

Neiman Health Policy Institute Data Sources

	Medicare 5% RIF: Medicare Research Identifiable Files (RIF), 5% Sample	TAF: Transformed Medicaid Statistical Information System (T-MSIS) Analytic Files (TAF)	PSPS LDS: Physician/Supplier Procedure Summary (PSPS) Limited Data Set (LDS)	Inovalon Insights, LLC, Real World Data
Years available	2004-2022	2018-2019	1991-2022	2012-2024
Organization that owns the data	CMS	CMS	CMS	Inovalon Insights, LLC
Data contributors	Medicare Fee-For-Service Claims	Medicaid/CHIP Claims	Medicare Fee-For-Service Claims	Affiliated and nonaffiliated commercial, medicare advantage, and medicaid plans
Sample Size	5% of Original Medicare (Fee-For-Service), Average per year = 2,951,018 Latest year = 3,523,946	100% of Medicaid/CHIP enrollment, Average per year = 92,548,571 (84% in some managed care program during year)	100% of Medicare Fee-For-Service, Average per year = 32,682,249, Latest year = 29,655,517	Average Enrollment per year= 79,922,791 Latest year Enrollment = 65,578,514
Geographic coverage	All 50 States, DC, Puerto Rico	All 50 States, DC, Puerto Rico	All 50 States, DC, Puerto Rico	All 50 States, DC, Puerto Rico
Geographic level	Zipcode, FIPS State/County	Zipcode, FIPS State/County	SSA State Code, Carrier Number	Zip3
Race/ethnicity	Yes	Yes	No	Yes - not available for all patients
Age	Yes	Yes	No	Yes
Other demographics (% populated)	Sex, Death Date, NICI, CCI, CCW Chronic Conditions	Sex (98%) Disability SSI (88%) SSDI (59%) Language (76%) Marital Status (46%) Household Size (43%) Income (48%) Citizenship (79%) Death Date, NICI, CCI	N/A	Sex, NICI, CCI
Inpatient	Yes	Yes	Yes	Yes
Outpatient	Yes	Yes	Yes	Yes
Pharmacy	No	Yes	No	No
Data are individual claims	Yes (closed claims)	Yes (closed claims)	No - claims aggregated by combination of procedure codes, modifier codes, provider specialty, carrier, locality code, and place of service	Yes (closed claims)
CPT & HCPCS code on claims	Yes	Yes	N/A - part of data aggregation	Yes

# Diagnosis Code Fields per claim	Carrier - 12 Inpatient -25 Outpatient - 25	Inpatient - 12 Outpatient/Other - 2	N/A	All Claims - 25
Provider Information	NPI/Specialty for Referring and Rendering Providers; provider ZIP code and state; can be linked to MDPPAS and Physician Compare Data	NPI/Specialty for Billing, Referring, Rendering Providers; provider ZIP code and state; can be linked to TAF Annual Provider File, MDPPAS and Physician Compare Data	Provider specialty	NPI/Specialty for Billing and Rendering Providers; provider ZIP code and state; can be linked to MDPPAS and Physician Compare Data
Payment Variables	Billed, Allowed, Paid, Deductible, and Beneficiary Payments	Billed, Allowed, Paid, Coinsurance, Copay, Deductible, Other Insurance Payments; Only available for non-managed care claims	Billed and allowed amounts (for aggregated claims)	Actual costs: Allowed, Paid, Copay, Bundled Payment (<i>Note: high missingness</i>) Proxy costs: Medicare Fee Schedule Amounts
Update Schedule	Annual, Data available 18 months after December of contract year (e.g., 2023 available mid 2025)	None	Annual, Data available 12 months after December of contract year (e.g., 2023 available early 2025)	Quarterly, 3 month run-out (<i>i.e., data available with a 3-6 month lag</i>)
Place of service	Yes	Yes	Yes	Yes
Available files	Master Beneficiary Summary File (MBSF): - MBSF Base Segment (A/B/C/D) - CCW Chronic Conditions Segment (27 conditions) Medicare Claims Data: - Inpatient - Outpatient - Carrier - Home Health - Hospice - ACO Shared Savings Beneficiary-Level File - Skilled Nursing Facility (Data documentation including specific variables by file is available on ResDAC website)	DE (Demographic and Eligibility) IP (Inpatient) OT (Other Services) APR (Annual Provider)		
Information Links	Medicare Research Identifiable Files	T-MSIS Analytic Files	Physician/Supplier Procedure Summary LDS Information	Inovalon Real World Data