Health Insurance Exchanges Quality Rating System (QRS) for Plan Year (PY) 2023: 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 takes into account 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.[2]

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).

Summary of QRS Reporting for Plan Years (PYs) 2022 and 2023

Reporting Unit Status	Number of Reporting Units in PY 2022	Number of Reporting Units in PY 2023
Total number of reporting units eligible to submit data[3]	**265**	**297**
Total number of reporting units eligible for scoring	**209**[4] *56 reporting units eligible to submit data did not meet the scoring eligibility criteria*	**264** *33 reporting units eligible to submit data did not meet the scoring eligibility criteria*
Total number of reporting units that received an overall rating	**192** *17 reporting units had insufficient data to generate overall scores*	**237** *27 reporting units had insufficient data to generate overall scores*

Summary of QRS Scoring for PY 2023

The tables below include the percent and number of reporting units that received a 3-star rating or higher for PY 2023 in all States and by Exchange type. For PY 2023, 237 reporting units (89.8%) out of 264 scoring-eligible reporting units received an overall rating. Of the 237 reporting units that received a rating, 196 reporting units (82.7%) 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.[5] The Medical Care category is given the greatest weight and these three categories are combined to create an overall rating.

Overall Rating[6]	All Reporting Units with Overall Ratings		Federally-facilitated Exchanges[7]		State-based Exchanges	
	PY 2022 (n=192)	PY 2023 (n=237)	PY 2022 (n=106)	PY 2023 (n=137)	PY 2022 (n=86)	PY 2023 (n=100)
3-stars or more	162 (84%)	196 (83%)	91 (86%)	105 (77%)	71 (83%)	91 (91%)
4-stars or more	80 (42%)	129 (54%)	41 (39%)	64 (47%)	39 (45%)	65 (65%)
5-stars	20 (10%)	17 (7%)	6 (6%)	4 (3%)	14 (16%)	13 (13%)

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		Federally-facilitated Exchanges		State-based Exchanges	
	PY 2022 (n=192)	PY 2023 (n=246)	PY 2022 (n=106)	PY 2023 (n=141)	PY 2022 (n=86)	PY 2023 (n=105)
3-stars or more	159 (83%)	189 (77%)	83 (78%)	94 (67%)	76 (88%)	95 (90%)
4-stars or more	72 (38%)	147 (60%)	33 (31%)	70 (50%)	39 (45%)	77 (73%)
5-stars	8 (4%)	17 (7%)	1 (1%)	4 (3%)	7 (8%)	13 (12%)

Member Experience

Member Experience is based on surveys of member satisfaction with their health care and doctors and ease of getting appointments and services.
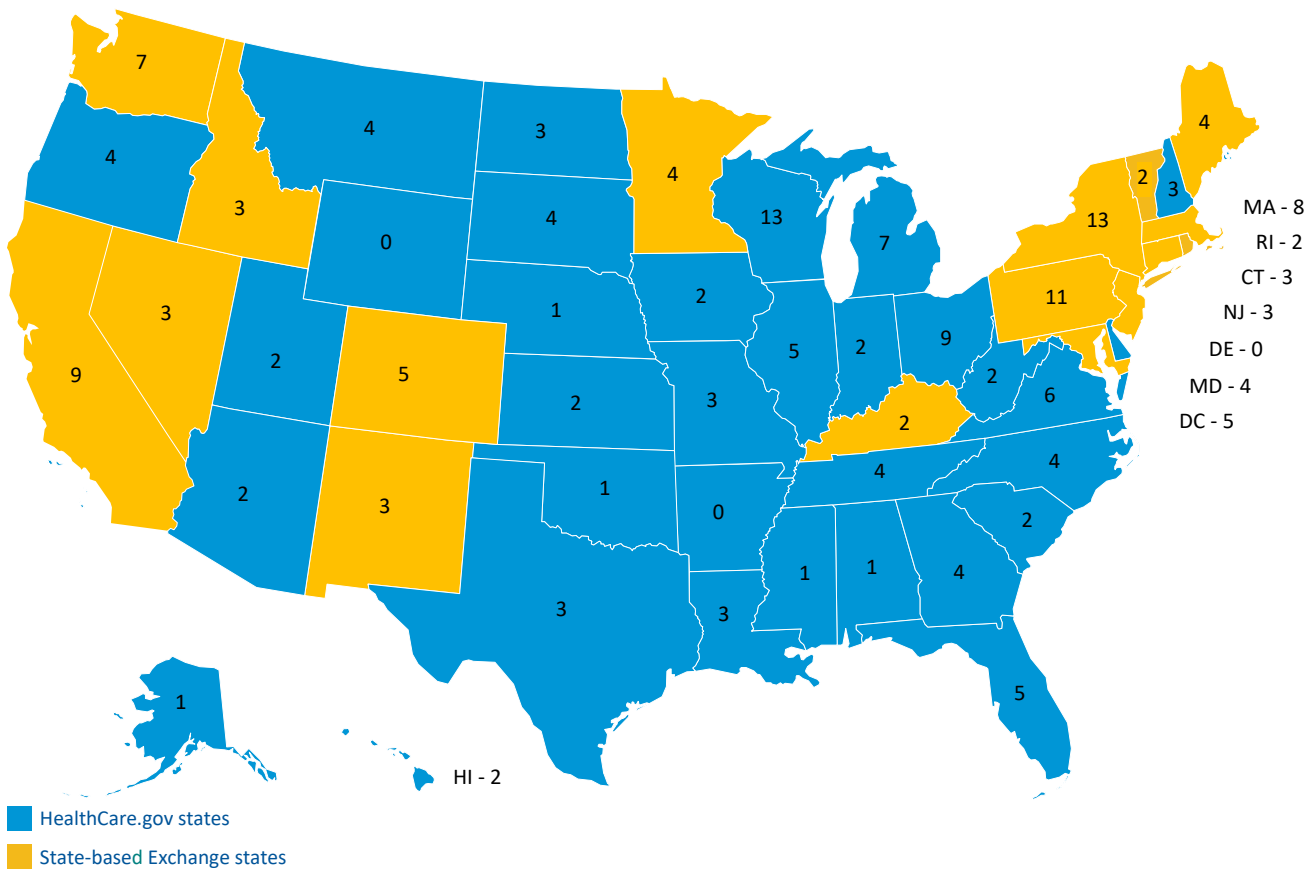
Member Experience Rating	All Reporting Units with Summary Indicator Ratings		Federally-facilitated Exchanges		State-based Exchanges	
	PY 2022 (n=192)	PY 2023 (n=206)	PY 2022 (n=103)	PY 2023 (n=126)	PY 2022 (n=89)	PY 2023 (n=80)
3-stars or more	143 (74%)	150 (73%)	87 (84%)	105 (83%)	56 (63%)	45 (56%)
4-stars or more	71 (37%)	31 (15%)	46 (45%)	24 (19%)	25 (28%)	7 (9%)
5-stars	16 (8%)	3 (1%)	12 (12%)	3 (2%)	4 (4%)	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		Federally-facilitated Exchanges		State-based Exchanges	
	PY 2022 (n=198)	PY 2023 (n=235)	PY 2022 (n=107)	PY 2023 (n=136)	PY 2022 (n=91)	PY 2023 (n=99)
3-stars or more	180 (91%)	232 (99%)	101 (94%)	135 (99%)	79 (87%)	97 (98%)
4-stars or more	83 (42%)	160 (68%)	44 (41%)	89 (65%)	39 (43%)	71 (72%)
5-stars	24 (12%)	31 (13%)	11 (10%)	13 (10%)	13 (14%)	18 (18%)

PY 2023 Number of Reporting Units with Overall 3 Stars, 4 Stars, or 5 Stars [8]

MA - 8
RI - 2
CT - 3
NJ - 3
DE - 0
MD - 4
DC - 5

HI - 2

■ HealthCare.gov states
■ State-based Exchange states

- For PY 2023, 98% of consumers shopping on HealthCare.gov or through approved direct enrollment partners have access to a 3-, 4-, or 5-star plan. [9]

- In PY 2022, 71% 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 PY 2023 ratings is available [here](#).

References

1. For more information on the 2022 QRS, refer to [QRS and QHP Enrollee Survey: Technical Guidance for 2022](#).

2. For PY 2023, CMS retained the temporary rule that precluded health plans from decreasing in their overall global rating and summary indicator ratings by more than one star. Please refer to the [2022 QRS Proof Sheet User Guide](#) for more information about the QRS rating methodology and the continued use of the COVID-19 mitigation strategies finalized via the [Final Call Letter for the 2022 QRS and QHP Enrollee Experience Survey](#).

3. 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.

4. Due to the suspension of 2020 QRS data collection, reporting units in their second year of operation were unable to submit data for the first time during the 2020 QRS ratings year. Therefore, in recognition of the impact of the COVID-19 public health emergency, CMS amended the scoring eligibility criteria such that the 2020 ratings year did not count toward scoring eligibility. As a result, reporting units were only considered scoring eligible if they were operational on an Exchange in 2018, 2019, and 2021, and met the minimum enrollment criteria.

5. To receive an overall score, a reporting unit must receive a score for the Medical Care category and at least one additional category.

6. Reporting units included in each row are not mutually exclusive.

7. References to the Federally-Facilitated Exchanges in all of the charts include State-based Exchanges on the Federal Platform (SBE-FPs).

8. Counts of reporting units presented in this map may not reflect the reporting units to which consumers have access based on coverage area.

9. This report uses county-level plan selections to calculate national-level percentages. The PY23 metric uses PY22 plan selection weights because PY23 plan selections will not be known until after the end of Open Enrollment.