|  | **Data Dictionary** | | |
| --- | --- | --- | --- |
| **Dataset Name:** | **HER Incentive Program Payment to Eligible Hospitals** | | |
| **Chart/Visualization Name/s:** | 1. Click here to enter text. | | |
| **Field Title** | **Field Name** | **Data type** | **Description** |
| Hospital Name | Provider\_Name | Char | Name of Eligible Hospital |
| NPI | NPI | Char | Hospital’s National Provider Identifier |
| CCN | CCN | Char | Hospital’s CMS Certification Number |
| Hospital Type | Medicaid\_EP\_Hospital\_Type | Char | Acute Care or Children’s Hospital |
| Street Address | Street\_Address | Char | Hospital Street Address |
| City | City | Char | Hospital City |
| County | County | Char | Hospital County |
| State | State | Char | Hospital State |
| Zip Code | Zip\_Code | Char | Hospital Zip Code |
| Payment Year Number | Payment\_Year\_Number | Num | Number of years hospital has received payments |
| Program Type | Program\_Type | Char | Medicaid or Medicare/Medicaid |
| Total Payments | Total\_Payments | Num | Total payments made for eligible hospital since it started participating in EHR Incentive Program |
| Last Program Year | Last\_Program\_Year | Char | Last Year on file that eligible hospital participated in EHR Incentive Program |
| Last Payment Year | Last\_Payment\_Year | Char | Last Year on file that eligible hospital was paid for participation in EHR Incentive Program |
| Last Payment Criteria | Last\_Payment\_Criteria | Char | Adopt/Implement/Upgrade (AIU) or Meaningful Use (MU) |
| Most Recent Payment | Most\_Recent\_Disbursement\_Amount | Num | Payment amount for the most recent payment year |
| Longitude | Longitude | Num | Longitude of hospital address for geocoding |
| Latitude | Latitude | Num | Latitude of hospital address for geocoding |

For more information, contact [OpenData@dhcs.ca.gov](mailto:OpenData@dhcs.ca.gov)