

Health Insurance Exchanges Quality Rating System (QRS) for Plan Year (PY) 2022: Results at a Glance

The Quality Rating System (QRS) is a quality reporting program for comparing the performance of Qualified Health Plan (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 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.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) 2021 and 2022

Reporting Unit Status	Number of Reporting Units in PY 2020 and PY 2021 ³	Number of Reporting Units in PY 2022
Total number of reporting units eligible to submit data ⁴	214	265
Total number of reporting units eligible for scoring	198 <i>16 reporting units eligible to submit data did not meet the scoring eligibility criteria</i>	209⁵ <i>56 reporting units eligible to submit data did not meet the scoring eligibility criteria</i>
Total number of reporting units that received an overall rating	187 <i>11 reporting units had insufficient data to generate overall scores</i>	192 <i>17 reporting units had insufficient data to generate overall scores</i>

Summary of QRS Scoring for PY 2022

The tables below include the percent and number of reporting units that received a 3-star rating or higher for PY 2022 in all States and by Exchange type. For PY 2022, 192 reporting units (91.9%) out of 209 scoring-eligible reporting units received an overall rating. Of the 192 reporting units that received a rating, 162 reporting units (84%) 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.⁶ The Medical Care category is given the greatest weight and these three categories are combined to create an overall rating. In PY 2022, there was an increase to 10% of reporting units receiving 5-stars in the overall rating compared to 6% of reporting units that received 5-stars in PY 2021.

Overall Rating ⁷	All Reporting Units with Overall Ratings		Federally-facilitated Exchanges ⁸		State-based Exchanges	
	PY 2021 (n=187)	PY 2022 (n=192)	PY 2021 (n=106)	PY 2022 (n=106)	PY 2021 (n=81)	PY 2022 (n=86)
3-stars or more	150 (80%)	162 (84%)	83 (78%)	91 (86%)	67 (83%)	71 (83%)
4-stars or more	62 (33%)	80 (42%)	31 (29%)	41 (39%)	31 (38%)	39 (45%)
5-stars	11 (6%)	20 (10%)	1 (1%)	6 (6%)	10 (12%)	14 (16%)

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. In PY 2022, there was an increase to 4% of reporting units receiving 5-stars in the Medical Care category compared to 1% of reporting units that received 5-stars in PY 2021.

Medical Care Rating	All Reporting Units with Summary Indicator Ratings		Federally-facilitated Exchanges		State-based Exchanges	
	PY 2021 (n=197)	PY 2022 (n=192)	PY 2021 (n=108)	PY 2022 (n=106)	PY 2021 (n=89)	PY 2022 (n=86)
3-stars or more	139 (71%)	159 (83%)	71 (66%)	83 (78%)	68 (76%)	76 (88%)
4-stars or more	44 (22%)	72 (38%)	16 (15%)	33 (31%)	28 (31%)	39 (45%)
5-stars	1 (1%)	8 (4%)	1 (1%)	1 (1%)	0 (0%)	7 (8%)

Member Experience

Member Experience is based on surveys of member satisfaction with their health care and doctors and ease of getting appointments and services. In PY 2022, there was an increase to 8% of reporting units receiving 5-stars in the Member Experience category compared to 4% of reporting units that received 5-stars in PY 2021.

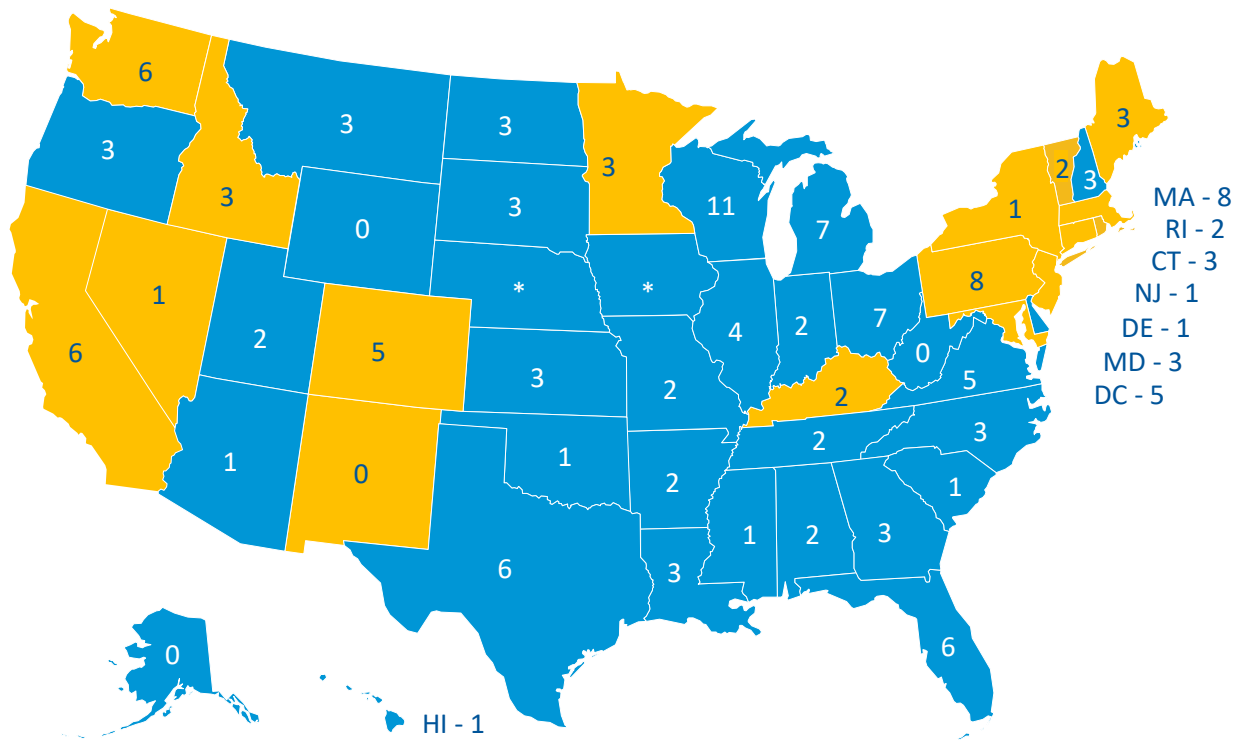
Member Experience Rating	All Reporting Units with Summary Indicator Ratings		Federally-facilitated Exchanges		State-based Exchanges	
	PY 2021 (n=184) ⁹	PY 2022 (n=192)	PY 2021 (n=104)	PY 2022 (n=103)	PY 2021 (n=80)	PY 2022 (n=89)
3-stars or more	152 (83%)	143 (74%)	87 (84%)	87 (84%)	65 (81%)	56 (63%)
4-stars or more	45 (24%)	71 (37%)	30 (29%)	46 (45%)	15 (19%)	25 (28%)
5-stars	8 (4%)	16 (8%)	6 (6%)	12 (12%)	2 (3%)	4 (4%)

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. In PY 2022, there was an increase to 12% of reporting units receiving 5-stars in the Plan Administration category compared to 10% of reporting units that received 5-stars in PY 2021.

Plan Administration Rating	All Reporting Units with Summary Indicator Ratings		Federally-facilitated Exchanges		State-based Exchanges	
	PY 2021 (n=185)	PY 2022 (n=198)	PY 2021 (n=105)	PY 2022 (n=107)	PY 2021 (n=80)	PY 2022 (n=91)
3-stars or more	165 (89%)	180 (91%)	95 (90%)	101 (94%)	70 (88%)	79 (87%)
4-stars or more	56 (30%)	83 (42%)	30 (29%)	44 (41%)	26 (33%)	39 (43%)
5-stars	19 (10%)	24 (12%)	7 (7%)	11 (10%)	12 (15%)	13 (14%)

PY 2022 Number of Reporting Units with 3 Stars, 4 Stars, or 5 Stars¹⁰



- For PY 2022, 96% of consumers shopping on [HealthCare.gov](https://www.healthcare.gov) or through approved direct enrollment partners have access to a 3-, 4-, or 5-star plan.
- In PY 2021, 77% of consumers shopping on [HealthCare.gov](https://www.healthcare.gov) or through approved direct 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 2020.

Resources

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

The full list of the current QRS measures used to calculate PY 2022 ratings is available [here](#).

References

1. For more information on the 2021 QRS, refer to [QRS and QHP Enrollee Survey: Technical Guidance for 2021](#).
2. For PY 2022, CMS implemented temporary QRS methodology refinements to mitigate the impact of the COVID-19 public health emergency on 2021 QRS ratings. These refinements included the temporary incorporation of a policy-based distribution for the overall global rating and three underlying summary indicator categories that mirrored the historical data-driven distribution of QRS ratings, and a rule for the 2021 ratings year that precluded health plans from decreasing in their overall global rating and summary indicator ratings by more than one star. Please refer to the [2021 QRS Proof Sheet User Guide](#) for more information about the QRS rating methodology and the COVID-19 mitigation strategies finalized via the [Final Call Letter for the 2021 QRS and QHP Enrollee Experience Survey](#).
3. Due to CMS' decision to suspend data collection and reporting for 2020 because of the COVID-19 public health emergency, CMS did not calculate ratings for the 2020 QRS. As a result, CMS retained and continued to display PY 2020 ratings during PY 2021.
4. 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.
5. 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.
6. To receive an overall score, a reporting unit must receive a score for the Medical Care category and at least one additional category.
7. Reporting units included in each row are not mutually exclusive.
8. References to the Federally-Facilitated Exchanges in all of the charts include State-based Exchanges on the Federal Platform (SBE-FPs).
9. Some reporting units may not receive a rating for the summary indicators due to insufficient data within each summary indicator.
10. Counts of reporting units presented in this map may not reflect the reporting units to which consumers have access based on coverage area.