

Health Insurance Exchanges Quality Rating System (QRS) for Plan Year (PY) 2019: 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, 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).²

Summary of QRS Reporting for Plan Year (PY) 2019

Reporting Unit Status	Number of Reporting Units
Total number of reporting units	273
Total number of reporting units eligible to submit data	206
<i>67 reporting units were either too small or too new to submit data</i>	
Total number of reporting units eligible for scoring	195
<i>10 reporting units did not submit enough data to generate overall scores³</i>	
Total number of reporting units that received an overall rating	185

Summary of QRS Scoring for PY 2019

The tables below includes the percent and number of reporting units that received a 3-star rating or higher for PY 2019 in all States and by Exchange type. 95% of reporting units eligible for scoring received an overall rating for PY 2019.

Overall Rating

The overall rating is comprised of three categories: 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=185)	Federally-facilitated Exchanges ⁴ (n=116)	State-based Exchanges (n=69)
3-stars or more	175 (95%)	109 (94%)	66 (96%)
4-stars or more	124 (67%)	71 (61%)	53 (77%)
5-stars	36 (19%)	18 (16%)	18 (26%)



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=194)	Federally-facilitated Exchanges (n=119)	State-based Exchanges (n=75)
3-stars or more	179 (92%)	109 (92%)	70 (93%)
4-stars or more	102 (53%)	53 (44%)	49 (65%)
5-stars	15 (8%)	2 (2%)	13 (17%)

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=179)	Federally-facilitated Exchanges (n=114)	State-based Exchanges (n=65)
3-stars or more	126 (70%)	83 (73%)	43 (66%)
4-stars or more	50 (28%)	32 (28%)	18 (28%)
5-stars	6 (3%)	6 (5%)	0 (0%)

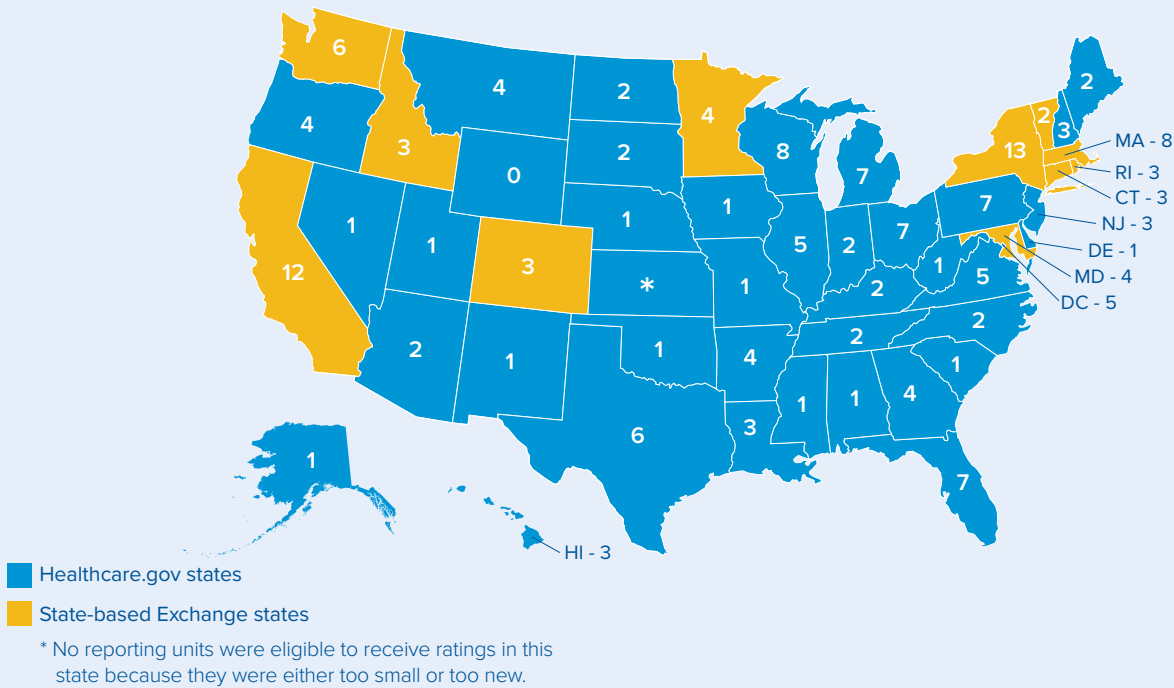
Plan Administration

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=182)	Federally-facilitated Exchanges (n=116)	State-based Exchanges (n=66)
3-stars or more	170 (93%)	108 (93%)	62 (94%)
4-stars or more	107 (59%)	61 (53%)	46 (70%)
5-stars	22 (12%)	6 (5%)	16 (24%)



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



- For PY 2019, 84% of consumers who enrolled via [HealthCare.gov](#) or through federal enrollment partners enrolled in a 3, 4, or 5 star plan.
- In PY 2019, 94% of consumers shopping on [HealthCare.gov](#) had access to a 3, 4, or 5 star plan.

Resources

Visit the [CMS Marketplace Quality Initiatives](#) website.

The full list of the current QRS measures is available [here](#).

References

1. For more information, refer to [QRS and QHP Enrollee Survey: Technical Guidance for 2019](#).
2. At this time, QRS and QHP Enrollee Survey requirements do not apply to indemnity plans (i.e., fee for service plans) or stand-alone dental plans.
3. To receive an overall score, a reporting unit would have to receive a score for the Medical Care category and at least one of the other two categories.
4. 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).

