional Medicare				Medicare Advantage			
	<i>All</i>	<i>Rural</i>	<i>Urban</i>	<i>Percentage Point Difference</i>	<i>All</i>	<i>Rural</i>	<i>Urban</i>	<i>Percentage Point Difference</i>
Received mammogram or breast x-ray in prior year	44.7%	40.4%	44.4%	-4.0%*	46.0%	42.8%	45.6%	-2.9%
Received pap smear test in prior year	14.4%	11.0%	15.0%	-4.1%*	14.1%	13.2%	14.2%	-1.0%
Received blood test for detection of prostate cancer in prior year	57.1%	55.3%	56.6%	-1.3%	56.9%	56.2%	57.8%	-1.6%
Received flu shot for current flu season	72.6%	66.7%	73.9%	-7.2%*	74.8%	70.3%	74.9%	-4.5%*
Received blood cholesterol test in prior year	87.6%	85.9%	87.9%	-2.0%*	90.5%	90.8%	90.5%	0.3%
Received blood test for diabetes in prior year	75.4%	71.7%	76.5%	-4.8%*	75.7%	72.6%	75.4%	-2.9%

* Indicates that estimated difference is statistically significant at the $p < 0.05$ level.

Appendix Tables 2-9 show the barriers and utilization measures across rural and urban geographies and MA and TM enrollees stratified by gender and race. These findings largely mirror our main analyses, though non-metropolitan men on MA reported lower prevalence of diabetes testing and rural Black men on MA reported lower rates of testing for prostate cancer compared to their urban counterparts.

Discussion

Using data from the MCBS, we investigated differences between rural and urban Medicare beneficiaries regarding barriers to accessing care and use of preventive services. Our study demonstrated that rural Medicare enrollees report more barriers due to cost and lower receipt of preventive services.

Rural MA enrollees encountered greater difficulties accessing treatment due to cost and were more likely to face problems paying for medical care compared to urban MA enrollees. We found this relationship consistent for men and women as well as across different racial/ethnic groups. This difference may be attributed to cost-sharing requirements and the fact that MA enrollees often belong to low- to middle-income brackets.¹⁰ Combined with the anecdotal evidence of delays in prior authorization approvals in rural hospitals, which may ultimately have a negative impact on the out-of-pocket cost of care to the patient.¹¹ However, recent pledges from health insurers aim to streamline prior authorizations.¹²

Rural TM enrollees, overall and stratified by sex, were significantly less likely than non-metropolitan MA enrollees to receive preventive services, including mammograms or mammography, Pap smears, flu shots, blood tests for cholesterol, or blood tests for diabetes. This aligns with previous findings indicating that MA enrollment is associated with a higher likelihood of receiving preventive services compared to TM enrollment.¹³

The lack of rural and urban differences among MA may reflect providers operating with capitated payments, incentivizing them to promote preventive services and population health. At the same time, providers can participate in the TM Merit-Based Incentive Payment System (MIPS) or Quality Payment Program (QPP), in which both programs incentivize a focus on prevention to reduce costs. However, rural providers are less likely to participate in QPP.¹⁴

This brief highlights differences in access and utilization of medical services between MA and TM enrollees. It is interesting to note that the magnitude of these differences varies based on rural/urban residence, sex, and race. It is imperative that future research seeks to identify the individual components within each Medicare program that has created the differences in access to care and utilization.

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Appendices

Appendix Table 1: Demographics and Health Characteristics of all enrollees

	Traditional Medicare		Medicare Advantage	
	Rural	Urban	Rural	Urban
Race/Ethnicity				
Non-Hispanic White	91.4%	83.8%	85.1%	72.5%
Non-Hispanic Black	5.8%	9.1%	12.7%	13.6%
Hispanic	2.8%	7.1%	2.2%	13.9%
Age & Sex				
Male	48.0%	46.7%	45.0%	42.5%
< 65				
Non-Hispanic White	12.9%	8.8%	13.2%	7.4%
Non-Hispanic Black	2.0%	2.4%	3.3%	2.7%
Hispanic	0.6%	1.4%	0.3%	2.3%
65-74				
Non-Hispanic White	45.5%	43.7%	37.8%	35.1%
Non-Hispanic Black	2.4%	4.5%	6.2%	6.2%
Hispanic	1.4%	3.5%	1.2%	6.8%
75+				
Non-Hispanic White	33.0%	31.3%	34.1%	30.1%
Non-Hispanic Black	1.5%	2.2%	3.1%	4.7%
Hispanic	0.8%	2.2%	0.6%	4.8%
Marital Status				
Married	55.7%	54.8%	52.2%	48.5%
Widowed	20.8%	19.4%	21.9%	21.8%
Divorced	16.6%	16.1%	19.2%	20.6%
Never Married	6.9%	9.6%	6.6%	9.2%
Education				
Less than high school	14.8%	9.3%	19.9%	16.4%
High School Degree	39.8%	27.2%	44.9%	31.7%
More than High School	45.4%	63.5%	35.2%	51.8%
Income				
≤100 % FPL	15.2%	11.6%	18.6%	16.5%
>100% & ≤120% FPL	6.2%	3.7%	7.5%	7.1%
>120% & ≤135% FPL	4.5%	2.6%	5.7%	4.0%
>135% & ≤200% FPL	17.2%	11.5%	24.6%	17.5%
>200% FPL	56.9%	70.7%	43.6%	54.9%
Dual Eligible	9.0%	8.4%	9.9%	11.8%
Veteran Status				
Yes	23.1%	20.2%	15.1%	14.9%
Health Status				
Fair or Poor Health	22.5%	17.8%	23.7%	20.61%

Appendix Table 2: Differences in Access to Care Between Rural and Urban Areas in Traditional Medicare and Medicare Advantage for Men.

	Traditional Medicare			Medicare Advantage		
	<i>Rural</i>	<i>Urban</i>	<i>Difference</i>	<i>Rural</i>	<i>Urban</i>	<i>Percentage Point Difference</i>
Respondents had trouble getting care	7.2%	6.0%	-1.2%*	7.0%	7.3%	0.3%
Respondents had trouble getting care due to cost ⁺	29.1%	21.2%	-7.9%	34.8%	21.2%	-13.6%
Respondents had delayed care due to cost	8.7%	6.2%	-2.5%*	11.8%	7.2%	-4.6%*
Had problems paying medical bills	8.4%	6.2%	-2.2%*	11.6%	9.3%	-2.3%
Dissatisfied with quality of medical care	8.5%	6.2%	-2.3%*	6.3%	5.5%	1.8%
Dissatisfied with out-of-pocket costs of medical care	18.6%	15.4%	-3.2%	17.8%	13.9%	3.9%*

* Indicates that estimated difference is statistically significant at the $p < 0.05$ level. ⁺ Indicates question only asked to respondents who stated "yes" to having trouble getting care.

Appendix Table 3: Differences in Utilization of Care Between Rural and Urban Areas in Traditional Medicare and Medicare Advantage for Men.

	Traditional Medicare			Medicare Advantage		
	<i>Rural</i>	<i>Urban</i>	<i>Difference</i>	<i>Rural</i>	<i>Urban</i>	<i>Percentage Point Difference</i>
Received mammogram or breast x-ray in prior year	-	-	-	-	-	-
Received pap smear test in prior year	-	-	-	-	-	-
Received blood test for detection of prostate cancer in prior year	55.3%	56.6%	-1.3%	56.2%	57.8%	-1.6%*
Received flu shot for current flu season	65.0%	73.5%	-8.5%*	69.5%	75.2%	-5.7%*
Received blood cholesterol test in prior year	87.0%	87.8%	-0.8%	90.6%	91.0%	-0.4%
Received blood test for diabetes in prior year	71.4%	76.2%	-4.8%*	71.8%	75.2%	-3.4%*

* Indicates that estimated difference is statistically significant at the $p < 0.05$ level.

Appendix Table 4: Differences in Access to Care Between Rural and Urban Areas in Traditional Medicare and Medicare Advantage for Women.

	Traditional Medicare			Medicare Advantage		
	<i>Rural</i>	<i>Urban</i>	<i>Difference</i>	<i>Rural</i>	<i>Urban</i>	<i>Percentage Point Difference</i>
Respondents had trouble getting care	6.9%	7.6%	0.7%	8.7%	8.7%	0.0%
Respondents had trouble getting care due to cost ⁺	28.6%	28.7%	0.1%	36.1%	22.7%	-13.4%*
Respondents had delay in care due to cost	9.9%	8.7%	-1.1%	10.8%	9.7%	-1.1%
Problem paying medical bills	9.6%	8.1%	-1.5%*	13.9%	10.8%	-3.1%*
Dissatisfied with quality of medical care	7.3%	6.6%	-0.7%*	6.5%	6.8%	0.3%
Dissatisfied with out-of-pocket costs of medical care	18.0%	18.6%	0.6%	16.7%	17.0%	-0.3%*

*Indicates that estimated difference is statistically significant at the $p < 0.05$ level. ⁺ Indicates question only asked to respondents who stated "yes" to having trouble getting care.

Appendix Table 5: Differences in Utilization of Care Between Rural and Urban Areas in Traditional Medicare and Medicare Advantage for Women.

	Traditional Medicare			Medicare Advantage		
	<i>Rural</i>	<i>Urban</i>	<i>Percentage Point Difference</i>	<i>Rural</i>	<i>Urban</i>	<i>Percentage Point Difference</i>
Received mammogram or breast x-ray in prior year	41.3%	45.7%	4.4%*	44.0%	46.2%	2.2%
Received pap smear test in prior year	11.2%	15.3%	4.1%*	13.8%	14.2%	0.4%
Received blood test for detection of prostate cancer in prior year	-	-	-	-	-	-
Received flu shot for current flu season	69.4%	74.4%	5.0%*	71.2%	75.2%	4.0%
Received blood cholesterol test in prior year	85.4%	88.0%	2.6%*	88.0%	90.1%	2.1%
Received blood test for diabetes in prior year	72.6%	76.7%	4.1%*	72.9%	76.0%	3.1%

* Indicates that estimated difference is statistically significant at the p<0.05 level.

Appendix Table 6: Differences in Access to Care Between Rural and Urban Areas in Traditional Medicare and Medicare Advantage for non-Hispanic Black patients.

	Traditional Medicare			Medicare Advantage		
	<i>Rural</i>	<i>Urban</i>	<i>Percentage Point Difference</i>	<i>Rural</i>	<i>Urban</i>	<i>Percentage Point Difference</i>
Respondents had trouble getting care	6.4%	7.3%	-0.9%	9.4%	8.2%	1.2%
Respondents had trouble getting care due to cost	25.8%	41.5%	-15.7%	54.7%	37.2%	17.5%
Respondents had delays in care due to cost	10.2%	8.4%	1.8%	11.1%	9.3%	1.8%
Problem paying medical bills	16.6%	18.0%	-1.4%	19.5%	18.9%	0.6%
Satisfied with quality of medical care	13.5%	8.4%	4.9%*	4.5%	6.1%	1.6%
Satisfied with out-of-pocket costs of medical care	21.2%	25.9%	4.7%	16.9%	20.2%	1.4*

* Indicates that estimated difference is statistically significant at the p<0.05 level.

Appendix Table 7: Differences in Utilization of Care Between Rural and Urban Areas in Traditional Medicare and Medicare Advantage for non-Hispanic Black Patients.

	Traditional Medicare			Medicare Advantage		
	<i>Rural</i>	<i>Urban</i>	<i>Percentage Point Difference</i>	<i>Rural</i>	<i>Urban</i>	<i>Percentage Point Difference</i>
Received mammogram or breast x-ray in prior year	42.6%	50.8%	8.2%	61.5%	50.9%	-10.6%
Received pap smear test in prior year	17.9%	24.2%	6.3%*	27.1%	19.6%	-7.5%
Received blood test for detection of prostate cancer in prior year	50.6%	52.2%	1.6%	41.6%	51.8%	10.2%*
Received flu shot for current flu season	52.3%	65.2%	12.9%*	58.0%	67.8%	9.8%*

Received blood cholesterol test in prior year	90.4%	89.5%	-0.9%	97.4%	93.1%	-4.3%
Received blood test for diabetes in prior year	75.5%	68.5%	-7.0%	67.0%	71.6%	4.6%

* Indicates that estimated difference is statistically significant at the p<0.05 level.

Appendix Table 8: Differences in Access to Care Between Rural and Urban Areas in Traditional Medicare and Medicare Advantage for non-Hispanic White patients.

	Traditional Medicare			Medicare Advantage		
	<i>Rural</i>	<i>Urban</i>	<i>Percentage Point Difference</i>	<i>Rural</i>	<i>Urban</i>	<i>Percentage Point Difference</i>
Respondents had trouble getting care	6.7%	6.3%	-0.4%	7.1%	8.1%	0.6%
Respondents had trouble getting care due to cost	28.6%	21.0%	-7.6%	33.1%	20.2%	-12.9%*
Respondents had delays in care due to cost	8.8%	6.2%	-2.6%*	11.8%	7.2%	-4.6%*
Problem paying medical bills	8.0%	5.4%	-2.6%*	10.9%	7.7%	-3.2%*
Dissatisfied with quality of medical care	7.3%	5.9%	1.4%*	6.7%	6.1%	0.6%
Dissatisfied with out-of-pocket costs of medical care	17.3%	15.2%	2.1%	16.8%	12.2%	4.6%*

* Indicates that estimated difference is statistically significant at the p<0.05 level

Appendix Table 9: Differences in Utilization of Care Between Rural and Urban Areas in Traditional Medicare and Medicare Advantage for non-Hispanic White Patients.

	Traditional Medicare			Medicare Advantage		
	<i>Rural</i>	<i>Urban</i>	<i>Percentage Point Difference</i>	<i>Rural</i>	<i>Urban</i>	<i>Percentage Point Difference</i>
Received mammogram or breast x-ray in prior year	41.5%	46.2%	4.7%*	41.3	44.1%	2.8%
Received pap smear test in prior year	10.6%	13.6%	3.0%*	10.8%	12.0%	1.2%
Received blood test for detection of prostate cancer in prior year	58.8%	58.5%	-0.3%	58.0%	57.0%	-1.0%
Received flu shot for current flu season	68.6%	75.8%	7.2%*	72.6%	78.0%	5.4%*
Received blood cholesterol test in prior year	86.2%	87.9%	1.7%*	90.3%	89.4%	-0.9%
Received blood test for diabetes in prior year	73.0%	77.4%	4.4%	72.6%	76.2%	3.6%

* Indicates that estimated difference is statistically significant at the p<0.05 level.