

Agenda Item IX: HCAI Provider Organization Index

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For Today

- Update on the HCAI Provider Organization Index
 - What is it?
 - Progress since January 2025
- PO Index v1
 - Data sources and hierarchy
 - In and out of scope for v1
 - Next steps and 2026 priorities
- Discussion

HCAI Provider Organization Index

The PO Index includes numerous data elements for providers and provider organizations that can be used to filter and structure queries.

Identifiers include:

- Legal Name
- Doing Business As (DBA) Name
- National Provider Identifier (NPI)
- CMS Control Number (CCN)
- CMS PECOS Associate Control ID (PAC)
- HCAI ID
- Street Address



The PO Index is a centralized, comprehensive database that consolidates and standardizes information on California's provider organizations.



The PO Index unifies disparate data sources into a single, accessible platform, offering a structured view of the state's healthcare provider landscape.

How Does PO Index Compare to Directory?

The HCAI Provider Organization Index aims to catalog and describe the organizational structures and hierarchies of California's provider organizations.

(example organizations: hospitals, health systems, medical groups, IPAs)

The Provider Organization Index is distinct from a Provider Directory

Both are valuable tools with different purposes

Provider Organization Index

Focuses on organizational structures and hierarchies of health care provider organizations

Provider Directory

Provides insight on the availability of individual network providers/clinics specific to a consumer's health plan

Why is a Provider Organization Index Needed?

HCAI cannot uniquely and consistently identify provider organizations using existing data sources.

There is currently no single “source of truth” that provides a complete picture of California’s provider organization landscape and maps provider organizations to their parent organizations

Building the Provider Organization Index could facilitate many important use cases

- Increasing transparency around the structure of California’s health care system
- Attributing cost growth across geographies for large, statewide health systems
- Identifying large single specialty physician organizations
- Monitoring merger and acquisition (M&A) activities in the provider space, including private equity investment
- Supporting academic research by helping researchers identify organizational profiles
- **Allowing for systematic linking within the HPD to attribute claims and services to provider organizations**

Progress since January 2025



Selection of AHRQ Compendium as “backbone” for PO Index



Identification and selection of supplemental data sources; to date, all sources are public



Build of Provider Organization Index v1, development of “match merge” rules

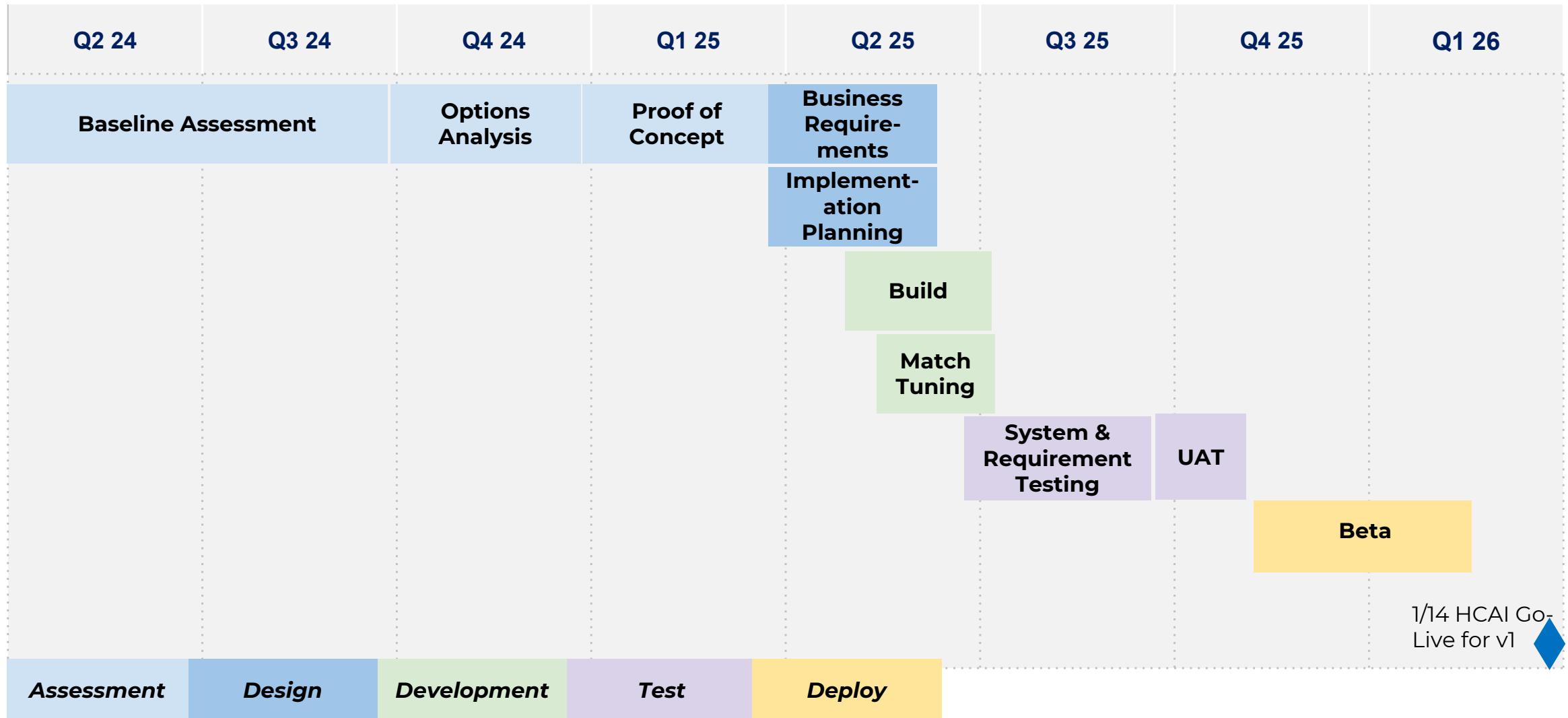


User Acceptance Testing, identification of issues and improvements, Beta



Internal “go live” of Provider Organization Index for HCAI users Q1 2026

Project Workstreams and Timeline



The AHRQ Compendium: Overview

The Compendium includes data on:



Health Systems



Hospitals



Group practices

Data Sources for Health System Files

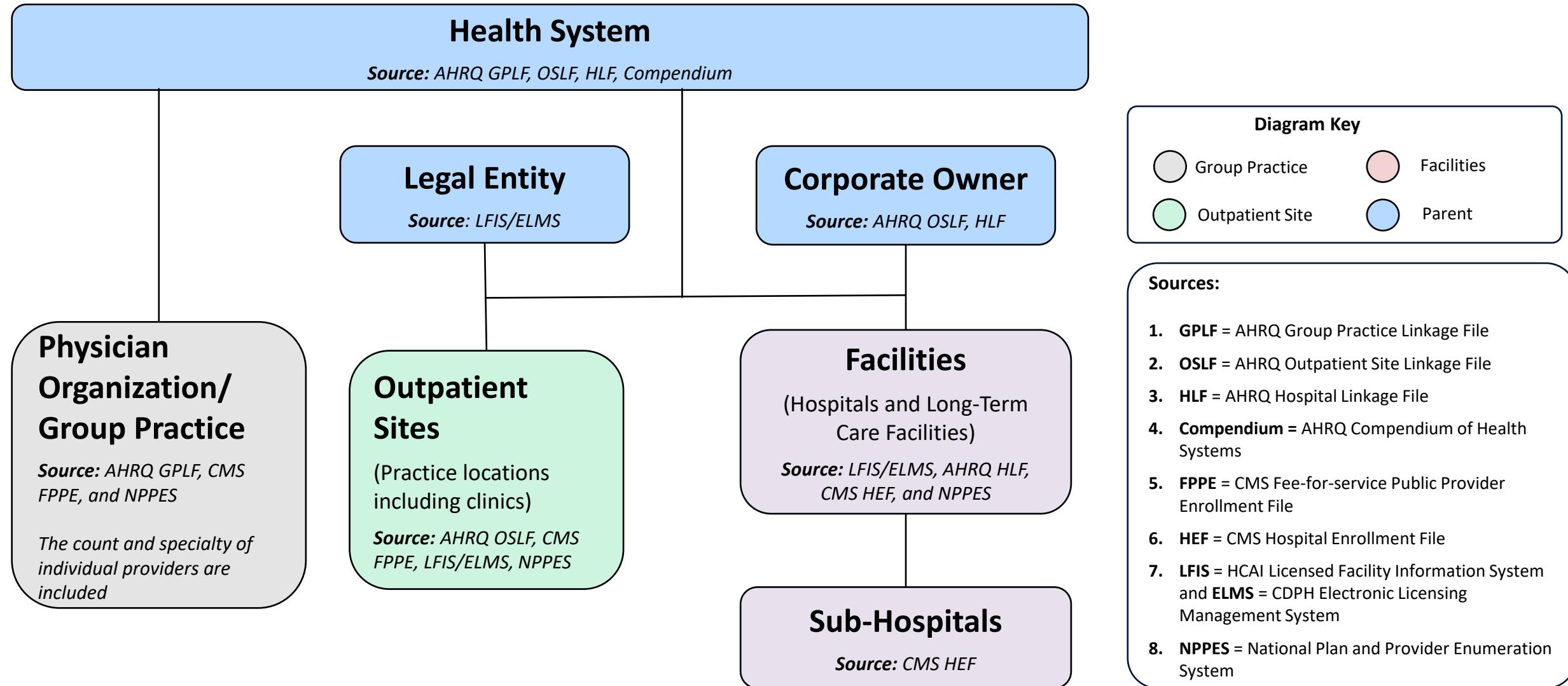
- IQVIA OneKey
- American Hospital Association (AHA) Annual Survey
- Healthcare Provider Cost Report Information System (HCRIS)

Files are available to support the years 2016, 2018, and 2020-2023 (with the exception of the 2023 Group Practice file). However, funding for the Compendium project ended in April 2025 and AHRQ does not currently have plans to release any additional files. In early 2026, the team will explore options to maintain and update the PO Index without reliance on the AHRQ Compendium.

Source: [Agency for Healthcare Research and Quality Compendium of U.S. Health Systems](#)

Data Source	Contents	Updates	Last Update
The Agency for Healthcare Research and Quality (AHRQ) Hospital Linkage File	Hospital data from IQVIA and the American Hospital Association (AHA)	Annual	2024, includes 2023 data
The AHRQ Outpatient Site Linkage File	Outpatient site data from IQVIA	Annual	2024, includes 2023 data
The AHRQ Group Practice Linkage File	Group practice data from Medicare claims, Provider Enrollment, Chain, and Ownership System (PECOS), and Medicare Data on Provider Practice and Specialty (MD-PPAS)	Annual	2024, includes 2022 data
HCAI's Licensed Facility Information System (LFIS)	Licensing data from CDPH	Continuously	2025
California Department of Public Health's Electronic Licensing Management System (ELMS)	Facility licensing applications	Continuously	2025
Centers for Medicare and Medicaid Services (CMS)'s Medicare Fee-For-Service Provider Enrollment Files	Records for every provider and organization that has enrolled in Medicare	Quarterly	Q2 2025
CMS Hospital Enrollment Files	Records for every hospital that has enrolled in Medicare	Monthly	Aug 2025
National Plan and Provider Enumeration System (NPPES) NPI Registry	Type 2 NPIs	Continuously	2025

PO Index Hierarchy



Hierarchy Units	Definition	Contributing Sources
Health System	Health systems include at least one hospital and at least one group of physicians that provide comprehensive care (including primary and specialty care) who are connected with each other and with the hospital through common ownership or joint management. Health systems can have organizations with multiple names, addresses, NPIs, and licenses attributed to them.	AHRQ hospital linkage file; AHRQ outpatient site linkage file; AHRQ group practice linkage file
Legal Entity	Legal entities refer to the organization or individual that owns, operates, or is legally responsible for a healthcare provider(s), facility or service group. The legal entity is legally permitted to enter into a contract regarding the purchasing or leasing of property.	LFIS/ELMS, CMS FFS, CMS Hospital Enrollment, and NPPES
Facility	Facilities refer to inpatient/Long-Term Care (LTC) that are health care organizations where patients stay overnight to receive care. In the PO Index, this includes hospitals, skilled nursing facilities, and other long-term care facilities. Facilities have one name (including fuzzy matches) and address but may have one or multiple NPIs or TINs attributed. The majority will have one LFIS ID.	AHRQ hospital linkage file; LFIS/ELMS
Sub-Hospital	Sub-Hospitals are records with an alphabetic character in the third character of a CCN. Sub-facilities have the exact same address as a known facility based on AHRQ's hospital linkage file or CMS Hospital Enrollment File.	AHRQ hospital linkage; CMS Hospital Enrollment File
Physician Organization	Physician organizations are group practices that have two or more physicians. They have one name, can have multiple or no addresses, multiple NPIs, and/or multiple TINs.	AHRQ group practice linkage file; CMS FFS Provider Enrollment File
Physician	Individual physicians affiliated with physician organizations.	CMS FFS Provider Enrollment Sub-File

Out of Scope for PO Index v1



Individual Physicians: While v1 includes provider counts for physician organizations, it does not include individual provider information or Type 1 NPIs.



Non-Physician Providers: Provider counts are for MDs and DOs; taxonomy codes for non-physician providers (e.g., nurse practitioners, physician assistants, pharmacists) are not in v1.



Contracting relationships: Independent Physician Associations (IPAs) and Accountable Care Organizations (ACOs) are not included in v1.



Pharmacies/ Laboratories: Pharmacies and laboratories are excluded from v1.

Early Uses of the Index

01

Confirmation of a new hospital consolidation:

user identified that the two consolidated facilities shared an LFIS license and had the same parent organization information

02

Data validation:

user compared the PO Index to HCAI Patient Discharge Data

03

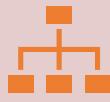
Map a health system:

user identified all “child” organizations of a corporate parent

Priorities for 2026

- Maintain PO Index v1 and enhance its usability
- Planning for PO Index v2
 - Identify and prioritize use cases
 - Consider v1 exclusions and whether to prioritize for v2
 - Examples: TINs, contracting relationships
- Plan for long-term sustainability of the Index and data sources
 - Future updates to AHRQ Compendium data uncertain

Discussion Questions



What are your top priority use cases for a Provider Organization Index?



Are any of the PO Index v1 exclusions “must have” elements for future versions?



From your perspective, what are the most important “buckets” or categories that the Provider Index should be able to generate?



What types of queries would you want to run?

Excluded from V1:

- Individual Physicians
- Non-Physician Providers
- Contracting relationships
- Pharmacies
- Laboratories