Columbia Data Analytics

Regional Performance on Guideline-Directed Medical Therapy at Hospital Discharge for Heart Failure with Left Ventricular Systolic Dysfunction

CMS Qualified Entity Program Public Report

CMS Medicare Fee-for-Service claims linked with Kythera Labs all-payer claims data

Reporting period: 01JAN2021-31DEC2024

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Contents

Executive Summary 3
Key Findings 3
Who We Are 4
Purpose of This Report 4
Data Used for Measurement 4
Reporting regions and populations 5
What Are We Measuring? 6
How were the Measures Calculated? 7
Calculation steps 7
How Eligible HF-LVSD Discharges Relate to Each Result 11
What Did We Discover? 13
Population Overview and Demographics 13
Regional Results for ACE inhibitor / ARB / ARNI therapy for HF with LVSD at hospital discharge 14
Regional Results for Beta-blocker therapy for Heart Failure with LVSD at hospital discharge 15
Secondary Comparison 17
Variation by Payer and Patient Characteristics 18
Discussion of Findings 19
How to Interpret the Results 19
Methodology 20
Overview 20
Measure-specific parameters 20
Rate calculation 21
Confidence intervals and comparisons 22
Public ratings 22
Limitations 22
References 23
Appendix A. Population-Specific Regional Results Table Shells 23
Quality ID #005 / CBE #0081: ACE inhibitor / ARB / ARNI therapy for HF with LVSD 23
Quality ID #008 / CBE #0083: Beta-blocker therapy for HF with LVSD 26
Appendix B. Glossary of Terms and Abbreviations 28

Executive Summary

This public report evaluates regional performance on 2 CMS heart failure discharge process measures for patients diagnosed with heart failure (HF) and left ventricular systolic dysfunction (LVSD).

Both measures focus on whether eligible adults with HF and current or prior LVSD received guideline-directed medication therapy at a qualifying hospital-discharge measurement event when clinically appropriate. CDA applies the current 2026 CMS Quality Payment Program (QPP) Merit-based Incentive Payment System (MIPS) Clinical Quality Measure specifications, Version 10.0 (December 2025), uniformly to all events in the 01JAN2021-31DEC2024 reporting period. The analysis uses CMS Medicare Fee-for-Service (FFS) claims linked with Kythera Labs all-payer claims data.

The report presents regional performance, not individual provider ratings. Regional performance reflects the discharge-related care processes available to patients in a region, including hospital medication reconciliation, prescribing protocols, discharge planning, clinical documentation, payer mix, medication access, and post-discharge care coordination. Results help consumers, providers, health plans, researchers, and other stakeholders identify where evidence-based heart failure discharge care is more consistently delivered and where improvement opportunities may exist.

Key Findings

- The descriptive linked analytic population included 999,247 qualifying HF-LVSD hospital-discharge events from 01JAN2021 through 31DEC2024: 46.2% Medicare FFS, 10.6% commercial, 9.8% Medicaid, and 33.4% other or unknown payer (a category that includes Medicare Advantage and self-pay events).

- National linked-data rate for Quality ID #005 / CBE #0081 (ACE inhibitor / ARB / ARNI therapy at discharge): 84.5% (95% CI 84.5 to 84.6) among 697,977 final-denominator discharges, after removing 108,313 allowed exceptions (13.4% of data-complete discharges).

- National linked-data rate for Quality ID #008 / CBE #0083 (evidence-based beta-blocker therapy at discharge): 90.1% (95% CI 90.1 to 90.2) among 769,365 final-denominator discharges, after removing 39,360 allowed exceptions (4.9% of data-complete discharges).

- Quality ID #005 / CBE #0081: the highest reportable regional rate was in the Northeast (86.7%) and the lowest in the South (82.7%), a spread of 4.0 percentage points. Northeast and Midwest were rated better than expected and South and West below expected.

- Quality ID #008 / CBE #0083: the highest reportable regional rate was in the Northeast (91.7%) and the lowest in the South (88.8%), a spread of 2.9 percentage points. Northeast and Midwest were rated better than expected and South and West below expected.

- Payer differences were larger than regional differences for the ACE inhibitor / ARB / ARNI measure: commercial events had the highest rate (87.9%) and Medicaid events the lowest (81.2%), a gap of 6.7 points versus 4.6 points for beta-blocker therapy. The regional ordering (Northeast, Midwest, West, South) was the same in every payer population, so payer mix

alone does not explain regional variation. Beta-blocker rates exceeded ACE inhibitor / ARB / ARNI rates by 4.9 to 6.1 points in every region, consistent with the higher burden of documented contraindications to renin-angiotensin system inhibition in older patients with kidney disease, hypotension, or hyperkalemia.

Who We Are

Columbia Data Analytics (CDA) houses national, commercial, government, regional, and linked healthcare data assets. CDA uses administrative claims, electronic health records, registries, surveys, and linked payer-clinical data sources to evaluate healthcare utilization, quality, outcomes, access, and equity. CDA applies epidemiology, biostatistics, health economics, and outcomes research methods to translate complex healthcare data into evidence for patients, providers, payers, researchers, and public stakeholders.

Purpose of This Report

The CMS Qualified Entity Certification Program allows approved organizations to combine Medicare claims with other payer data to evaluate and publicly report healthcare performance. This report supports that purpose by using Medicare FFS claims linked with Kythera Labs all-payer claims data to measure regional variation in guideline-directed medication prescribing at hospital discharge for eligible patients with heart failure and LVSD.

The report will explain what each measure means, how rates are calculated, how regions are compared, and how results should be interpreted. The findings can help patients and families ask informed questions about discharge planning and medication follow-up, help regional stakeholders identify quality-improvement opportunities, and help researchers and health plans understand patterns in evidence-based heart failure care.

Because results are regional, not provider-specific, the public rating describes the region as a care environment rather than scoring an individual clinician, hospital, or provider group. Regional performance should be interpreted as a signal of local system performance and discharge care reliability.

Data Used for Measurement

CMS Medicare Fee-for-Service claims linked with Kythera Labs all-payer claims data

The linked data support a broader all-payer view of regional performance than Medicare FFS data alone. The all-payer component includes commercial, Medicaid, and other payer categories available in the Kythera Labs data where claims capture is sufficient for reporting.

Data element	Description
Medicare data	CMS Medicare Fee-for-Service claims available through the Qualified Entity dataset
Other payer data	Kythera Labs all-payer claims data integrated with Medicare FFS claims for linked regional reporting
Reporting period	01JAN2021-31DEC2024

Data element	Description
Reporting regions	Four US Census regions: Northeast, Midwest, South, and West. Region is assigned from the patient's state of residence in enrollment data
Reporting populations	Overall linked analytic population and separate payer populations: Medicare FFS, commercial, Medicaid, and other/unknown. The selected measure is calculated independently within each reporting population and region.
Unit of analysis	An individual qualifying Submission Criteria 2 hospital-discharge event. A patient may contribute >1 event if each event separately meets the current 2026 criteria.
Population	Measure-specific hospital-discharge events for adults aged 18 years or older with a qualifying HF diagnosis, CPT 99238 or 99239, no telehealth encounter (M1426), current or prior LVEF ≤40% or documented moderate/severe LVSD, and no history of heart transplant or LVAD, using the measure-specific codes.
Measures	Quality ID #005 / CBE #0081 and Quality ID #008 / CBE #0083, each limited to Submission Criteria 2 and implemented uniformly using the current 2026 CMS QPP specifications, Version 10.0.

Reporting regions and populations

Reporting regions: Results are reported for the four US Census regions shown in Table 1: Northeast, Midwest, South, and West. Each eligible discharge is assigned to a region using the patient's state of residence in enrollment data. Only discharges with a valid state-to-region assignment contribute to region-specific results.

Reporting populations: Results are calculated separately for the overall linked analytic population and for each available payer population—Medicare FFS, commercial, Medicaid, and other/unknown. The same current 2026 measure criteria are applied independently within each population. The overall linked analytic population remains a distinct reporting population; the payer-specific results do not replace or combine with its regional results.

Reporting population definitions

Reporting population	Definition and use in this report
Overall linked analytic population	All qualifying hospital-discharge events represented in the combined CMS Medicare FFS and Kythera Labs all-payer analytic data that meet the selected measure's current 2026 criteria. A separate regional results table is provided for each measure.
Medicare FFS	Qualifying events represented in CMS Medicare Fee-for-Service claims. A separate regional results table is provided for each measure.
Commercial	Qualifying events categorized as commercial in the Kythera Labs all-payer data. A separate regional results table is provided for each measure.
Medicaid	Qualifying events categorized as Medicaid in the Kythera Labs all-payer data. A separate regional results table is provided for each measure.
Other / Unknown	Qualifying events categorized as another payer type or without sufficient payer information for the named payer categories. A separate regional results table is provided for each measure.

Payer-specific population assignment uses the payer category available for the qualifying hospital-discharge event. Results are calculated independently for each measure, population, and region.

Unit of analysis: Results are based on qualifying Submission Criteria 2 measurement events (hospital discharges), not unique patients. A patient may contribute more than 1 event if each event separately meets the current measure criteria. Each event contributes to the overall linked analytic population and, when payer information is available, to the applicable payer-specific population. Quality ID #005 and Quality ID #008 are evaluated separately, so their measure-eligible counts may differ.

US Geographic region was captured from enrollment data (**Table 1**).

Table 1. Health Plan Regions

Region	Division	States
1. Northeast	1. New England	CT MA ME NH RI VT
	2. Mid-Atlantic	NJ NY PA
2. Midwest	3. East North Central	IL IN MI OH WI
	4. West North Central	IA MN MO NE SD KS ND
3. South	5. South Atlantic	DE FL GA MD NC SC VA WV DC
	6. East South Central	AL KY MS TN
	7. West South Central	AR OK TX LA
4. West	8. Mountain	ID CO MT NM NV UT WY AZ
	9. Pacific	AK OR WA CA HI

What Are We Measuring?

Two current CMS heart failure discharge process measures

Both measures assess recommended medication therapy under CMS Submission Criteria 2 for patients with HF and LVSD discharged from hospital. CDA applies the 2026 Version 10.0 specifications uniformly to the entire reporting period. Each measure has its own eligible population, denominator exclusions, denominator exceptions, numerator, and result.

Measure	Eligible population and plain-language description	Why it matters
ACE inhibitor / ARB / ARNI therapy for HF with LVSD	**Eligible population:** Adults aged 18 years or older with a qualifying HF diagnosis at a hospital-discharge encounter (CPT 99238 or 99239) and current or prior LVEF ≤40%, or documented moderate/severe LVSD (M1150). **Exclusions:** Encounters conducted via telehealth are removed (M1426), and patients with a history of heart transplant or LVAD are excluded (M1151). **Measure result:** The percentage prescribed or currently taking an ACE inhibitor, ARB, ARNI, or qualifying combination therapy at discharge, after permitted medical and patient exceptions are removed.	These medications act on the renin-angiotensin system and are recommended for many patients with HF and reduced systolic function when clinically appropriate.
Beta-blocker therapy for HF with LVSD	**Eligible population:** Adults aged 18 years or older with a qualifying HF diagnosis at a hospital-discharge encounter (CPT 99238 or 99239) and current or prior LVEF ≤40%, or documented moderate/severe LVSD (G8923). **Exclusions:** Encounters conducted via telehealth are removed (M1426), and patients with a history of heart transplant or LVAD are excluded (M1152). **Measure result:** The percentage prescribed an evidence-based beta blocker—bisoprolol, carvedilol, or sustained-release metoprolol succinate—at discharge, after permitted clinician-documented medical or patient exceptions are removed.	Evidence-based beta blockers reduce morbidity and mortality for patients with HF and reduced ejection fraction when clinically appropriate.

How were the Measures Calculated?

Calculation steps

For each reporting population and region, CDA:

1) Identified hospital-discharge events occurring from 01JAN2021 through 31DEC2024, assigned each event to a US Census region based on the patient's state of residence, and assigned the event to the applicable reporting population using the payer category available in the analytic data.

2) Applied the current 2026 CMS QPP MIPS Clinical Quality Measure specification, Version 10.0 (December 2025), uniformly to every event in the reporting period.

3) Evaluated Quality ID #005 and Quality ID #008 independently and included an event in the initial measure-eligible population only when all applicable 2026 criteria were met:

   - The patient was aged 18 years or older on the date of the qualifying event;
   - The patient had a qualifying HF diagnosis listed in the 2026 specification;
   - The record contained a qualifying hospital-discharge encounter (CPT 99238 or 99239) and the encounter was not conducted via telehealth (M1426); and

- The patient had current or prior LVEF ≤40%, or documentation of moderately or severely depressed left ventricular systolic function using M1150 for Quality ID #005 or G8923 for Quality ID #008.

4) Applied the current measure-specific denominator exclusions and exception rules:

   - **Quality ID #005:** Excluded patients with a history of heart transplant or LVAD (M1151) and allowed documented medical reasons (G2093) or patient reasons (G2094) for not prescribing ACE inhibitor, ARB, or ARNI therapy.

   - **Quality ID #008:** Excluded patients with a history of heart transplant or LVAD (M1152) and allowed clinician-documented medical or patient reasons (G8451) for not prescribing evidence-based beta-blocker therapy.

5) Classified each measure-eligible event into one of four mutually exclusive categories:

   - **Performance met:** The measure-specific therapy was prescribed at discharge or documented as continuing after discharge;

   - **Allowed denominator exception:** The therapy was not prescribed for a reason permitted by the current 2026 specification;

   - **Performance not met:** The therapy was not prescribed and no permitted exception was documented; or

   - **Data completeness not met:** The event could not be assigned a valid performance-met, exception, or performance-not-met status from the applicable quality-data code or equivalent information.

6) Calculated data completeness separately for each measure and region. Performance met, allowed exception, and performance not met counted as data-complete; records without a valid status did not.

7) Removed denominator exclusions before performance classification and removed allowed exceptions and data-completeness-not-met records from the final performance denominator. Exceptions were not counted as failures.

8) Calculated a separate 2021-2024 performance rate and 95% confidence interval for each measure, reporting population, and region, together with an all-region benchmark for the same measure and population.

9) Applied minimum-denominator, data-completeness, reliability, and confidentiality requirements separately to each measure–population–region result before public reporting.

Specification basis: CDA applies the current finalized 2026 CMS QPP MIPS Clinical Quality Measure specifications, Version 10.0 (December 2025), uniformly to all events in the 2021-2024 reporting period. This retrospective standardized approach differs from historical MIPS reporting that would use the specification in effect for each performance year. Because this report uses Submission Criteria 2 only, the reported rates are hospital-discharge-specific and are not the full

MIPS weighted rate that combines outpatient and hospital-discharge strata. The same current criteria are applied independently within every reporting population.

Plain-language numerator and denominator statements

Measure	Denominator: Who is included in the rate	Numerator: Who met the measure
ACE inhibitor / ARB / ARNI therapy for HF with LVSD	For each reporting population and region, hospital-discharge events during 01JAN2021-31DEC2024 for adults aged ≥18 years with a qualifying HF diagnosis, CPT 99238 or 99239, no telehealth encounter (M1426), current or prior LVEF ≤40% or documented moderate/severe LVSD (M1150), and no history of heart transplant or LVAD (M1151). The final denominator removes permitted medical or patient exceptions (G2093 or G2094) and records without a valid performance status.	Events in that final denominator where an ACE inhibitor, ARB, ARNI, or qualifying combination therapy was prescribed at discharge or documented to continue after discharge (G2092 or equivalent information).
Beta-blocker therapy for HF with LVSD	For each reporting population and region, hospital-discharge events during 01JAN2021-31DEC2024 for adults aged ≥18 years with a qualifying HF diagnosis, CPT 99238 or 99239, no telehealth encounter (M1426), current or prior LVEF ≤40% or documented moderate/severe LVSD (G8923), and no history of heart transplant or LVAD (M1152). The final denominator removes clinician-documented medical or patient exceptions (G8451) and records without a valid performance status.	Events in that final denominator where bisoprolol, carvedilol, or sustained-release metoprolol succinate was prescribed at discharge or documented to continue after discharge (G8450 or equivalent information).

For both measures, “prescribed at discharge” means a new prescription at discharge or documentation in the discharge medication list that the therapy should continue after discharge. The numerator action is evaluated at each eligible event.

Rate Calculations

The 2026 CMS specifications distinguish among the measure-eligible population after denominator exclusions, data completeness, denominator exceptions, and the final performance denominator.

For each measure, reporting population, and region:

Measure-eligible population after denominator exclusions

= Performance met

- Allowed denominator exceptions
- Performance not met
- Data completeness not met

Data completeness rate (%)

= (Performance met + Allowed denominator exceptions + Performance not met) ÷ Initial measure-eligible population × 100

Final performance denominator

= Performance met + Performance not met

Equivalently:

Final performance denominator

= Data-complete discharges − Allowed denominator exceptions

Measure performance rate (%)

= Performance met ÷ (Performance met + Performance not met) × 100

The sample calculations in the 2026 CMS specifications use this structure: denominator exceptions count toward data completeness but are removed before the performance rate is calculated. Records without a valid quality status do not enter the performance-rate denominator.

Plain-language explanation

For a selected measure, reporting population, and region, the rate is the percentage of final-denominator hospital discharges where the recommended therapy was prescribed at discharge or documented to continue after discharge.

In public terms, CDA counts the discharges that met the medication criterion, divides that count by all final-denominator discharges that either met or did not meet the criterion, and multiplies by 100. Permitted exceptions and records without enough information to determine performance are removed before the rate is calculated. Higher percentages indicate better performance.

How Eligible HF-LVSD Discharges Relate to Each Result

Term	Meaning
Population overview count	A descriptive count of qualifying HF-LVSD hospital-discharge events in the linked data, shown by payer category. It describes the study population but is not a common denominator for Quality ID #005 and Quality ID #008 and is not used in place of a population-specific measure denominator.
Measure-eligible HF-LVSD hospital discharges	The starting count of hospital-discharge events meeting the selected measure's current 2026 age, HF diagnosis, discharge-encounter, telehealth, LVSD-documentation, and denominator-exclusion requirements within a specified reporting population and region. This count is constructed separately for each measure, population, and region. After data-completeness rules and allowed exceptions are applied, the remaining events form the final performance denominator used to calculate that result.
Data completeness met	An initially eligible discharge with a valid status of performance met, allowed denominator exception, or performance not met.
Data completeness not met	An initially eligible discharge without the quality-data code or equivalent information needed to classify the discharge as performance met, exception, or performance not met. These records are excluded from the performance-rate denominator but remain relevant to the data-completeness assessment.
Allowed denominator exception	A measure-eligible event with a documented reason permitted by the current 2026 specification for not prescribing the medication. It counts as data-complete but is removed from the final performance denominator and is not counted as a failure.
Final performance denominator	Data-complete measure-eligible events remaining after allowed denominator exceptions are removed. It equals performance met plus performance not met.
Performance met (numerator)	Discharges in the final performance denominator where the measure-specific medication was prescribed at discharge or documented to continue after discharge.
Performance not met	Discharges in the final performance denominator where the medication was not prescribed and no permitted exception was documented.
Measure rate	Performance met divided by the final performance denominator, multiplied by 100. Higher rates indicate better performance for both measures.
95% confidence interval	A range showing the statistical uncertainty around the regional rate. Wider intervals generally indicate fewer discharges or greater uncertainty.
Benchmark	The all-region performance rate calculated separately for the same measure and reporting population using the current 2026 criteria. It is the comparison point for regional public ratings within that population.

What Did We Discover?

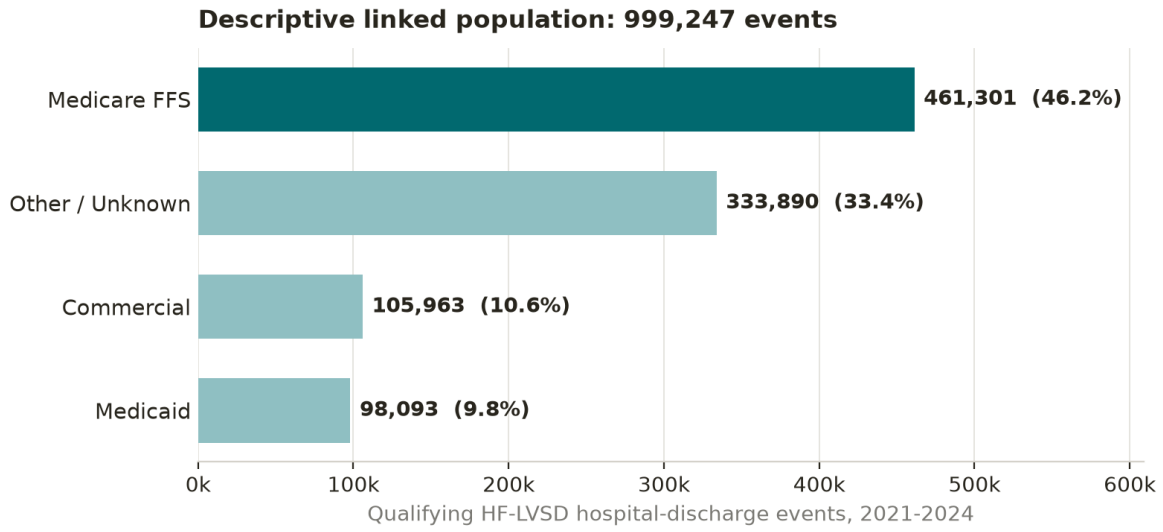
Population Overview and Demographics

The descriptive linked analytic population included 999,247 qualifying HF-LVSD hospital-discharge events among approximately 763,000 unique patients (mean 1.31 events per patient). The population overview describes qualifying HF-LVSD events in the linked data by payer category. It is descriptive, not a common denominator. Each measure denominator is calculated separately and appears in the corresponding result table.

Table 2. Descriptive HF-LVSD hospital-discharge events by payer category

Population category	Qualifying events	Percent of descriptive population
Medicare FFS	461,301	46.2%
Commercial	105,963	10.6%
Medicaid	98,093	9.8%
Other / Unknown	333,890	33.4%
Total	999,247	100%

Figure 1. Descriptive HF-LVSD hospital-discharge population by payer category



After final cohort construction, the mean age at discharge was 71.4 years overall (Medicare FFS 77.8, commercial 58.9, Medicaid 56.7, other/unknown 72.6); 68.9% of events were among adults aged 65 years or older and 38.2% were among women, consistent with the male predominance of heart failure with reduced ejection fraction.

Patients residing in rural (non-metropolitan) counties accounted for 19.3% of events. By region, the South contributed 38.7% of events, the Midwest 23.7%, the Northeast 20.6%, and the West 17.0%. Medicare FFS events were concentrated in the Northeast and Midwest, whereas Medicaid

events were over-represented in the West (22.6% of Medicaid events vs 17.0% of all events). The other/unknown category is dominated by Medicare Advantage events whose payer cannot be resolved to a named category in the all-payer data.

Regional Results for ACE inhibitor / ARB / ARNI therapy for HF with LVSD at hospital discharge

This measure evaluates whether eligible adults with HF and LVSD were discharged with ACE inhibitor, ARB, or ARNI therapy when clinically appropriate under the current 2026 specification applied to the full reporting period.

Figure 2. Regional performance on ACE inhibitor / ARB / ARNI therapy at discharge

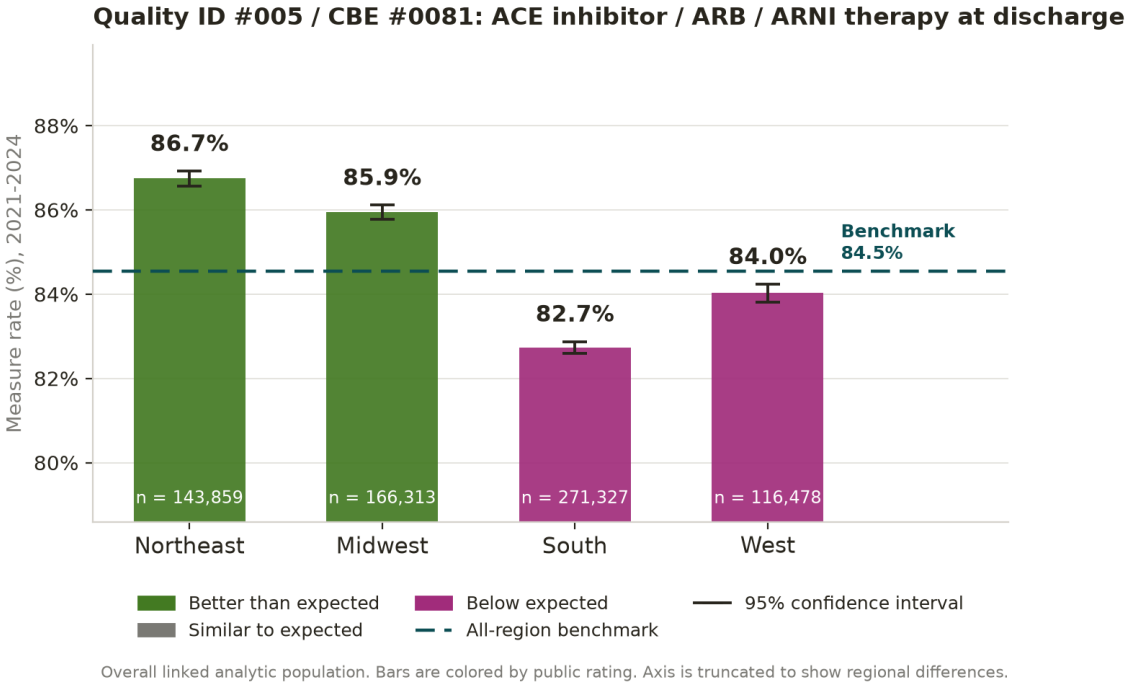


Figure 2 summarizes ACE inhibitor / ARB / ARNI therapy at discharge (Quality ID #005 / CBE #0081) for the overall linked analytic population.

The all-region benchmark was 84.5% (95% CI 84.5 to 84.6) based on 697,977 final-denominator discharges; data completeness was 81.3% of 991,253 measure-eligible discharges, and allowed exceptions removed 13.4% of data-complete discharges.

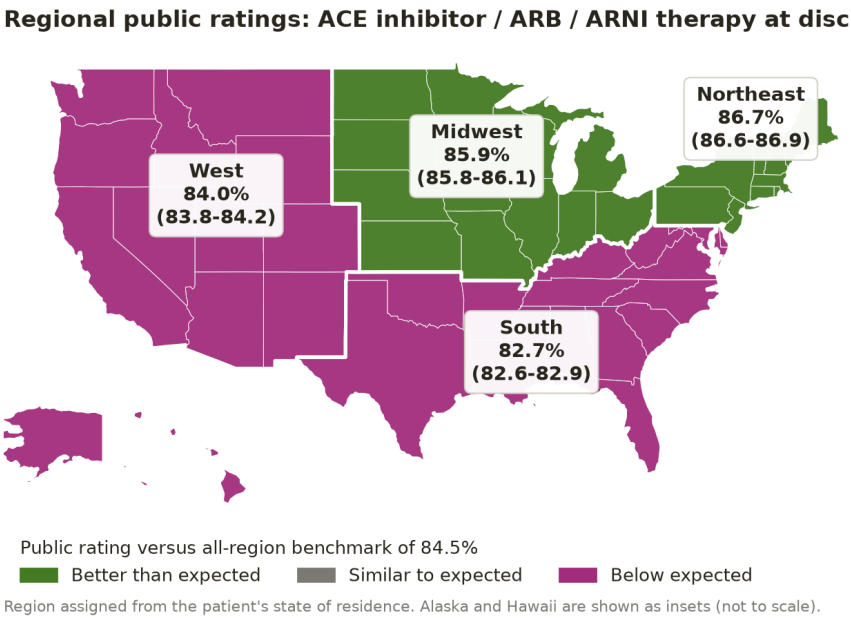
Regional rates ranged from 82.7% in the South (95% CI 82.6 to 82.9) to 86.7% in the Northeast (95% CI 86.6 to 86.9). The Northeast and Midwest were rated better than expected, and the South and West below expected. Because each regional denominator exceeds 100,000 discharges, the confidence intervals are narrow and differences of <1 percentage point from the benchmark are statistically distinguishable; readers should therefore weigh the size of the regional gap, not only the rating.

Table 3. Overall linked analytic population: Regional summary results for Quality ID #005 / CBE #0081

Region	Rate denominator	Performance met	Allowed exceptions	Measure rate	95% CI	Benchmark	Public rating
Northeast	143,859	124,794	23,051	86.7%	86.6, 86.9	84.5%	Better than expected
Midwest	166,313	142,940	25,550	85.9%	85.8, 86.1	84.5%	Better than expected
South	271,327	224,472	41,627	82.7%	82.6, 82.9	84.5%	Below expected
West	116,478	97,873	18,085	84.0%	83.8, 84.2	84.5%	Below expected
All regions	697,977	590,079	108,313	84.5%	84.5, 84.6	84.5%	—

This table reports the overall linked analytic population. The rate denominator is the final performance denominator—performance met plus performance not met—after denominator exclusions are applied and allowed exceptions and records without a valid performance status are removed. Separate regional table shells for Medicare FFS, commercial, Medicaid, and other/unknown are provided in Appendix A.

Figure 3. Map of regional public ratings for ACE inhibitor / ARB / ARNI therapy at discharge



Regional Results for Beta-blocker therapy for Heart Failure with LVSD at hospital discharge

This measure evaluates whether eligible adults with HF and LVSD were discharged with evidence-based beta-blocker therapy when clinically appropriate. Qualifying LVSD is defined as current or prior LVEF ≤40%, or equivalent qualitative documentation. Evidence-based beta-blocker therapy includes bisoprolol, carvedilol, or sustained-release metoprolol succinate.

Figure 4. Regional performance on beta-blocker therapy at discharge

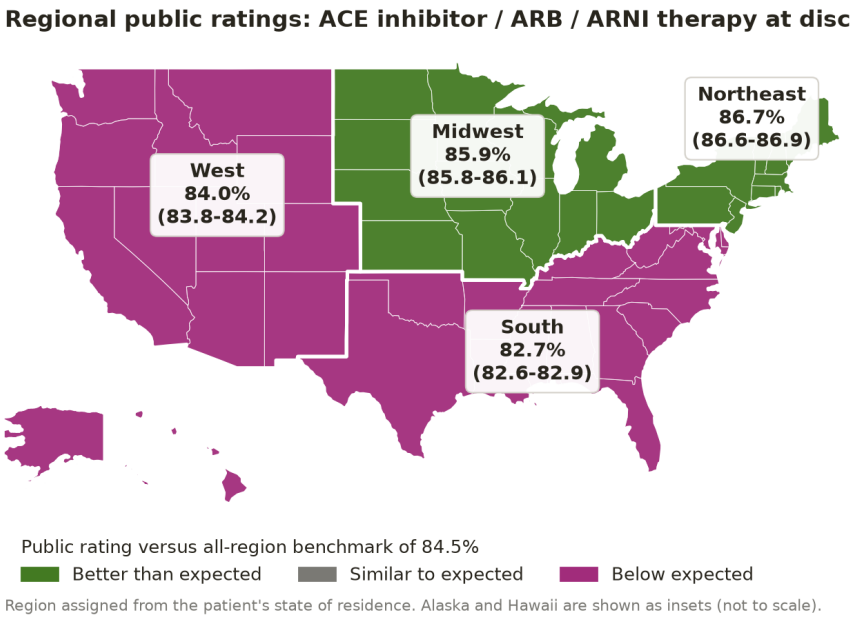


Figure 4 summarizes evidence-based beta-blocker therapy at discharge (Quality ID #008 / CBE #0083) for the overall linked analytic population. The all-region benchmark was 90.1% (95% CI 90.1 to 90.2) based on 769,365 final-denominator discharges; data completeness was 81.3% of 994,248 measure-eligible discharges, and allowed exceptions removed 4.9% of data-complete discharges.

Regional rates ranged from 88.8% in the South (95% CI 88.7 to 88.9) to 91.7% in the Northeast (95% CI 91.5 to 91.8). The Northeast and Midwest were rated better than expected, and the South and West below expected. Because each regional denominator exceeds 100,000 discharges, the confidence intervals are narrow and differences of less than 1 percentage point from the benchmark are statistically distinguishable; readers should therefore weigh the size of the regional gap, not only the rating.

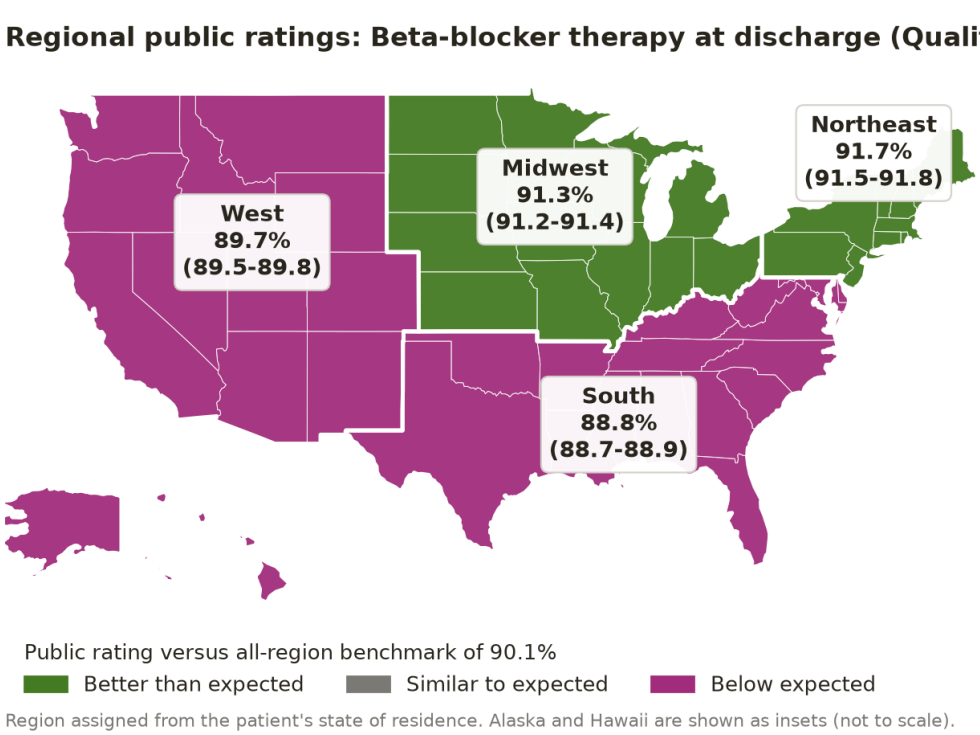
Table 4. Overall linked analytic population: regional summary results for Quality ID #008 / CBE #0083

Region	Rate denominator	Performance met	Allowed exceptions	Measure rate	95% CI	Benchmark	Public rating
Northeast	159,485	146,174	7,928	91.7%	91.5, 91.8	90.1%	Better than expected
Midwest	182,894	166,957	9,549	91.3%	91.2, 91.4	90.1%	Better than expected
South	298,690	265,240	15,210	88.8%	88.7, 88.9	90.1%	Below expected
West	128,296	115,051	6,673	89.7%	89.5, 89.8	90.1%	Below expected
All regions	769,365	693,422	39,360	90.1%	90.1, 90.2	90.1%	—

This table reports the overall linked analytic population. The rate denominator is the final performance denominator—performance met plus performance not met—after denominator exclusions are applied and allowed exceptions and records without a valid performance status

are removed. Separate regional table shells for Medicare FFS, commercial, Medicaid, and other/unknown are provided in **Appendix A**.

Figure 5. Map of regional public ratings for beta-blocker therapy at discharge



Secondary Comparison

Figure 6. Paired regional comparison of the two HF discharge measures

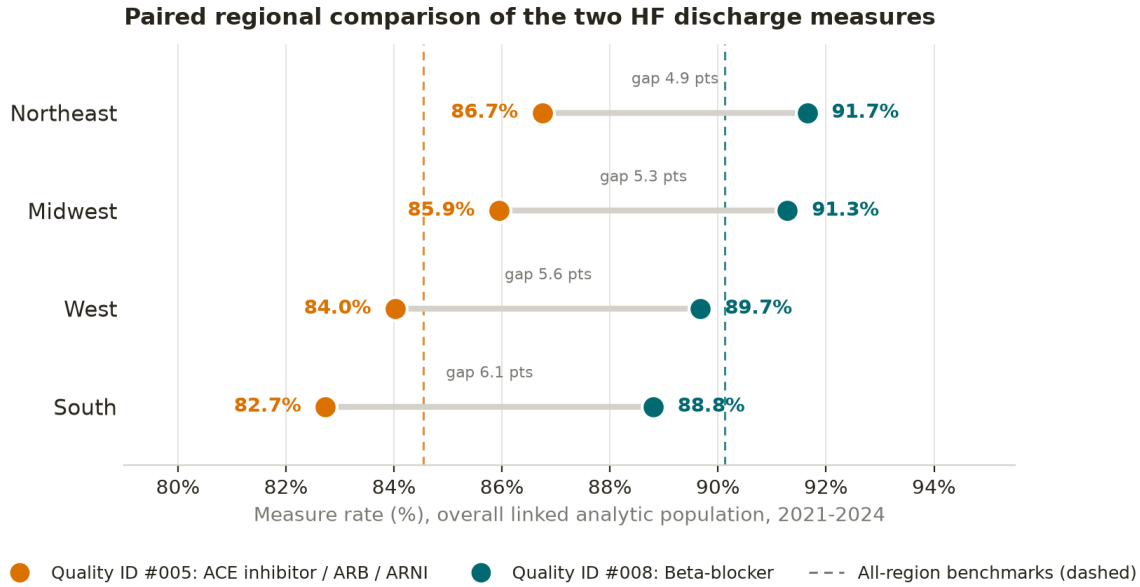
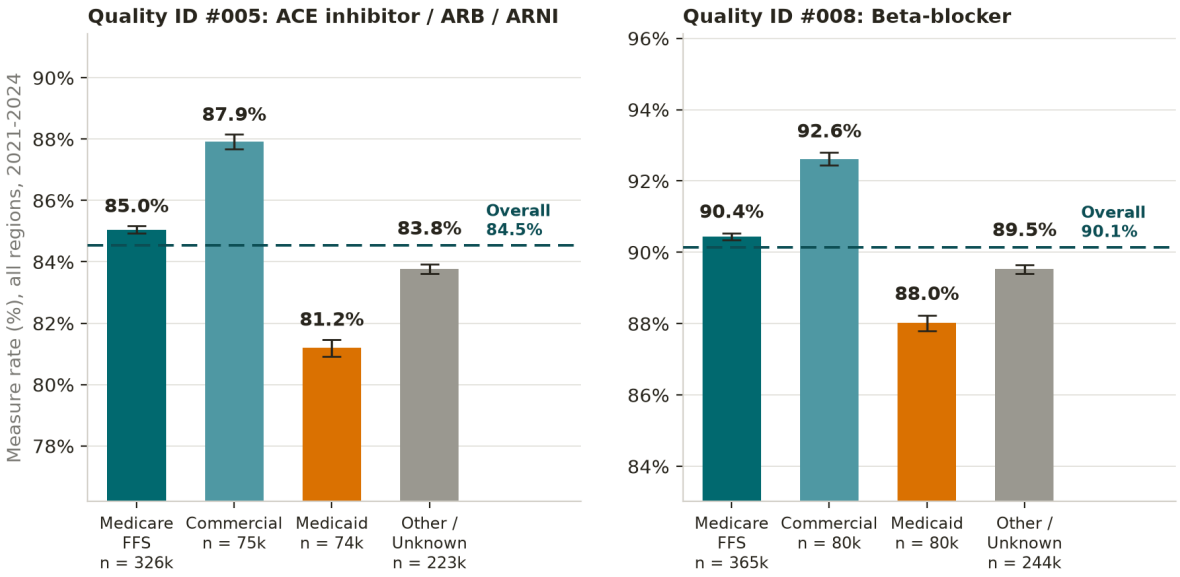


Figure 6 pairs each region's two measure rates. The regional ordering was identical for both measures (Northeast, Midwest, West, South for ACE inhibitor / ARB / ARNI therapy; Northeast, Midwest, West, South for beta-blocker therapy), and no region was rated better than expected on one measure and below expected on the other. In every region the beta-blocker rate exceeded the ACE inhibitor / ARB / ARNI rate, by 4.9 points in the Northeast and 6.1 points in the South. The gap was widest in the South, indicating that the region's shortfall is concentrated in renin-angiotensin system inhibitor prescribing rather than in discharge medication processes generally. The Northeast and Midwest exceeded both benchmarks by roughly 1.5 to 2.2 points, whereas the South fell 1.3 to 1.8 points below each benchmark.

Variation by Payer and Patient Characteristics

Population-specific reporting: Separate regional result table shells are provided in Appendix A for the overall linked analytic population, Medicare FFS, commercial, Medicaid, and other/unknown. The same current 2026 criteria are applied independently within each population. Additional displays by age, sex, rural/urban residence, and other patient characteristics are descriptive unless they independently satisfy the full denominator, reliability, data-completeness, and confidentiality requirements for public reporting.

Figure 7. Measure rates by payer category



Error bars show exact binomial 95% confidence intervals. Dashed line is the overall linked-population rate for the same measure. Axes are truncated.

These results should be interpreted alongside payer mix, claims completeness, benefit design, and population differences.

Quality ID #005 / CBE #0081: All-region rates by payer population were commercial 87.9% (n = 74,950), Medicare FFS 85.0% (n = 326,131), other / unknown 83.8% (n = 223,132), and Medicaid 81.2% (n = 73,764).

Within each payer population the Northeast and Midwest were rated better than expected and the South below expected. The West was rated similar to expected for Medicare FFS; similar to expected for commercial; below expected for medicaid; not reported for other / unknown.

Heart Failure with Beta-Blocker Therapy for LVSD (Quality ID #008 / CBE #0083)

All-region rates by payer population were commercial 92.6% (n = 80,461), Medicare FFS 90.4% (n = 364,970), other / unknown 89.5% (n = 243,745), and Medicaid 88.0% (n = 80,189). Within each payer population the Northeast and Midwest were rated better than expected and the South below expected.

The West was rated below expected for Medicare FFS; similar to expected for commercial; similar to expected for medicaid; not reported for other / unknown. The other/unknown result for the West is not reported for either measure because data completeness in that cell (72.6%) fell below the 75% reporting threshold; its counts are shown in Appendix A for transparency but no public rating is assigned.

Commercial and Medicaid populations are younger than the Medicare FFS population, so part of the commercial advantage reflects fewer documented contraindications and part of the Medicaid shortfall may reflect affordability, pharmacy benefit design, and claims capture rather than discharge prescribing alone.

Discussion of Findings

Across 2021-2024, roughly 5 in 6 eligible HF-LVSD discharges in the linked population (84.5%) received ACE inhibitor / ARB / ARNI therapy and roughly 9 in 10 (90.1%) received an evidence-based beta blocker. These all-region rates sit between the discharge prescribing observed in community health systems and the rates achieved by hospitals participating in structured quality-improvement registries, and below the self-reported MIPS CQM averages, which come from a self-selected group of reporting clinicians. Regional variation was consistent in direction across both measures and all payer populations, with the South below expected and the Northeast and Midwest better than expected, and payer differences were larger than regional differences for the ACE inhibitor / ARB / ARNI measure. Regional variation in discharge prescribing for patients with HF and LVSD can reflect differences in medication reconciliation, discharge order sets, clinical decision support, cardiology involvement, formulary and affordability barriers, patient preference documentation, and documentation of contraindications or exceptions.

The 2 measures identify different discharge-care opportunities. Lower performance on ACE inhibitor / ARB / ARNI therapy may suggest a need to review discharge protocols for renin-angiotensin system inhibition, exception documentation, and access barriers. Lower performance on beta-blocker therapy may suggest a need to review use of evidence-based beta blockers, documentation of contraindications such as low blood pressure or fluid overload, and care transition processes that support safe continuation of therapy.

These findings are intended to support regional quality improvement. They should not be interpreted as a complete assessment of any single hospital, clinician, or patient encounter. Clinical judgment remains important, and the current specifications permit documented medical or patient reasons for not prescribing therapy.

How to Interpret the Results

A public rating is a rule-based label that CDA assigns separately to each reportable combination of measure, reporting population, and region after calculating the regional rate, 95% confidence interval, and the all-region benchmark for the same measure and population. It is not a star rating, a provider grade, or a ranking of individual hospitals or clinicians, and results are not combined

across measures or populations into one overall score. The label reflects whether the region's confidence interval is entirely above, overlaps, or is entirely below the applicable benchmark. "Not reported" means the result did not satisfy reporting requirements; it does not mean poor performance.

	What it means for readers
Higher rate	A larger share of the final performance denominator met the measure. Higher is better for both measures.
Lower rate	A smaller share of the final performance denominator met the measure. This may indicate a regional quality-improvement opportunity.
95% confidence interval	A range that shows uncertainty around the regional rate. When the interval is wide, the result is less precise.
Benchmark	The all-region rate calculated separately for the same measure and reporting population using the current 2026 criteria. It is the comparison point for regional performance in that population.
Public rating	A measure- and population-specific category assigned to a reportable regional result by a predefined statistical rule: better than expected, similar to expected, below expected, or not reported. It is not a provider grade or an overall composite score.
Better than expected	The region's confidence interval is entirely above the measure-specific benchmark.
Similar to expected	The region's confidence interval overlaps the measure-specific benchmark.
Below expected	The region's confidence interval is entirely below the measure-specific benchmark.
Not reported	The region did not meet denominator, reliability, data-completeness, or confidentiality requirements. This category is not interpreted as poor performance.

Methodology

Overview

CDA calculated the 2 HF discharge measures separately for each reporting population and US Census region using linked CMS Medicare FFS and Kythera Labs all-payer claims data for 01JAN2021-31DEC2024. Only Submission Criteria 2 was used. The current finalized 2026 CMS QPP MIPS Clinical Quality Measure specifications, Version 10.0 (December 2025), were applied uniformly to every event in the reporting period. The full CMS measures contain outpatient and hospital-discharge strata and produce one weighted MIPS performance rate; this report presents hospital-discharge-specific rates for Submission Criteria 2 only.

Measure-specific parameters

Measure component	ACE inhibitor/ARB/ARNI therapy for LVSD	Beta-blocker therapy for LVSD
Submission criteria	Submission Criteria 2: All patients with HF discharged from hospital	Submission Criteria 2: All patients with HF discharged from hospital

Measure component	ACE inhibitor/ARB/ARNI therapy for LVSD	Beta-blocker therapy for LVSD
Initial eligibility criteria	Adults aged ≥18 years with HF and current or prior LVEF ≤40%, or documented moderate/severe LVSD, at a qualifying hospital discharge during the reporting period.	Adults aged ≥18 years with HF and current or prior LVEF ≤40%, or documented moderate/severe LVSD, at a qualifying hospital discharge during the reporting period.
Denominator exclusions	Remove encounters conducted via telehealth (M1426) and patients with a history of heart transplant or LVAD (M1151).	Remove encounters conducted via telehealth (M1426) and patients with a history of heart transplant or LVAD (M1152).
HF diagnosis codes	I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9	I11.0, I13.0, I13.2, I50.1, I50.20, I50.21, I50.22, I50.23, I50.30, I50.31, I50.32, I50.33, I50.40, I50.41, I50.42, I50.43, I50.814, I50.82, I50.83, I50.84, I50.89, I50.9
Discharge encounter codes	CPT 99238 or 99239	CPT 99238 or 99239
LVSD documentation	M1150: current or prior LVEF ≤40% or documented moderate/severe LVSD	G8923: current or prior LVEF ≤40% or documented moderate/severe LVSD
Numerator	ACE inhibitor, ARB, or ARNI therapy prescribed at discharge or documented to continue after discharge	Evidence-based beta-blocker therapy prescribed at discharge or documented to continue after discharge
Medication classes	ACE inhibitor, ARB, ARNI, or a qualifying combination therapy containing ACE inhibitor, ARB, or ARNI	Bisoprolol, carvedilol, or sustained-release metoprolol succinate
Denominator exceptions	Medical reasons (G2093) or patient reasons (G2094) documented on the denominator-eligible discharge date	Clinician-documented medical or patient reasons (G8451) on the denominator-eligible discharge date
Performance met code	G2092	G8450
Allowed exception codes	G2093, G2094	G8451
Performance not met code	G2096	G8452

Rate calculation

CDA calculates a separate regional percentage for Quality ID #005 and Quality ID #008 within each reporting population for the full 2021-2024 reporting period. The calculation answers: among events remaining in the final performance denominator for the selected measure, population, and region, what percentage met the medication-prescribing criterion?

- Start with measure-eligible events after the applicable 2026 denominator exclusion.

- Remove allowed denominator exceptions and records without enough information to classify performance as met or not met.
- Count the remaining discharges where the recommended therapy was prescribed or documented to continue after discharge.
- Divide that count by all remaining discharges and multiply by 100.

Measure rate (%) = performance met ÷ (performance met + performance not met) × 100.

Higher percentages indicate more consistent provision of recommended discharge therapy. The two measures are not combined, and reporting populations are not combined into one population-specific score. Each table reflects one measure and one reporting population, using all qualifying events that meet the same current 2026 criteria.

Confidence intervals and comparisons

95% confidence intervals are calculated for each reportable measure–population–region rate using an exact binomial method. Regions with fewer final-denominator events generally have wider intervals. The all-region benchmark is calculated separately for each measure and reporting population using the same current 2026 criteria.

Public ratings

Ratings are assigned independently for each measure–population–region result by comparing its 95% confidence interval with the all-region benchmark for the same measure and reporting population.

Rating	Rule
Better than expected	The region's 95% confidence interval is entirely above the measure-specific national linked-data benchmark.
Similar to expected	The region's 95% confidence interval overlaps the measure-specific national linked-data benchmark.
Below expected	The region's 95% confidence interval is entirely below the measure-specific national linked-data benchmark.
Not reported	The region does not meet denominator, reliability, data-completeness, or confidentiality requirements.

Limitations

- Claims-based measurement depends on complete and accurate diagnosis, encounter, LVSD, medication, exclusion, exception, and quality-data coding.
- Claims data do not capture every clinical factor influencing prescribing decisions, such as blood pressure, renal function, patient preference, formulary access, or bedside clinical judgment.

- Regional results summarize care patterns across a region and should not be interpreted as ratings of individual clinicians, hospitals, or provider groups.
- Differences across payer groups may reflect benefit design, data completeness, population characteristics, and access to medications, not only differences in discharge care quality.
- Some regions may be suppressed because of small denominators, unstable estimates, incomplete data capture, or confidentiality requirements.
- Applying the 2026 Version 10.0 specifications uniformly to 2021-2024 provides one consistent measurement definition, but it does not reproduce historical MIPS rates that would have used the specification in effect during each year. Coding elements introduced in the current specifications must be available or reliably mapped in the source data for all years.

References

1. Centers for Medicare & Medicaid Services. Qualified Entity Certification Program and Medicare Data Sharing for Performance Measurement Program materials.
2. Centers for Medicare & Medicaid Services. 2026 Quality Payment Program MIPS Clinical Quality Measure Specification, Quality ID #005 / CBE #0081, Version 10.0 (December 2025).
3. Centers for Medicare & Medicaid Services. 2026 Quality Payment Program MIPS Clinical Quality Measure Specification, Quality ID #008 / CBE #0083, Version 10.0 (December 2025).
4. AHA/ACC/HFSA. 2022 AHA/ACC/HFSA Guideline for the Management of Heart Failure: Executive Summary. Circulation. 2022;145(18):e876-e894. doi:10.1161/CIR.0000000000001062.

Appendix A. Population-Specific Regional Results Table Shells

Separate regional result table shells are provided for the overall linked analytic population and for each payer population: Medicare FFS, commercial, Medicaid, and other/unknown. Each measure is calculated independently within each population using the current finalized 2026 CMS QPP MIPS CQM specifications, Version 10.0. The benchmark is the all-region rate for the same measure and reporting population. Public ratings are assigned only when the applicable denominator, reliability, data-completeness, and confidentiality requirements are met.

Quality ID #005 / CBE #0081: ACE inhibitor / ARB / ARNI therapy for HF with LVSD

Appendix Table A1. Overall linked analytic population: Regional results

Region	Rate denominator	Performance met	Allowed exceptions	Performance not met	Measure rate	95% CI	Benchmark	Public rating	Suppression reason
Northeast	143,859	124,794	23,051	19,065	86.7%	86.6-86.9	84.5%	Better than expected	None
Midwest	166,313	142,940	25,550	23,373	85.9%	85.8-86.1	84.5%	Better than expected	None
South	271,327	224,472	41,627	46,855	82.7%	82.6-82.9	84.5%	Below expected	None
West	116,478	97,873	18,085	18,605	84.0%	83.8-84.2	84.5%	Below expected	None
All regions	697,977	590,079	108,313	107,898	84.5%	84.5-84.6	84.5%	—	—

Rate denominator = performance met + performance not met. Allowed exceptions and records without a valid performance status are excluded from the rate denominator. The benchmark and public rating are specific to this measure and reporting population.

Appendix Table A2. Medicare FFS: Quality ID #005 / CBE #0081 regional results

Region	Rate denominator	Performance met	Allowed exceptions	Performance not met	Measure rate	95% CI	Benchmark	Public rating	Suppression reason
Northeast	69,139	60,180	12,837	8,959	87.0%	86.8-87.3	85.0%	Better than expected	None
Midwest	81,741	70,595	14,214	11,146	86.4%	86.1-86.6	85.0%	Better than expected	None
South	125,657	104,533	22,094	21,124	83.2%	83.0-83.4	85.0%	Below expected	None
West	49,594	42,062	9,118	7,532	84.8%	84.5-85.1	85.0%	Similar to expected	None
All regions	326,131	277,370	58,263	48,761	85.0%	84.9-85.2	85.0%	—	—

Rate denominator = performance met + performance not met. Allowed exceptions and records without a valid performance status are excluded from the rate denominator. The benchmark and public rating are specific to this measure and reporting population.

Appendix Table A3. Commercial: Quality ID #005 / CBE #0081 regional results

Region	Rate denominator	Performance met	Allowed exceptions	Performance not met	Measure rate	95% CI	Benchmark	Public rating	Suppression reason
Northeast	16,932	15,192	1,874	1,740	89.7%	89.3-90.2	87.9%	Better than expected	None
Midwest	18,388	16,381	1,914	2,007	89.1%	88.6-89.5	87.9%	Better than expected	None
South	26,767	23,084	2,967	3,683	86.2%	85.8-86.7	87.9%	Below expected	None
West	12,863	11,239	1,336	1,624	87.4%	86.8-87.9	87.9%	Similar to expected	None
All regions	74,950	65,896	8,091	9,054	87.9%	87.7-88.2	87.9%	—	—

Rate denominator = performance met + performance not met. Allowed exceptions and records without a valid performance status are excluded from the rate denominator. The benchmark and public rating are specific to this measure and reporting population.

Appendix Table A4. Medicaid: Quality ID #005 / CBE #0081 regional results

Region	Rate denominator	Performance met	Allowed exceptions	Performance not met	Measure rate	95% CI	Benchmark	Public rating	Suppression reason
Northeast	15,388	12,775	1,985	2,613	83.0%	82.4-83.6	81.2%	Better than expected	None
Midwest	15,800	13,025	2,134	2,775	82.4%	81.8-83.0	81.2%	Better than expected	None
South	26,018	20,753	3,472	5,265	79.8%	79.3-80.3	81.2%	Below expected	None
West	16,558	13,337	2,329	3,221	80.5%	79.9-81.1	81.2%	Below expected	None
All regions	73,764	59,890	9,920	13,874	81.2%	80.9-81.5	81.2%	—	—

Rate denominator = performance met + performance not met. Allowed exceptions and records without a valid performance status are excluded from the rate denominator. The benchmark and public rating are specific to this measure and reporting population.

Appendix Table A5. Other / Unknown: Quality ID #005 / CBE #0081 regional results

Region	Rate denominator	Performance met	Allowed exceptions	Performance not met	Measure rate	95% CI	Benchmark	Public rating	Suppression reason
Northeast	42,400	36,647	6,355	5,753	86.4%	86.1-86.8	83.8%	Better than expected	None
Midwest	50,384	42,939	7,288	7,445	85.2%	84.9-85.5	83.8%	Better than expected	None
South	92,885	76,102	13,094	16,783	81.9%	81.7-82.2	83.8%	Below expected	None

Region	Rate denominator	Performance met	Allowed exceptions	Performance not met	Measure rate	95% CI	Benchmark	Public rating	Suppression reason
West	37,463	31,235	5,302	6,228	83.4%	83.0-83.8	83.8%	Not reported	Data completeness 72.6%, below the 75% reporting threshold
All regions	223,132	186,923	32,039	36,209	83.8%	83.6-83.9	83.8%	—	—

Rate denominator = performance met + performance not met. Allowed exceptions and records without a valid performance status are excluded from the rate denominator. The benchmark and public rating are specific to this measure and reporting population.

Quality ID #008 / CBE #0083: Beta-blocker therapy for HF with LVSD

Appendix Table A6. Overall linked analytic population: Quality ID #008 / CBE #0083 regional results

Region	Rate denominator	Performance met	Allowed exceptions	Performance not met	Measure rate	95% CI	Benchmark	Public rating	Suppression reason
Northeast	159,485	146,174	7,928	13,311	91.7%	91.5-91.8	90.1%	Better than expected	None
Midwest	182,894	166,957	9,549	15,937	91.3%	91.2-91.4	90.1%	Better than expected	None
South	298,690	265,240	15,210	33,450	88.8%	88.7-88.9	90.1%	Below expected	None
West	128,296	115,051	6,673	13,245	89.7%	89.5-89.8	90.1%	Below expected	None
All regions	769,365	693,422	39,360	75,943	90.1%	90.1-90.2	90.1%	—	—

Rate denominator = performance met + performance not met. Allowed exceptions and records without a valid performance status are excluded from the rate denominator. The benchmark and public rating are specific to this measure and reporting population.

Appendix Table A7. Medicare FFS: Quality ID #008 / CBE #0083 regional results

Region	Rate denominator	Performance met	Allowed exceptions	Performance not met	Measure rate	95% CI	Benchmark	Public rating	Suppression reason
Northeast	77,878	71,359	4,345	6,519	91.6%	91.4-91.8	90.4%	Better than expected	None
Midwest	90,928	83,456	5,317	7,472	91.8%	91.6-92.0	90.4%	Better than expected	None
South	140,510	125,425	7,687	15,085	89.3%	89.1-89.4	90.4%	Below expected	None
West	55,654	49,853	3,236	5,801	89.6%	89.3-89.8	90.4%	Below expected	None
All regions	364,970	330,093	20,585	34,877	90.4%	90.3-90.5	90.4%	—	—

Rate denominator = performance met + performance not met. Allowed exceptions and records without a valid performance status are excluded from the rate denominator. The benchmark and public rating are specific to this measure and reporting population.

Appendix Table A8. Commercial: Quality ID #008 / CBE #0083 regional results

Region	Rate denominator	Performance met	Allowed exceptions	Performance not met	Measure rate	95% CI	Benchmark	Public rating	Suppression reason
Northeast	18,198	17,126	665	1,072	94.1%	93.8-94.4	92.6%	Better than expected	None
Midwest	19,696	18,344	667	1,352	93.1%	92.8-93.5	92.6%	Better than expected	None
South	28,809	26,348	1,015	2,461	91.5%	91.1-91.8	92.6%	Below expected	None
West	13,758	12,702	483	1,056	92.3%	91.9-92.8	92.6%	Similar to expected	None
All regions	80,461	74,520	2,830	5,941	92.6%	92.4-92.8	92.6%	—	—

Rate denominator = performance met + performance not met. Allowed exceptions and records without a valid performance status are excluded from the rate denominator. The benchmark and public rating are specific to this measure and reporting population.

Appendix Table A9. Medicaid: Quality ID #008 / CBE #0083 regional results

Region	Rate denominator	Performance met	Allowed exceptions	Performance not met	Measure rate	95% CI	Benchmark	Public rating	Suppression reason
Northeast	16,679	14,949	746	1,730	89.6%	89.2-90.1	88.0%	Better than expected	None
Midwest	17,161	15,319	828	1,842	89.3%	88.8-89.7	88.0%	Better than expected	None
South	28,220	24,285	1,360	3,935	86.1%	85.6-86.5	88.0%	Below expected	None

Region	Rate denominator	Performance met	Allowed exceptions	Performance not met	Measure rate	95% CI	Benchmark	Public rating	Suppression reason
West	18,129	16,025	815	2,104	88.4%	87.9-88.9	88.0%	Similar to expected	None
All regions	80,189	70,578	3,749	9,611	88.0%	87.8-88.2	88.0%	—	—

Rate denominator = performance met + performance not met. Allowed exceptions and records without a valid performance status are excluded from the rate denominator. The benchmark and public rating are specific to this measure and reporting population.

Appendix Table A10. Other / Unknown: Quality ID #008 / CBE #0083 regional results

Region	Rate denominator	Performance met	Allowed exceptions	Performance not met	Measure rate	95% CI	Benchmark	Public rating	Suppression reason
Northeast	46,730	42,740	2,172	3,990	91.5%	91.2-91.7	89.5%	Better than expected	None
Midwest	55,109	49,838	2,737	5,271	90.4%	90.2-90.7	89.5%	Better than expected	None
South	101,151	89,182	5,148	11,969	88.2%	88.0-88.4	89.5%	Below expected	None
West	40,755	36,471	2,139	4,284	89.5%	89.2-89.8	89.5%	Not reported	Data completeness 72.6%, below the 75% reporting threshold
All regions	243,745	218,231	12,196	25,514	89.5%	89.4-89.7	89.5%	—	—

Rate denominator = performance met + performance not met. Allowed exceptions and records without a valid performance status are excluded from the rate denominator. The benchmark and public rating are specific to this measure and reporting population.

Appendix B. Glossary of Terms and Abbreviations

Term	Meaning
ACE inhibitor	Angiotensin-converting enzyme inhibitor. A medication class used for many patients with heart failure and reduced systolic function.
ARB	Angiotensin receptor blocker. A medication class used for many patients who need renin-angiotensin system inhibition.
ARNI	Angiotensin receptor-neprilysin inhibitor. A medication class used for selected patients with heart failure with reduced ejection fraction.
Benchmark	The all-region rate calculated separately for each measure and reporting population using the current 2026 criteria and used as the comparison point for regional performance in that population.
CDA	Columbia Data Analytics.
CMS	Centers for Medicare & Medicaid Services.
Confidence interval	A range that shows uncertainty around a rate.
Denominator	The final group included in a selected measure–population–region rate after the current 2026 denominator exclusions, allowed exceptions, and data-completeness rules are applied. It equals performance met plus performance not met.
HF	Heart failure.
LVAD	Left ventricular assist device. A history of LVAD or heart transplant is a denominator exclusion in the current specifications (M1151 for Quality ID #005 and M1152 for Quality ID #008).
LVSD	Left ventricular systolic dysfunction, represented by current or prior LVEF ≤40% or documentation of moderate or severe systolic dysfunction.
Measure-eligible discharge	A qualifying Submission Criteria 2 hospital-discharge event that meets the selected measure's current 2026 denominator criteria after the applicable denominator exclusion within a specified reporting population and region. It is the starting population; the final performance denominator is smaller after allowed exceptions and records without a valid performance status are removed.
Numerator	The discharges in the final performance denominator where the recommended medication was prescribed or documented to continue after discharge.
Public rating	A measure- and population-specific category assigned to a reportable regional result by a predefined statistical rule. It is not a provider grade, star rating, or overall composite score.
QECP	Qualified Entity Certification Program.
Reporting population	One of five analysis populations: overall linked analytic population, Medicare FFS, commercial, Medicaid, or other/unknown. Each measure is calculated separately within each reporting population and region.
Reporting region	One of four U.S. Census regions - Northeast, Midwest, South, or West - assigned from the patient's state of residence.