



# Quality Rating System Star Ratings for Affordable Care Act Exchange Plans

Frequently Asked Questions



# Frequently Asked Questions About Star Ratings

## **Q: What are Star Ratings for Affordable Care Act Exchange Plans?**

A: The Centers for Medicare & Medicaid Services (CMS) scores Qualified Health Plans (QHPs) offered through the Exchanges using the Quality Rating System (QRS) based on third-party validated clinical measure data and QHP Enrollee Survey responses.

CMS calculates QRS ratings yearly on a 5-star scale. Each rated health plan has an overall quality rating of 1 to 5 stars (5 is the highest). The overall rating is determined by three summary indicators or sub-ratings: member experience, medical care, and health plan administration. Each of these summary indicators also receives a star rating.

Health plans receive Star Ratings after two consecutive years of quality reporting (e.g., two consecutive years operating on the Exchanges). The ratings are determined each year by CMS based on the health plan performance of the previous year. Star Ratings are publicly displayed on HealthCare.gov and state-based exchanges.

## **Q: Why are Star Ratings important to our Individual and Family Plan members/consumers?**

A: The Star Ratings system is designed to help inform members/consumers as they compare health plans.

## **Q: Do all measures count the same towards the overall Star Rating?**

A: All measure types (process, outcomes, member experience) are similarly weighted, but the medical care indicator (e.g., HEDIS quality measures) carries more weight than the other two indicators.

## **Q: How did UnitedHealthcare perform in its Star Ratings last year?**

A: We received star ratings in seven states in the Fall of 2023 that reflected measurement year 2022 performance. These star ratings were displayed during the 2023 open enrollment period and were applicable to the 2024 plan year. Tennessee, Arizona, North Carolina, Virginia, and Washington all received a 3-star rating. Maryland received a 4-star rating. Oklahoma did not receive a star rating due to insufficient data. We expect to receive updated ratings for these states and new ratings for Alabama, Florida, Georgia, Illinois, Louisiana, Michigan, and Texas in Fall 2024 during the Plan Year 2025 Open Enrollment Period.



**Q: What is UnitedHealthcare doing to continually improve its Star Ratings performance?**

A: We will continue to focus on innovation and investments in member and provider engagement. This will enable us to support quality improvement and enhance member experience. To achieve this, we will prioritize preventative care and provide support to our members in managing their chronic conditions. Additionally, we will assist them in seeking the care they need. Our goal is to deliver exceptional care that enhances the experience for our members while simultaneously reducing healthcare costs.

**Q: Does CMS publish a single Star Rating for UnitedHealthcare?**

A: No. CMS does not issue a single Star Rating score for UnitedHealthcare's entire portfolio of Individual & Family Plans (IFP). Instead, we receive a Star Rating score for each IFP health plan type (e.g., HMO, PPO, EPO) in a state.

**Q: How can I impact Star Ratings?**

A: As an agent, you play a crucial role in shaping our plans and how they are perceived by our members and consumers. Your positive interactions with them can contribute to improving our Star Ratings, which are determined by CMS based on data gathered for quality, operational, and member experience performance areas. These results encourage us to stay vigilant in our efforts to enhance our Star Ratings, as we strive to meet the needs and expectations of our members, which are constantly evolving.

You can make an impact by:

- **Collecting all the information** on the enrollment form to ensure completeness and accuracy, particularly race, ethnicity, and language information, to help us support our diverse membership.
- **Explaining thoroughly** the benefits and copays of the member's plan.
- **Communicating** to members how to contact their primary care provider (PCP) to schedule an annual physical and wellness exam.
- **Reassuring** members that UnitedHealthcare may periodically contact members to assist with preventive care needs, such as flu shots, mammograms, and medication reconciliation, to provide reassurance.
- **Know the benefits** you are selling to accurately explain the plan and determine the best fit for the consumer. This supports the consumer with their plan selection, strengthens your relationship, and may also help avoid complaints.
- **Encourage consumers and members to take advantage of their benefits.** Star Ratings are partially based on whether our members obtain specific services, such as annual screenings and preventive care, visit their PCP, and properly use their medications (medication adherence). Members who fully understand their plan and benefits and have an established relationship with a PCP tend to respond more favorably on these surveys.



- **Help reduce the chance that any complaint would be filed** by doing what is required in all sales presentations and appointments and lending proper support to your consumers.

**Q: Why is it important to ask members about their race and ethnicity during their enrollment?**

This information enables us to provide equitable care to all our members. We use this information about a member's race, ethnicity, and other demographic factors to identify potential health disparities, such as lower preventive screening rates (e.g., colonoscopies) in a certain population, and to develop strategies to reduce them, like outreach to that population to educate them on the benefits of preventive screenings. The data is not used to make decisions about the care that a member receives.

**Q: Why do some plans not have a Star Rating?**

A: If a healthcare plan is too new, meaning it has been on the Exchanges for fewer than two consecutive years, or has too few members, it may not have a star rating. In such cases, the plan will be listed as "New Plan - Not Rated" on Healthcare.gov or the State-Based Exchange. However, when the necessary information becomes available, the plan's Star Rating will be determined and made public on HealthCare.gov. The rating will also be provided in future enrollment materials.

**Q: Should I recommend a low-rated plan?**

A: You should always recommend whichever plan is the best fit for the consumer's health care needs.

**Q: What should I tell consumers who ask about when Star Ratings might change again?**

A: Star Ratings are published by CMS yearly (typically in October with no updates in between).

Be careful when discussing Star Ratings to avoid using superlatives (like "highest ranked" or "one of the best") without additional context. For example, a QHP that received a 5-star rating for a specific sub-rating or summary indicator, 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 star rating.

We cannot claim that our product types are recommended or endorsed by the federal government, HHS, CMS, CCIIO, or the Exchanges.



## How to Find Quality Rating System (QRS) Star Ratings for Affordable Care Act Exchange plans on Healthcare.gov

1. Go to [www.healthcare.gov](http://www.healthcare.gov) and navigate to the page that allows you to see plans and prices.
2. There is not an option to filter plans by Star Rating; however, Star Ratings are displayed on the top-right corner. Plans that do not have a Star Rating are listed as “New plan – Not rated”, as seen below:

This screenshot shows a plan card for a "Bronze | EPO | Plan ID:" plan. The estimated monthly premium is \$327.24. The deductible is \$9,100 (individual total, health & drug combined), and the out-of-pocket maximum is \$9,100 (individual total). The estimated total yearly costs are not yet added. A red box highlights the top right corner, showing the text "New plan - Not rated" and a "Compare" button.

| Estimated monthly premium | Deductible  | Out-of-pocket maximum       | Estimated total yearly costs |
|---------------------------|---|-----------------------------|------------------------------|
| \$327.24                  | \$9,100<br>Individual total<br>(health & drug combined) | \$9,100<br>Individual total | Add yearly cost              |

- Plans that have a Star Rating appear like this:

This screenshot shows a plan card for a "Bronze | EPO | Plan ID:" plan with a 4-star rating. The estimated monthly premium is \$370.75. The deductible is \$9,100 (individual total, health & drug combined), and the out-of-pocket maximum is \$9,100 (individual total). The estimated total yearly costs are not yet added. The plan features section shows "Adult Dental" as not covered (red X) and "Child Dental" as covered (green checkmark). There are buttons to "Add medical providers" and "Add prescription drugs".

| Estimated monthly premium | Deductible  | Out-of-pocket maximum       | Estimated total yearly costs |
|---------------------------|---|-----------------------------|------------------------------|
| \$370.75                  | \$9,100<br>Individual total<br>(health & drug combined) | \$9,100<br>Individual total | Add yearly cost              |

| Copayments / Coinsurance                          |   |  |   |
|---|---|--|---|
| Emergency room care<br>No Charge After Deductible | Generic drugs<br>No Charge After Deductible | Primary doctor<br>No Charge After Deductible | Specialist doctor<br>No Charge After Deductible |

| Plan features                    | Add medical providers   | Add prescription drugs   |
|----------------------------------|---|--|
| ✗ Adult Dental<br>✓ Child Dental | Add your medical providers and we'll show you which plans cover | Add your prescription drugs and we'll show you which plans cover them. |

- To view the Star Ratings details, click on the plan name. Once you do so, the top of the page will display an image similar to the one below. To view the Star Rating drop-down, scroll down the page. The drop-down will provide you with information on the Star Ratings for Overall, Member Experience, Medical Care, and Plan Administration.



Only share sensitive information with people you trust.

Carrier Name

# Plan Name

Bronze | EPO | Plan ID: 12345AB1234567

Like this plan? Take the next step

**Quick tips**

- [Review plan category fast facts](#)
- [Think about all costs, not just the premium](#)
- [Consider plans with easy pricing](#)

**Highlights**

- Star Ratings can also be displayed when comparing plans:

**Filters**

Add filters

**Plan type**

Health Plans

137 plans available

Compare 2 plans

Sort by

Lowest premium

## Star rating

**Overall star rating**

Overall star rating is based on the categories below

★★★★★

**Member Experience**

Based on member satisfaction surveys about their health care, doctors, and ease of getting appointments and services

★★★★☆

**Medical Care**

Based on providers improving or maintaining the health of their patients with regular screenings, tests, vaccines, and condition monitoring.

★★★★★

**Plan Administration**

Based on how well a plan is run, including customer service, access to needed information, and providers ordering appropriate tests and treatment.

★★★★★

