Health Insurance Exchanges Quality Rating System (QRS) for Plan Year (PY) 2026: Results-at-a-Glance

The Quality Rating System (QRS) is a quality reporting program for comparing the performance of Qualified Health Plans (QHP) offered on Exchanges that considers both the quality of healthcare services provided and the health plan administration.[1] The QRS is based on relative performance to top performing reporting units per measure that are eligible to be scored in a given plan year. The method for assigning quality ratings results in high and low performers.

Issuers offering QHPs through the Exchanges that meet certain 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 Years (PYs) 2025 and 2026

Reporting Unit Status	Number of Reporting Units in PY2025	Number of Reporting Units in PY2026
Total number of reporting units eligible to submit data	**342**	**353**
Total number of reporting units eligible for scoring	**315** *27 reporting units eligible to submit data did not meet the scoring eligibility criteria*	**331** *22 reporting units eligible to submit data did not meet the scoring eligibility criteria*
Total number of reporting units that received an overall rating	**280** *35 reporting units had insufficient data to generate overall scores*	**298** *33 reporting units had insufficient data to generate overall scores*

Summary of QRS Scoring for PY2026

The tables below include the percent and number of reporting units that received a 3-star rating or higher for PY2026 in all States and by Exchange type. For PY2026, 298 reporting units (90%) out of 331 scoring-eligible reporting units received an overall rating. Of the 298 reporting units that received an overall rating, 257 reporting units (86%) received an overall rating of 3-stars or more.

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.[3] The Medical Care category is given the greatest weight and these three categories are combined to create an overall rating.

Overall Rating[4]	All Reporting Units with Overall Ratings		Federally-facilitated Exchanges[5]		State-based Exchanges	
	PY2025 (n=280)	PY2026 (n=298)	PY2025 (n=156)	PY2026 (n=161)	PY2025 (n=124)	PY2026 (n=137)
3-stars or more	**258 (92%)**	**257 (86%)**	**136 (87%)**	**126 (78%)**	**122 (98%)**	**131 (96%)**
4-stars or more	**146 (52%)**	**143 (48%)**	**64 (41%)**	**57 (35%)**	**82 (66%)**	**86 (63%)**
5-stars	**21 (8%)**	**21 (7%)**	**5 (3%)**	**4 (2%)**	**16 (13%)**	**17 (12%)**

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 of selected conditions.

Medical Care Rating	All Reporting Units with Summary Indicator Ratings		Federally-facilitated Exchanges		State-based Exchanges	
	PY2025 (n=286)	PY2026 (n=308)	PY2025 (n=160)	PY2026 (n=167)	PY2025 (n=126)	PY2026 (n=141)
3-stars or more	219 (77%)	225 (73%)	104 (65%)	95 (57%)	115 (91%)	130 (92%)
4-stars or more	111 (39%)	111 (36%)	38 (24%)	38 (23%)	73 (58%)	73 (52%)
5-stars	18 (6%)	18 (6%)	4 (3%)	4 (2%)	14 (11%)	14 (10%)

Member Experience

Member Experience is based on surveys of health plan members regarding satisfaction with their health care and doctors, ease of making appointments, and accessing health care services.
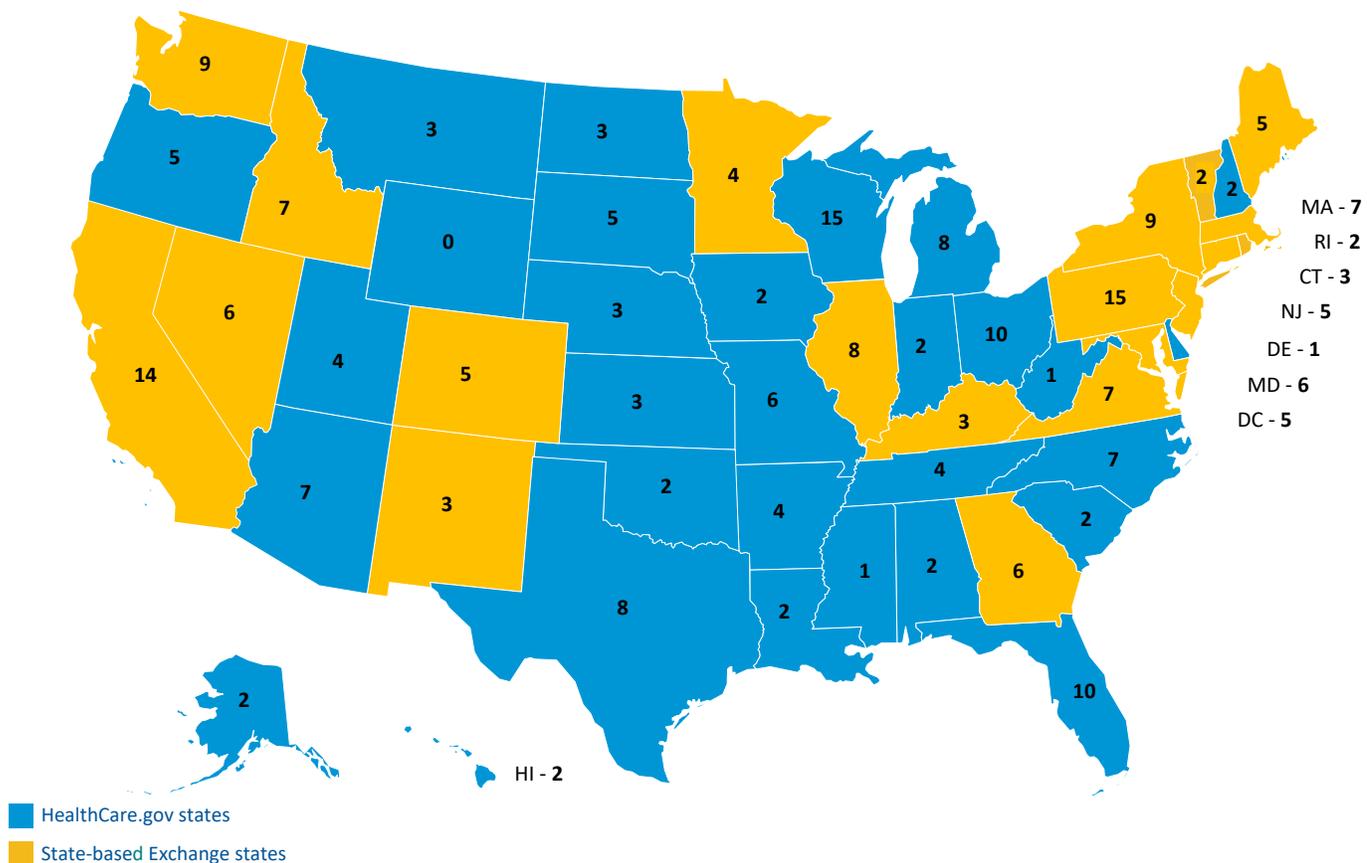
Member Experience Rating	All Reporting Units with Summary Indicator Ratings		Federally-facilitated Exchanges		State-based Exchanges	
	PY2025 (n=202)	PY2026 (n=199)	PY2025 (n=103)	PY2026 (n=90)	PY2025 (n=99)	PY2026 (n=109)
3-stars or more	202 (100%)	199 (100%)	103 (100%)	90 (100%)	99 (100%)	109 (100%)
4-stars or more	202 (100%)	198 (99%)	103 (100%)	90 (100%)	99 (100%)	108 (99%)
5-stars	163 (81%)	165 (83%)	93 (90%)	86 (96%)	70 (71%)	79 (72%)

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		Federally-facilitated Exchanges		State-based Exchanges	
	PY2025 (n=290)	PY2026 (n=301)	PY2025 (n=161)	PY2026 (n=162)	PY2025 (n=129)	PY2026 (n=139)
3-stars or more	288 (99%)	298 (99%)	159 (99%)	159 (98%)	129 (100%)	139 (100%)
4-stars or more	226 (78%)	232 (77%)	121 (75%)	122 (75%)	105 (81%)	110 (79%)
5-stars	33 (11%)	47 (16%)	15 (9%)	24 (15%)	18 (14%)	23 (17%)

PY2026 Number of Reporting Units with Overall 3-Star, 4-Star, or 5-Star Ratings[6]

MA -	**7**
RI -	**2**
CT -	**3**
NJ -	**5**
DE -	**1**
MD -	**6**
DC -	**5**

HI - **2**

■ HealthCare.gov states
■ State-based Exchange states

- For PY2026, >99% of consumers using HealthCare.gov or an approved direct enrollment partner have access to a 3-, 4-, or 5-star plan.[7]
- In PY2025, 65% of consumers shopping on HealthCare.gov or through approved direct enrollment partners enrolled in a 3-, 4-, or 5-star plan.

Resources

Visit the CMS Marketplace Quality Initiatives website.

The full list of the current QRS measures used to calculate PY2026 ratings is available QRS and QHP Enrollee Survey: Technical Guidance for 2025.

References

1. For more information on the 2025 QRS for PY2026, refer to QRS and QHP Enrollee Survey: Technical Guidance for 2025.
2. QRS and QHP Enrollee Survey requirements do not apply to indemnity plans (i.e., fee for service plans), child-only plans, QHPs offered outside the Exchange (i.e., off-Exchange), stand-alone dental plans, or basic health program (BHP) plans. Therefore, the total number of reporting units excludes these 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 of the ratings charts are not mutually exclusive.
5. References to the Federally-facilitated Exchanges in all of the charts include State-based Exchanges on the Federal Platform (SBE-FPs).
6. Counts of reporting units presented in this map may not reflect the reporting units to which consumers have access based on coverage area.
7. This report uses county-level plan selections to calculate national-level percentages. The PY2026 metric uses PY2025 plan selection weights because PY2026 plan selections will not be known until after the end of Open Enrollment.