Health Insurance Exchanges Quality Rating System (QRS) for Plan Year (PY) 2020: Results at a Glance

The Quality Rating System is a quality reporting program for comparing Qualified Health Plans (QHP) performance that takes into account both the quality of healthcare services provided and the health plan administration.[1] The QRS is based on relative performance of all of the reporting units that are eligible to be scored in a given plan year, meaning there will always be high and low performers.

Issuers operating QHPs through the Exchanges that meet participation criteria are required to submit quality data to CMS for each unique product type offered in a State, called a reporting unit (Issuer ID-State-Product Type). Product types subject to the QRS requirements include Exclusive Provider Organization (EPO), Health Maintenance Organization (HMO), Point of Service (POS), and Preferred Provider Organization (PPO).

QRS Reporting for Plan Year (PY) 2019 and 2020

Reporting Unit Status	Number of Reporting Units in PY 2019	Number of Reporting Units in PY 2020
Total number of reporting units[2]	**273**	**292**
Total number of reporting units eligible to submit data	**206** *67 reporting units were either too small or too new to submit data*	**214** *78 reporting units were either too small or too new to submit data*
Total number of reporting units eligible for scoring	**195** *11 reporting units were too new to receive overall scores*	**198** *16 reporting units were too new to receive overall scores*
Total number of reporting units that received an overall rating	**185** *10 reporting units had insufficient data to generate overall scores[3]*	**187** *11 reporting units had insufficient data to generate overall scores[3]*

Summary of QRS Scoring for PY 2020

The tables below include the percent and number of reporting units that received a 3-star rating or higher for PY 2020 in all States and by Exchange type – 94% of reporting units eligible for scoring received an overall rating for PY 2020.[4]

Overall Rating

CMS calculates the overall rating based on reporting units' ratings for the three underlying categories, which are: Medical Care, Member Experience, and Plan Administration. The Medical Care category is given the greatest weight and these three categories are combined to create an overall rating.

Overall Rating	All Reporting Units with Overall Ratings (n=187)	Federally-facilitated Exchanges[5] (n=118)	State-based Exchanges (n=69)
3-stars or more	150 (80%)	93 (79%)	57 (83%)
4-stars or more	62 (33%)	34 (29%)	28 (41%)
5-stars	11 (6%)	1 (1%)	10 (14%)

Medical Care

Medical Care is based on how well the plans' network providers manage member health care, including providing regular screenings, vaccines, and other basic health services and monitoring some conditions.

Medical Care Rating	All Reporting Units with Summary Indicator Ratings (n=197)[6]	Federally-facilitated Exchanges (n=121)	State-based Exchanges (n=76)
3-stars or more	139 (71%)	82 (68%)	57 (75%)
4-stars or more	44 (22%)	18 (15%)	26 (34%)
5-stars	1 (1%)	1 (1%)	0 (0%)

Member Experience

Member Experience is based on surveys of member satisfaction with their health care and doctors and ease of getting appointments and services.

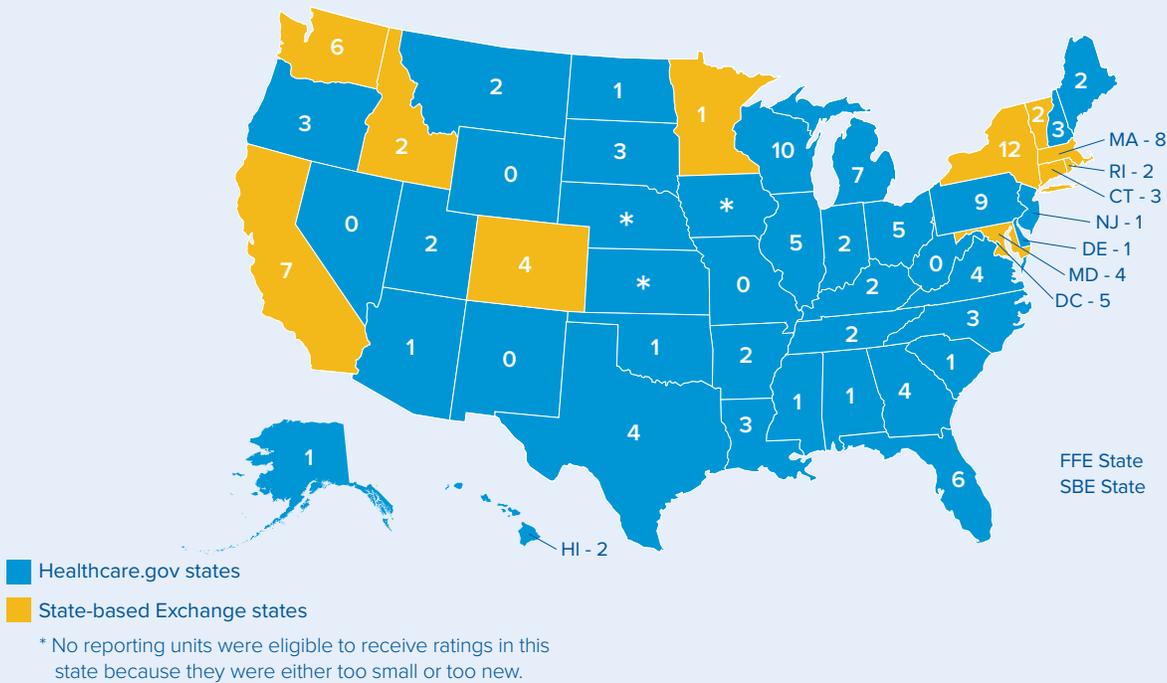| Member Experience Rating	All Reporting Units with Summary Indicator Ratings (n=184)	Federally-facilitated Exchanges (n=116)	State-based Exchanges (n=68)
3-stars or more	152 (83%)	98 (84%)	54 (79%)
4-stars or more	45 (24%)	30 (26%)	15 (22%)
5-stars	8 (4%)	6 (5%)	2 (3%)

Plan Administration

Plan Administration is based on how well the plan is run, including customer service, access to needed information and network providers ordering appropriate tests and treatment.

Plan Administration Rating	All Reporting Units with Summary Indicator Ratings (n=185)	Federally-facilitated Exchanges (n=117)	State-based Exchanges (n=68)
3-stars or more	165 (89%)	105 (90%)	60 (88%)
4-stars or more	56 (30%)	33 (28%)	23 (34%)
5-stars	19 (10%)	8 (7%)	11 (16%)

Number of Reporting Units with 3 Stars, 4 Stars or 5 Stars

WA - 6
OR - 3
ID - 2
MT - 2
ND - 1
MN - 1
WI - 10
MI - 7
ME - 2
VT - 2
NH - 3
NY - 12
NV - 0
UT - 2
WY - 0
SD - 3
IA - *
IL - *
IN - 5
OH - 2
PA - 9
MA - 8
RI - 2
CT - 3
NJ - 1
DE - 1
MD - 4
DC - 5
CA - 7
CO - 4
NE - *
KS - 0
MO - 2
KY - 0
WV - 4
VA - 3
AZ - 1
NM - 0
OK - 1
AR - 2
TN - 2
NC - 1
SC - 1
TX - 4
LA - 3
MS - 1
AL - 1
GA - 4
FL - 6
AK - 1
HI - 2

FFE State
SBE State

■ Healthcare.gov states

■ State-based Exchange states

* No reporting units were eligible to receive ratings in this state because they were either too small or too new.

- For PY 2020, 93% of consumers shopping on HealthCare.gov or through federal enrollment partners have access to a 3, 4, or 5-star plan.
- In PY 2019, 84% of consumers shopping on HealthCare.gov or through federal enrollment partners enrolled in a 3, 4, or 5-star plan. Consumers shopping on HealthCare.gov were able to view quality ratings in five select states in PY 2019.

Resources

Visit the CMS Marketplace Quality Initiatives website.

The full list of the QRS measures that will apply for ratings displayed for PY 2020 is available here.

References

1. For more information, refer to *QRS and QHP Enrollee Survey: Technical Guidance for 2019*.
2. QRS and QHP Enrollee Survey requirements do not apply to indemnity plans (i.e., fee for service plans), child-only plans, plans offered outside the Exchange (i.e., off-Exchange), or stand-alone dental plans. Therefore, the total number of reporting units excludes these type of plans and only reflect those existing during the year of data submission.
3. To receive an overall score, a reporting unit must receive a score for the Medical Care category and at least one additional category.
4. Reporting units included in each row are not mutually exclusive.
5. References to the Federally-facilitated Exchanges in all of the charts include State Partnership Exchanges (SPEs), and State-based Exchanges on the Federal Platform (SBE-FPs).
6. Some reporting units may not receive ratings for the summary indicators due to insufficient data within each summary indicator.
7. Counts of reporting units presented in this map may not reflect the reporting units to which consumers have access based on service areas.