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From: Center for Consumer Information and Insurance Oversight and Center for Clinical Standards and Quality, Centers for Medicare & Medicaid Services
Title: Quality Rating Information Bulletin
Subject: CMS Bulletin on display of Quality Rating System (QRS) star ratings and Qualified Health Plan (QHP) Enrollee Survey results for QHPs offered through Exchanges (often called the Health Insurance Marketplace)

I. Purpose

The Centers for Medicare & Medicaid Services (CMS) is releasing this bulletin to announce that public display of quality rating information by all Exchanges, including the Federally-facilitated Exchange (FfEs), inclusive of FfE states where the state performs plan management functions and State-based Exchanges on the Federal Platform (SBE-FPs), and State-based Exchanges (SBEs) that do not use HealthCare.gov will begin during the Open Enrollment Period (OEP) for the 2020 plan year.¹ In accordance with Section 1311(c)(3) and (c)(4) of the Patient Protection and Affordable Care Act and 45 C.F.R. §§ 155.1400 and 155.1405, all Exchanges will be required to publicly report 2019 quality rating information on their websites beginning with the individual market OEP for the 2020 plan year (PY) to help consumers compare and shop for qualified health plans (QHPs). CMS is committed to increasing transparency and providing quality information to help empower consumers in making informed healthcare decisions.

In October 2018, CMS published the Quality Rating System (QRS) and QHP Enrollee Survey Technical Guidance for 2019 (2019 Technical Guidance),² which stated that CMS would release subsequent guidance regarding display of 2019 quality rating information for the 2020 individual market OEP by Exchanges and Direct Enrollment (DE) Entities. This bulletin serves to provide such guidance, including requirements for display of QHP quality rating information by Exchanges and DE Entities, the form and manner for display of the 2019 ratings, and details for what to display in cases where a QHP did not receive a rating. This bulletin also details the guidance regarding references to QHP quality rating information in

¹ The term “QHP quality rating information” includes the Quality Rating System (QRS) scores and ratings and the Qualified Health Plan (QHP) Enrollee Survey results. Exchanges can satisfy the requirement to display the QHP Enrollee Survey results by displaying the QRS star ratings (which incorporate member experience data from the QHP Enrollee Survey). See, Patient Protection and Affordable Care Act; Exchange and Insurance Market Standards for 2015 and Beyond; Final Rule; (May 27, 2014), 79 FR 30240 at 30310, available at: <https://www.gpo.gov/fdsys/pkg/FR-2014-05-27/pdf/2014-11657.pdf>.

² Available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/2019-QRS-and-QHP-Enrollee-Survey-Technical-Guidance_FINAL_20181016_508.pdf.

QHP issuer marketing materials.

II. Background

CMS designed the QRS to offer comparable and useful information to consumers about the quality of health care services and enrollee experience with QHPs offered through the Exchanges. In addition, CMS developed the QHP Enrollee Survey, from which CMS derives a subset of survey measures included within the QRS, to get enrollees' perspectives on the services provided by QHPs. The QHP Enrollee Survey is based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) surveys and principles, which are the national standard for assessing patient and consumer experience. The QRS star rating program supports CMS's goal to achieve quality care that is affordable for individuals, families, and employers by using public reporting to improve health care quality and empower consumers to make choices that best suit their health care needs. The QRS star ratings provide health plan quality information on important topics, like how well doctors coordinate with enrollees and other doctors to provide the best care, whether the plan's network providers give members health care that achieves the best results, and how other enrollees rate their doctors and their care.

To support CMS's strategic goals of empowering consumers through data, minimizing cost and burden on QHP issuers, and supporting state flexibility, CMS developed a phase-in approach to display QHP quality rating information across the Exchanges. During PY 2017, 2018, and 2019, we displayed QRS star ratings on HealthCare.gov in select FFE states as part of a limited pilot program.³ Additionally, numerous State-based Exchanges (SBEs) elected to display QRS star ratings on their state websites.⁴

Moving to nationwide availability of QRS ratings beginning with the individual market OEP for 2020 PY will enhance information consumers can use when comparing plans and shopping in the Exchanges.

CMS continues to obtain feedback from consumers about the topics they find most useful when shopping for Exchange plans. We will continue to test consumer use and experience with QRS star ratings to enhance and improve the display of QHP quality rating information to consumers in future benefit years. As the Exchanges continue to mature, CMS remains focused on strategies to improve the experience for consumers and QHP issuers. CMS is continuing to seek stakeholder feedback on proposed refinements to the QRS program through the annual QRS and QHP Enrollee Survey Call Letter process.⁵

³ The PY2017 and PY2018 pilot states included Virginia and Wisconsin; Michigan, Montana, and New Hampshire were added to the pilot in PY2019.

⁴ California, Colorado, District of Columbia, Maryland, Minnesota, New York, Rhode Island, and Washington.

⁵ CMS proposes changes to the QRS and QHP Enrollee Survey programs through the annual Draft Call Letter and provides stakeholders with the opportunity to submit feedback via a 30-day public comment period. CMS analyzes the comments and releases a Final Call Letter finalizing changes to the QRS and QHP Enrollee Survey programs. See *Final 2019 Call Letter for the QRS and QHP Enrollee Survey* available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/2019_Call_Letter_for_QRS_and_QHP_Enrollee_Experience_Survey_508.pdf

III. Exchange Display Guidance for QHP Quality Rating Information

This guidance announces that public display of quality rating information by the FFE, including FFE states where the state performs plan management functions, and SBE-FPs will begin during the individual market OEP for the 2020 PY, which starts on November 1, 2019.⁶ In alignment with this timeline, SBEs whose consumers do not use HealthCare.gov will also be required to display QHP quality rating information on their respective websites for the individual market OEP for the 2020 PY. However, SBEs will have some flexibility to customize the form and manner to display their QHP quality rating information.

Display on HealthCare.gov

For PY 2020, CMS will display star ratings on a 1 to 5 star scale (5 is highest) for the QRS global rating and three summary indicator ratings on the HealthCare.gov website for each QHP available through HealthCare.gov, including those offered through the FFE and SBE-FPs.

On HealthCare.gov, CMS uses consumer-focused labels and plain language to ensure comprehension and ease of use (i.e., “Overall Rating,” “Medical Care,” and “Plan Administration”).⁷

If a QHP is not eligible for scoring (i.e., has not been in operation for at least three consecutive years), CMS will display “New plan – quality ratings unavailable” in the place of the QHP quality rating information. If a QHP does not receive a rating for any other reason (e.g., did not meet the participation criteria, did not receive a global score), CMS will display “Not Rated” in place of the QHP quality rating information.

Display Guidance for State-based Exchanges

SBEs that do *not* rely on the federal eligibility and enrollment platform (for example, SBEs whose consumers do not use HealthCare.gov) should display QHP quality rating information in the form and manner specified by CMS.⁸ Consistent with the anticipated display of QHP quality rating information by the FFEs and SBE-FPs, SBEs whose consumers do not use HealthCare.gov should prepare to display QHP quality ratings beginning with the individual market OEP for the 2020 PY.

As needed, CMS will provide technical details to help SBEs display the QRS star ratings. For example, CMS will make the QHP quality rating information accessible to SBEs whose consumers do not use HealthCare.gov through the Quality Ratings application program interface (API). The API will allow SBEs to integrate QRS ratings for each eligible QHP with their Exchange website.

⁶ See 45 C.F.R. § 155.410(e)(3).

⁷ The “Overall Rating” label corresponds to the QRS global rating, the “Medical Care” label corresponds to the “Clinical Quality Management” summary indicator, the “Member Experience” label corresponds to the “Enrollee Experience” summary indicator, and the “Plan Administration” label corresponds to the “Plan Efficiency, Affordability, & Management” summary indicator.

⁸ 45 C.F.R. §§ 155.1400 and 155.1405

CMS will provide the same four categories of star ratings in total through the API: one global rating and three summary indicator ratings.

CMS will provide a prototype of the API, along with sample data files to support ratings integration with SBE websites. Additionally, CMS will provide a State Ratings Data File that includes ratings down to the QRS composite level. CMS will publish the State Ratings Data Files on the Marketplace Quality Module (MQM) within the Health Insurance Oversight System (HIOS) in September, after the annual QRS and QHP Enrollee Survey preview period.

The purpose of the QHP quality rating information is to provide additional comparative information for consumers while shopping and selecting plans. SBEs are generally required to display the federally calculated QRS global ratings and summary indicator ratings. However, SBEs have flexibility to adjust the names of the QRS global rating and summary indicator ratings, similar to CMS's approach for HealthCare.gov in Section 1.1, such that the names appropriately reflect the underlying data in the QRS hierarchy. For example, a state may choose to refer to the "Clinical Quality Management" summary indicator as "Medical Care." SBEs also will continue to have flexibility to display additional state or local quality information for their QHPs and, as noted above, SBEs will have some flexibility to customize the display of their QHP quality information. For example, some SBEs have customized the summary indicator ratings for Plan Efficiency, Affordability and Management based on regional benchmarks.

The QRS ratings reflect QHP performance by product type, which includes QHPs in both the SHOP and individual market. SBEs should display ratings for all QHPs in the product type, including QHPs in the SHOP and individual market, as applicable. If a QHP is not eligible for scoring or does not receive a rating for other reasons, CMS encourages SBEs to follow the same approach as the FFE and display "New plan – quality ratings unavailable" or "Not Rated" in place of the QHP quality rating information.

SBEs that display federally calculated QRS ratings must prominently display the following disclaimer language on the SBE website or the static website that displays the QHP quality ratings information:

Plan quality ratings and enrollee survey results are calculated by CMS using data provided by health plans in 2019. The ratings are being displayed for health plans for the 2020 plan year. Learn more about these ratings. [Link to appropriate explanatory/Help text on HealthCare.gov.]⁹

CMS encourages SBEs to update their CMS State Officers and respective issuers regarding their approach to display the quality rating information for their QHPs beginning with the individual market OEP for the 2020 PY. CMS will provide technical assistance and will discuss timelines for implementation with any SBEs who are unable to meet these requirements for the 2020 OEP.

⁹ SBEs that customize the display of their QHP quality rating information should not display this disclaimer on their SBE website or static website that displays QHP quality information.

Display Guidelines for Direct Enrollment Entities

QHP issuer and web-broker direct enrollment (DE) entities that use direct enrollment to facilitate enrollments through the FFE and SBE-FPs must follow CMS requirements for the display of QHP information consistent with 45 C.F.R. § 155.205(b)(1).¹⁰ This includes the display of QHP quality rating information.¹¹

Consistent with the display of QHP quality rating information by Exchanges, DE entities should also prepare to display QHP quality ratings assigned to each eligible QHP beginning with the individual market OEP for the 2020 PY.

DE entities will be required to display the federally calculated QRS global ratings and summary indicator ratings. DE entities should use the same consumer-facing labels that CMS displays on HealthCare.gov (i.e., “Overall Rating,” “Medical Care,” “Member Experience,” and “Plan Administration”).¹² If a QHP is not eligible for scoring or does not receive a rating for other reasons, DE entities will need to follow the same approach as the FFE and display “New plan – quality ratings unavailable” or “Not Rated” in place of the QHP quality rating information.

CMS will make the quality rating information available to DE entities through an API or they can use a public use file (PUF). The API will allow DE entities to integrate QRS ratings for each eligible QHP for display on their non-Exchange websites. CMS will also provide the Quality Public Use File that includes ratings down to the QRS composite level, which will be published on the Marketplace Quality Initiatives (MQI) website¹³ in October, after the annual QRS and QHP Enrollee Survey preview period.

In accordance with 45 C.F.R. § 155.220(c)(3)(i)(A) and (c)(3)(ii)(A), to the extent that all information required under 45 C.F.R. § 155.205(b)(1) is not displayed on the web-broker DE entity’s website, it must display the Plan Detail Disclaimer.¹⁴ As such, if a web-broker DE entity is unable to display the federally calculated QRS global ratings and summary indicator ratings beginning with the individual market OEP for the 2020 PY, it must prominently display the Plan Detail Disclaimer on its non-Exchange website, which will direct the consumer to HealthCare.gov for more information.

QHP issuer and web-broker DE entities that display QHP quality rating information on their non-Exchange websites should prominently display the following disclaimer language provided by CMS:

¹⁰ See 45 C.F.R. § 156.1230(a)(1)(ii) for QHP issuer DE entity display requirements. See 45 C.F.R. §§ 155.220(c)(3)(i)(A) and (c)(3)(ii)(A) for web-broker DE entity display requirements.

¹¹ See 45 C.F.R. § 155.205(b)(1)(iv) and (v).

¹² The “Overall Rating” label corresponds to the QRS global rating, the “Medical Care” label corresponds to the “Clinical Quality Management” summary indicator, the “Member Experience” label corresponds to the “Enrollee Experience” summary indicator, and the “Plan Administration” label corresponds to the “Plan Efficiency, Affordability, & Management” summary indicator.

¹³ Available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/ACA-MQI-Landing-Page.html>

¹⁴ See Section 5.3.2 of the *Federally-facilitated Exchanges (FFE) and Federally-facilitated Small Business Health Options Program (FF-SHOP) Enrollment Manual* (July 10, 2019), available at: https://www.regtap.info/uploads/library/ENR_EnrollmentManualForFFEandFF-SHOP_5CR_071019.pdf .

Plan quality ratings and enrollee survey results are calculated by CMS using data provided by health plans in 2019. The ratings are being displayed for health plans for the 2020 plan year. Learn more about these ratings. [Link to appropriate explanatory/Help text on HealthCare.gov.]

CMS encourages DE entities to report their status on display of QHP quality rating information beginning with the individual market OEP for the 2020 PY to their DE Entity point of contact in CMS. DE entities are also required to use consistent language for description and definitions of the quality ratings and information as HealthCare.gov.

IV. Marketing Guidance for QHP Quality Rating Information

As detailed in the 2019 Technical Guidance,¹⁵ QHP issuers may reference the 2019 QRS quality ratings and QHP Enrollee Survey results for their QHPs in marketing materials in a manner specified by CMS.¹⁶ Any QHP issuer that elects to include its 2019 QHP quality rating information—specifically, its QRS scores and ratings and QHP Enrollee Survey results—in its marketing materials (whether paper, electronic, or other media) must do so in accordance with the CMS instructions below.¹⁷

The 2019 marketing guidelines are generally based on CMS guidance related to marketing QHPs as communicated in the annual *Letter to Issuers in the Federally-facilitated Exchanges*.¹⁸ A QHP issuer that elects to include QRS and QHP Enrollee Survey information in its marketing materials must do so in a manner that does not mislead consumers. The instructions that follow detail the manner in which QRS and QHP Enrollee Survey information must be communicated in marketing materials:

- **Disclaimers:** QHP issuers must include the following disclaimers on marketing materials referencing QRS or QHP Enrollee Survey information. All disclaimers must be clear and conspicuous. Disclaimers are not required on call scripts, banners and banner-like ads, envelopes, outdoor advertising (e.g., billboards), text messages, and social media.
 - If marketing materials reference only QRS information, QHP issuers must include the following disclaimer on all materials:
 - *CMS rates qualified health plans (QHPs) offered through the Exchanges using the Quality Rating System (QRS), which is based on third-party*

¹⁵ See Section 10 of the 2019 Technical Guidance, available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Downloads/2019-QRS-and-QHP-Enrollee-Survey-Technical-Guidance_FINAL_20181016_508.pdf.

¹⁶ 45 C.F.R. §§ 156.1120(c) and 156.1125(c).

¹⁷ The scope of the definition for “marketing” extends beyond the public’s general concept of advertising materials. CMS interprets the definition of marketing materials, as referenced here, as equivalent to the definitions for the Medicare Advantage program in 42 C.F.R. § 422.2260.

¹⁸ See Chapter 5 in the *Final 2020 Letter to Issuers in the Federally-facilitated Exchanges* (2020 Letter to Issuers), available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2020-Letter-to-Issuers-in-the-Federally-facilitated-Exchanges.pdf> and Chapter 5, Section 5, “Oversight of Marketing Activities,” in the *Addendum to the Final 2018 Letter to Issuers in the Federally-facilitated Marketplaces*, available at <https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/Final-2018-Letter-to-Issuers-in-the-Federally-facilitated-Marketplaces-and-February-17-Addendum.pdf>. See also 45 C.F.R. §§ 156.225 (Marketing and Benefit Design of QHPs), 155.260 (Privacy and Security), and 156.200(e) (Non-discrimination).

validated clinical measure data and QHP Enrollee Survey response data. CMS calculates ratings annually on a 5-star scale, and ratings may change from one year to the next. For more information, please see CMS's Health Insurance Marketplace® Quality Initiatives website at:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>.

- If marketing materials reference only QHP Enrollee Survey information, QHP issuers must include the following disclaimer on all materials:
 - *CMS evaluates qualified health plans (QHPs) offered through the Exchanges using QHP Enrollee Survey response data. QHP issuers contract with HHS-approved survey vendors that independently conduct the survey each year. QHP Enrollee Survey results may change from one year to the next. For more information, please see CMS's Health Insurance Marketplace® Quality Initiatives website at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>.*
- If marketing materials reference QRS and QHP Enrollee Survey information, QHP issuers must include the following disclaimer on all materials:
 - *CMS rates qualified health plans (QHPs) offered through the Exchanges using the Quality Rating System (QRS), which is based on third-party validated clinical measure data and QHP Enrollee Survey response data. CMS calculates QRS ratings annually using a 5-star scale. QHP issuers contract with HHS-approved survey vendors that independently conduct the QHP Enrollee Survey each year. QRS ratings and QHP Enrollee Survey results may change from one year to the next. For more information, please see CMS's Health Insurance Marketplace® Quality Initiatives website at: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>.*
- **Up-to-date information:** QHP issuers that choose to include QHP quality rating information in marketing materials must use the most up-to-date information and applicable to the Plan Year. QHP issuers must use the quality ratings applicable to the Plan Year, and QHP issuers must discontinue marketing based on the previous year's information. CMS anticipates issuing the final QRS ratings to QHP issuers and Exchange administrators annually, prior to the start of the individual market OEP.
- **Specificity of content:** Materials should reference specific QHPs or product types and their CMS-assigned quality rating information. QHP issuers may advertise a product type's quality rating information (e.g., a "5-star HMO"), as QRS scores and ratings and QHP Enrollee Survey results are calculated for each product type (i.e., EPO, HMO, POS, PPO) and assigned to each QHP within the product type.
 - Materials should be specific as to the state to which the information applies.
 - QHP issuers with one or more QHPs (or product types) that were assigned a specific QRS global rating (e.g., 5-stars) should not create or distribute marketing materials in a way that implies that all of their QHPs (or product types) achieved this rating.

- QHP issuers are encouraged to advertise QRS ratings (i.e., stars) rather than scores (i.e., numerical value), which are less meaningful to consumers.
- QHP issuers are encouraged to advertise the QRS global rating rather than the rating for other QRS components (i.e., summary indicators, domains, or composites). If QHP issuers choose to advertise the QRS global rating, it must be labeled “Overall Rating” consistent with HealthCare.gov consumer-facing language. If QHP issuers choose to advertise ratings for the three summary indicators, they must be labeled “Member Experience”, “Medical Care”, and “Plan Administration” consistent with HealthCare.gov consumer-facing language. QHP issuers required to adhere to requirements for providing information in languages other than English must use translated content consistent with HealthCare.gov. If QHP issuers choose to advertise ratings for any other QRS components, the QHP issuer may use only the component titles assigned by CMS without variation (like Patient Safety). Additionally, if the QHP issuer references a QRS component rating, they must also include QRS global rating.
- The use of a general label in reference to the rating of a specific QHP (like “a 5-star plan”) can only be used to reference the QRS global rating, unless the component is specified (like “a 5-star plan for [insert component name]”). QHP issuers may not use the rating for another QRS component (like summary indicator, domain, composite, or measure) to imply a higher global rating than actually received. For example, a QHP issuer may not promote a QHP that received a global rating of three stars and a summary indicator rating of five stars as a “5-star plan.”
- QHP issuers may not use superlatives (like “highest ranked,” “one of the best”) without additional context. For example, a QHP that received a 5-star rating for a specific QRS component, but received a 3-star global rating, may not be promoted as the highest ranked QHP in the state when other QHPs have a higher global rating.
- QHP issuers may not claim that any of their product types or QHPs are recommended or endorsed by the Federal Government, HHS, CMS, CCIIO, or the Exchanges. This includes, but is not limited to, use of the Department’s name or logo; any HHS agency’s name and marks; or the Exchanges’ names, logos, and marks in a manner that would convey the false impression that any product type is recommended or endorsed by the Federal Government, HHS or its Agencies, or the Exchanges.
- **Compliance with state law and regulations:** QHP issuers must comply with all applicable state laws and regulations on health plan marketing, and must not employ marketing practices that will have the effect of discouraging the enrollment of individuals with significant health needs in QHPs.¹⁹

Pursuant to 45 C.F.R. § 156.340(a)(1), a QHP issuer participating in an FFE or an SBE-FP maintains responsibility for its compliance and the compliance of any of its delegated or downstream entities, including affiliated agents and brokers, with the QRS and QHP Enrollee Survey marketing standards.²⁰

As noted in the 2020 Letter to Issuers, states generally regulate health plan marketing practices and

¹⁹ See 45 C.F.R. § 156.225.

²⁰ This includes, but is not limited to, compliance by delegated and downstream entities with the marketing standards at 45 C.F.R. §§ 156.225, 156.1120(c), and 156.1125(c).

materials and related documents under state law, and CMS does not intend to review QHP marketing materials for compliance with state standards as described at 45 C.F.R. § 156.225(a).²¹ In the FFEs, CMS may review QHP marketing materials for compliance with applicable federal regulations.²² CMS will work with states to determine where additional monitoring and review of marketing activities may be needed.

Complaints about a QHP issuer's marketing activities related to QHP quality rating information are generally overseen by the state. CMS will send such complaints to state regulators or federal entities, as appropriate, for investigation. Following investigation by the state or another federal agency investigation, CMS may take further enforcement action, if necessary or appropriate.

Issuers should contact the Marketplace Service Desk with any questions at CMS_FEPS@cms.hhs.gov or 1-855-CMS-1515 (1-855-267-1515).

²¹ See *supra* note 18.

²² See, for example, 45 C.F.R. §§ 156.200(e), 156.225(b), 156.1120(c), and 156.1125(c).