Medicaid and Children's Health Insurance Program (CHIP) Quality Rating System (MAC QRS) Design Guide Module 1:
Key Findings from User Testing

September 24, 2025

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Background

- **CMS's Medicaid and CHIP Quality Rating System (MAC QRS) requires states to display quality ratings for Medicaid and CHIP Managed Care Plans (MCPs). These ratings aim to help beneficiaries make informed plan selections by offering clear, accessible, and comparable information on MCP performance.**

- **CMS engaged states, MCPs, and other interested parties to support implementation. This collaborative process and its findings are summarized across three Design Guide Modules.**

Module 1 — **Key Findings from User Testing**

Module 2 — **Using Human-Centered Design to Inform Website Prototypes**

Module 3 — **How States Can Use Human-Centered Design to Build their MAC QRS Website**

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Purpose of Module 1

Present what CMS learned from Medicaid and CHIP beneficiaries and other interested parties through user testing.

Summarize key user insights to help states incorporate beneficiary perspectives into the design of their MAC QRS websites.

Describe the key findings that informed CMS's requirements, show how they were applied in the prototypes, and clarify which are required versus recommended best practice.

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Overview of Module 1

- **Between 2018 and 2022, CMS used a Human-Centered Design (HCD)[1] approach to inform the MAC QRS website display requirements.**

  - CMS conducted user testing through 96 interviews with Medicaid and CHIP beneficiaries, caregivers, navigators, and enrollment specialists - capturing a wide range of ages, backgrounds, and geographic areas - to identify the most meaningful information and quality measures for users.

  - CMS also engaged states and MCPs to assess the feasibility of displaying specific information and anticipate implementation challenges.

- **Feedback from these efforts informed the development of two website prototypes, which underwent further user testing to refine usability, layout, and content presentation.**

  - MAC QRS website display requirements and prototypes are available at https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care-quality/quality-rating-system.

Notes: [1]HCD is described further in Design Guide Module 2, available at https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care-quality/quality-rating-system.

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Three Key Findings Emerged from User Testing

Streamline information
Beneficiaries want MCP selection tools to be clear, centralized, and easy to use.

Personalize the experience
Beneficiaries want flexible search tools, including filters and interactive maps.

Build trust
Beneficiaries want clear, transparent communication, especially around what MAC QRS is, how their data is used, and how to interpret quality ratings.

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Key Finding:
Streamline Information

What CMS Learned: Fragmented Websites Make MCP Selection Hard—Standardization Eases the Process

- Beneficiaries expect state Medicaid and CHIP websites to be confusing and fragmented, often requiring visits to multiple pages, including external sites, just to gather basic MCP information.

- MCP information can appear in different formats across plans, making it hard to compare options.

- Beneficiaries valued simplified tools for selecting an MCP, especially side-by-side, standardized comparisons of out-of-pocket costs and covered benefits.

> "I think [the prototype's side-by-side comparison] is a great snapshot… it's helpful that I could just print it out or save it in my files.
>
> – Medicaid beneficiary

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What CMS Learned: Supportive Navigation Makes MCP Selection Easier

- **Beneficiaries praised two website navigation features that made selecting an MCP easier:**
  - **Live assistance** that connected them to real people who could quickly address their questions.
  - **A navigation bar** that organized information and guided them through each step of the MCP selection process.

> "[The navigation bar] gives me a good overview of the process. It feels personalized, it's based on what I save, so I can easily remember it. Something like this would be helpful, and I could see myself wanting to download it.
>
> – Medicaid beneficiary

User Insights on Standardization Informed MAC QRS Display Requirements

- **User testing findings directly shaped the MAC QRS website display requirements, summarized in Table 1.**

Table 1. Standardized Website Display Requirements

Requirement(s)	Regulatory Reference
• Name of each MCP.	§§ 438.520(a)(3)(i) and 457.1240(d)
• A hyperlink to each MCP's website. • MCP's toll-free customer service telephone number.	§§ 438.520(a)(3)(ii) and 457.1240(d)
• Premium and cost-sharing information, including differences among available MCPs within a single program.	§§ 438.520(a)(3)(iii) and 457.1240(d)
• A summary of benefits including differences in benefits among available MCPs within a single program.	§§ 438.520(a)(3)(iv) and 457.1240(d)

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Acme Health acmehealth.com (222) 312-9182	Blue Ribbon blueribbon.com (644) 123-0456	PrimeHealth primehealth.com (222) 867-5309

Cost of covered services for available plans

	Acme Health	Blue Ribbon	PrimeHealth
Ambulance	Per trip $0	Per trip $0	Per trip $0
Dental care	$0	$0	$0
Inpatient hospital	Per day $3 Maximum $21	Per day $3 Maximum $21	Per day $3 Maximum $21

Extra benefits

	Acme Health	Blue Ribbon	PrimeHealth
Education	$120 GED voucher, including GED testing, tutoring, and reading scholarships	Up to $160 GED exam voucher, materials, and life skills training	$50 annual gift card for school supplies. 24 hours of online tutoring for eligible members ages 6 to 18, if qualified
Prenatal	Up to $450 in rewards for baby products; stroller, playpen, car seat, or diapers	Up to $100 in rewards for baby products. Free electric breast pump	1 safe sleep kit yearly for members who are pregnant, members with infants under age 1, or members under age 1

What users wanted:

- **Side-by-side snapshot of standardized details**—covered services, cost-sharing, and extra benefits—for each plan.
- **Filtering of MCP options based on their specific healthcare needs.**

Name of each MCP, a link to each MCP's website, and MCP's toll-free customer service telephone number (§§ 438.520(a)(3)(i) and (ii) and 457.1240(d)).

Premium and cost-sharing information, including differences among available MCPs within a single program (§ 438.520(a)(3)(iii) and 457.1240(d)).

Summary of benefits, including differences in benefits among available MCPs within a single program (§ 438.520(a)(3)(iv) and 457.1240(d)).

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What CMS Learned: Beneficiaries Want Personalized, Relevant Results

- Beneficiaries preferred a personalized experience that filtered out irrelevant MCPs and focused only on options available to them.

- They had different preferences for how much information to view at once, highlighting the importance of customizable display options.

- A key priority was the ability to search for specific doctors and specialists- many beneficiaries excluded MCPs that did not include their preferred providers, even if the plan was otherwise a good fit.

> My goal always is to narrow down and filter my options. I feel very overwhelmed when I have a lot of options. But if I'm engaged, interactive, and in an interface, then I'm totally fine.
>
> – Medicaid beneficiary

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User Insights on Personalized Approaches Informed QRS Display Requirements

- **To enable a personalized user experience, federal regulations require MAC QRS websites to support users in easily comparing the MCPs they are eligible for based on key factors (see Table 2).**

- **Website display requirements are organized into two phases: some are required by December 2028, and others must be implemented no earlier than December 2030.**

  - States have the option to implement these interactive features earlier if they choose.

Table 2. Website Display Requirements Supporting a Personalized User Experience

Requirement	Regulatory Reference	
• All MCPs for which a user may be eligible based on age, geographic location, and dually eligible status.	§§ 438.520(a)(2)(i) and 457.1240(d)	Required December 2028
• Display mandatory MAC QRS measures stratified by factors specified by CMS in the Technical Resource Manual.	§§ 438.520(a)(6)(i) and 457.1240(d)	
• An interactive tool that enables users to view the quality ratings stratified by factors specified by CMS in the Technical Resource Manual.	§§ 438.520(a)(6)(ii) and 457.1240(d)	To be Required No Earlier Than December 2030
• A search tool that enables users to identify available MCPs that provide coverage for a drug identified by the user.	§§ 438.520(a)(6)(iii)(A) and 457.1240(d)	
• A search tool that enables users to identify available MCPs that include a provider identified by the user in the plan's network of providers.	§§ 438.520(a)(6)(iii)(B) and 457.1240(d)	

Note: Any references to dually eligible beneficiaries throughout this document pertain exclusively to Medicare and Medicaid programs and are not applicable to CHIP.

Prototype Example: How Users Can Search by Location

What users wanted:

Personalized MCP searches by geography.

All available managed care programs and plans for which a user may be eligible based on the user's age, geographic location, and dually eligible status, if applicable, as well as other demographic data identified by CMS (§ 438.520(a)(2)(i) and 457.1240(d)). [Required by December 2028].

Get started comparing Managed Care Plans.

Step 1: Find the health plans that are available where you live.

Health plan map

State A: Health Plan Service Areas
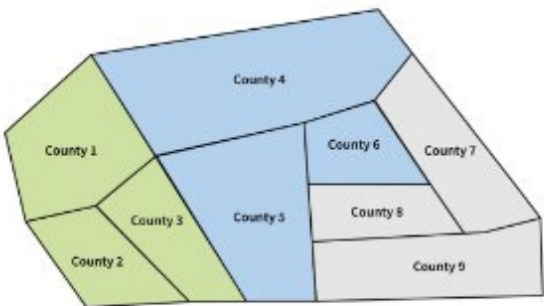
Plans available by district

	District A County 1 County 2 County 3	District B County 4 County 5 County 6	District C County 7 County 8 County 9
Acme Health acmehealth.com (212) 312-9182 Acme Health is for people age 65 and older and those 18 and older with a disability, including those who are dually eligible for Medicare and Medicaid.	✓	✓	✓
Blue Ribbon blueribbon.com (646) 123-0456 Blue Ribbon is for people under age 65, excluding those who are dually eligible for Medicare and Medicaid.	✓	✓	✗
PrimeHealth primehealth.com (212) 967-5309 PrimeHealth is for children and adolescents under age 18.	✗	✓	✓

✓ Plan is available in this district   ✗ Plan is not available in this district

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Prototype Example: How Users Can Filter by Personal Factors

What users wanted:
Personalized searches that allow users to view MCP quality ratings related to their health care needs and priorities.

- The prototype displays an interactive tool that enables users to view the quality ratings filtered by population.

- States could use the filtering tool to display stratified MAC QRS measures and their ratings.

- An interactive tool that enables users to view the quality ratings stratified by factors specified by CMS in the Technical Resource Manual (§§ 438.520(a)(6)(ii) and 457.1240(d)).

Prototype Example: How Users Can Search for Providers

What users wanted:
Ability to check whether their preferred providers were in-network for each MCP.

A search tool that enables users to identify available MCPs that include a provider identified by the user in the plan's network of providers (§ 438.520(a)(6)(iii)(B) and 457.1240(d)). [Required no earlier than December 2030].

Improving the Provider Search Tool: Best Practices for Usability

While not required, several best practices can enhance the usability of the MAC QRS website's provider search feature and better support beneficiary decision-making.

- **Save functionality:** Allow beneficiaries to save preferred providers and healthcare facilities for easy reference later.

- **Flexible provider search:** Enable searches by provider name or specialty (e.g., primary care, cardiology) to help beneficiaries find current or new providers.

- **Facility search options:** Allow for searches by facility name, city, or type (e.g., urgent care centers, walk-in clinics, hospitals) to streamline access to care options.

- **Personalized filters:** Include filters for provider characteristics such as sex or languages spoken to meet beneficiary preferences and needs.

- **Interactive mapping:** Offer an accessible map view to help users see provider and facility locations.

- **Transportation details:** Provide information about public transportation access to help beneficiaries plan their visits and assess accessibility.

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Prototype Example: How Users Can Search for Prescriptions

What users wanted:
Ability to check whether MCPs covered their prescriptions.

A search tool that enables users to identify available MCPs that provide coverage for a drug identified by the user (§ 438.520(a)(6)(iii)(A) and 457.1240(d)).

Improving the Prescription Search Tool: Best Practices for Usability

While not required, several best practices can enhance the usability of the MAC QRS prescription search feature and better support beneficiary decision-making.

- **Multiple search options:** Offer flexible ways to search for prescriptions, such as:
  – Auto-fill suggestions when typing a drug name.
  – Voice search functionality.
  – A scrollable list of available medications.
  – Category-based searches by medication type.

- **Formulary status and save feature:** Allow beneficiaries to check if a medication is covered by an MCP's formulary and save the result for future reference.

- **Comprehensive drug information:** Display key prescription details such as cost, dosage, supply amount, and form (e.g., capsule, injectable, drops).

> "It's so difficult to spell these [prescription] names. It's difficult to remember them. I'm including in my search, words like 'steroid' or 'anti-inflammatory,' or 'antibiotic' that are descriptive, to help find it, because I can't remember how to spell this, but I do know that it's an antibiotic.
>
> – Medicaid beneficiary

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Key Finding:
Build Trust

What CMS Learned: Tone and Transparency Matter from the First Click

- Beneficiaries began forming trust at the landing page, emphasizing the importance of a clear, welcoming introduction to the MAC QRS.

- Direct and transparent language helped establish credibility - beneficiaries appreciated clear explanations of what the MAC QRS is and why it exists.

- Tone influenced engagement - beneficiaries felt more comfortable when messaging was empathetic, inclusive, and user-focused.

- Beneficiaries valued reassurances about the objectivity of the site and the neutrality of the information being presented.

> "I think [the example disclaimer] is a good disclaimer so that I may know that it's not a sales funnel. It's not meant to sell you on something. It's offering unbiased information so that you can make a good decision.
>
> – Medicaid beneficiary

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What CMS Learned: Transparency Builds Trust Around Privacy

- **Beneficiaries were cautious about entering personal information online and raised concerns during user testing about privacy and data use.**
  - Reassuring users that their data would not be stored helped reduce concerns and supported overall trust in the tool.

- **They wanted clear, upfront explanations about why their personal data was being requested, how it would be used, and whether it would be stored or retained.**
  - When those explanations were provided, users felt more at ease and were more willing to engage.

- **Personalized features (e.g., filtering by ZIP code or age) were well received, but only when beneficiaries felt their privacy was protected.**

> **Regarding the message:**
> *"We'll use your zip code to show you all the health benefits available, but don't worry, this information won't be stored anywhere."*
>
> **I like that. It's really comforting. Like I'm going to give you a little bit of information and you're not going to trap me.**
>
> – Medicaid beneficiary

What CMS Learned:
Transparent Data Practices Support Beneficiary Trust

- **Beneficiaries were more engaged when quality data was presented clearly and transparently.**
  - Skepticism emerged when beneficiaries worried that quality ratings could be biased or manipulated to favor certain MCPs, providers, or hospitals.

- **Clear explanations of measure intent helped beneficiaries understand how to interpret results and why they matter.**
  - Some beneficiaries expressed interest in understanding how measures are calculated, highlighting a need for optional deeper-dive content.

- **Trust increased when beneficiaries learned that ratings were based on data from large numbers of enrollees, reinforcing credibility.**

> "
> **Will the plan check the validity of [the hospital quality data from] the hospital, or [will] they just take whatever the hospital writes? If the hospital can write whatever they want in the marketing…there's no transparency, there's no check.**
>
> – Medicaid beneficiary
> "

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User Insights on the Importance of Building Trust Informed QRS Display Requirements

- **To ensure states build trust with beneficiaries through their MAC QRS websites, federal regulations require MAC QRS websites to provide key contextual information (see Table 3).**

Table 3. Website Display Requirements Supporting Beneficiary Trust in QRS Information

Requirement(s)	Regulatory Reference
• A statement of purpose of the MAC QRS. • Relevant information on Medicaid, CHIP, and Medicare. • An overview of how to use the information available in the display to select a quality MCP.	§§ 438.520(a)(1)(i) and 457.1240(d)
• If beneficiaries are requested to input personal information, an explanation of why the information is requested, how it will be used, and whether it is optional or required to access a QRS feature or type of information.	§§ 438.520(a)(2)(i) and 457.1240(d)
• A plain language description of the importance and impact of each quality measure.	§§ 438.520(a)(4)(i) and 457.1240(d)
• The measurement period during which the data used to calculate the quality rating was collected.	§§ 438.520(a)(4)(ii) and 457.1240(d)
• Information on quality ratings, including a plain language description of when, how, and by whom the data were validated.	§§ 438.520(a)(4)(iii) and 457.1240(d)

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Prototype Example: How to Construct a Welcoming Landing Page

What users wanted:
Clear and effective communication on the purpose of the MAC QRS.

Display and make accessible on the website a statement of purpose of the MAC QRS, relevant information on Medicaid, CHIP, and Medicare, and an overview of how to use the information displayed to select a MCP (§ 438.520(a)(1)(i) and 457.1240(d)).

Welcome!

Choosing a Managed Care Plan can be confusing.

Use this website to:

- Compare Managed Care Plans available in your area on covered benefits, cost, and quality of care.

- Search for Managed Care Plans that cover your doctors, medications, and health care services you need.

- Compare out of pocket expenses you'll pay under each plan.

- View experience ratings from current Managed Care Plan members and compare plans on how well they provide the services that matter the most for you and your family.

Get started comparing Managed Care Plans.

Enter your zip code to choose your location

03278

Merrimack County, NH 03278
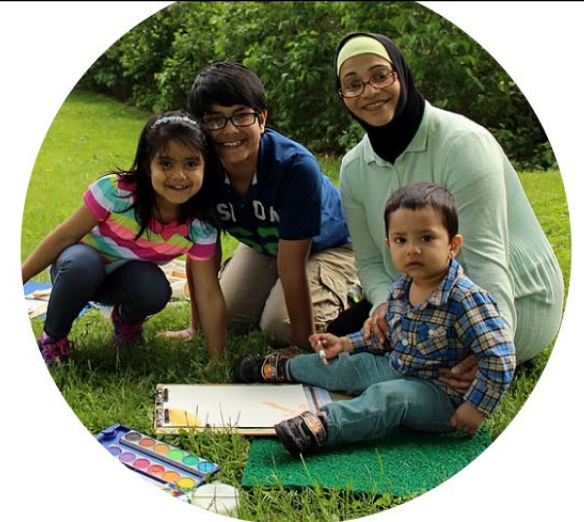
Learn more about
Medicaid and CHIP eligibility

Apply for Medicaid and CHIP

Why do we ask for this information?

We will use your zip code to show you all the Managed Care Plan that are available in your area. This information won't be stored anywhere.

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Best Practices for QRS Landing Pages

While not required, several best practices can support the use of clear, transparent language and enhance beneficiaries' trust and comfort with using the MAC QRS website.

- **Start with a warm, reassuring introduction:** Begin with a friendly welcome to set a positive tone and help beneficiaries feel comfortable.

- **Acknowledge the complexity of MCP selection:** Let beneficiaries know that choosing a Medicaid or CHIP MCP can be confusing – and that the MAC QRS is here to help by making the information easier to understand and compare.

- **Clarify what the MAC QRS does and does not do:** Briefly explain that the tool provides information about MCPs and their performance but does not determine eligibility or handle enrollment.

Prototype Example: How to Address Privacy Concerns

What users wanted:
An example of why their zip code is needed, and clarification that the information will not be stored anywhere.

If beneficiaries are requested to input personal information, an explanation of why the information is requested, how it will be used, and whether it is optional or required to access a QRS feature or type of information (§ 438.520(a)(2)(i) and 457.1240(d)).

Get started comparing Managed Care Plans.

Apply for Medicaid and CHIP

Enter your zip code to choose your location

03278

Merrimack County, NH 03278

Next

Why do we ask for this information?

We will use your zip code to show you all the Managed Care Plan that are available in your area. This information won't be stored anywhere.

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Best Practices for QRS for Addressing Privacy Concerns

While not required, several best practices can provide reassurance about privacy and data use to support overall trust and engagement with the MAC QRS website.

- **Collect only what's needed:** Limit data collection to essential personal details that help identify MCPs relevant to the beneficiary.

- **Emphasize privacy protections:** Use websites that do not store personal information and clearly communicate this commitment to beneficiaries.

- **Be transparent about data use:** Accompany every data request with a clear explanation of why the information is necessary and how it will be used.

Prototype Example: How to Describe Data

What users wanted:

Plain language description and an explanation of the importance and impact of the measures.

Prominently display and make accessible on the website a plain language decription of the importance and impact of each quality measure (§ 438.520(a)(4)(i) and 457.1240(d)).

Prototype Example: How to Use Plain Language

**State.Medicaid.gov**
Keeping people healthy

Quality Measures for Adults

This page shows how the managed care plans performed on a wide range of quality measures that assess care provided to adults. The measures are organized by different topics.

This information includes data collected for the most recent quality measurement year. For most measures, this includes care provided in calendar year 2023.

These quality ratings have been reviewed and accuracy has been confirmed by independent organizations not related to the health plans.
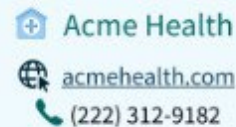
Acme Health
🌐 acmehealth.com
📞 (222) 312-9182

Acme Health is for people age 65 and older and those 18 and older with a disability, including those who are dually eligible for Medicare and Medicaid. View the plan's five-star quality rating for Medicare services here.

Blue Ribbon
🌐 blueribbon.com
📞 (644) 123-0456

Blue Ribbon is for people under age 65, excluding those who are dually eligible for Medicare and Medicaid.

PrimeHealth
🌐 primehealth.com
📞 (222) 867-5309

PrimeHealth is for children and adolescents under age 18.

What users wanted:
Plain language on each quality rating's measurement period and data validation.

Prominently display and make accessible on the website a plain language description of the measurement period during which the data used to calculate the quality rating were produced, and when, how, and by whom the data were validated (§§ 438.520(a)(4)(ii) and (iii) and 457.1240(d)).

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Questions? Email the MAC QRS team
at MAC_QualityRatingSystem@cms.hhs.gov

Appendices

Appendix A:
Display Requirements Related to Streamlining Information

Regulations are described on slides 9 and 10
§§ 438.520(a)(3)(i) and 457.1240(d) The name of each MCP.
§§ 438.520(a)(3)(ii) and 457.1240(d) An internet hyperlink to each MCP's website and toll-free customer service telephone number.
§§ 438.520(a)(3)(iii) and 457.1240(d) Premium and cost-sharing information, including differences among available MCPs within a single program.
§§ 438.520(a)(3)(iv) and 457.1240(d) A summary of benefits, including differences in benefits among available MCPs within a single program.

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Appendix B:
Display Requirements Related to Personalizing the Experience

Regulations are described on slides 13 through 18

§§ 438.520(a)(2)(i) and 457.1240(d)
All available managed care programs and plans for which a user may be eligible based on the user's age, geographic location, and dually eligible status, if applicable, as well as other demographic data identified by CMS.

§§ 438.520(a)(6)(i) and 457.1240(d)
The quality ratings described in § 438.520(a)(2)(iv) calculated by the State for each MCP in accordance with § 438.515 for mandatory measures identified by CMS and stratified by factors specified by CMS in the Technical Resource Manual.

§§ 438.520(a)(6)(ii) and 457.1240(d)
An interactive tool that enables users to view the quality ratings stratified by factors specified by CMS in the Technical Resource Manual.

§§ 438.520(a)(6)(iii)(A) and 457.1240(d)
A search tool that enables users to identify available MCPs that provide coverage for a drug identified by the user.

§§ 438.520(a)(6)(iii)(B) and 457.1240(d)
A search tool that enables users to identify available MCPs that include a provider identified by the user in the plan's network of providers.

Appendix C:
Display Requirements Related to Building Trust

Regulations are described on slides 24 through 30
§§ 438.520(a)(2)(i) and 457.1240(d) If users are requested to input personal information, an explanation of why the information is requested, how it will be used, and whether or not it is optional or required to access a QRS feature or type of information.
§§ 438.520(a)(1)(i) and 457.1240(d) A statement of purpose of the MAC QRS, relevant information on Medicaid, CHIP, and Medicare, and an overview of how to use the information available in the display to select a quality MCP.
§§ 438.520(a)(4)(i) and 457.1240(d) A plain language description of the importance and impact of each quality measure.
§§ 438.520(a)(4)(ii) and 457.1240(d) The measurement period during which the data used to calculate the quality rating was produced.
§§ 438.520(a)(4)(iii) and 457.1240(d) Information on quality ratings including a plain language description of when, how, and by whom the data were validated.

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Appendix D:
Additional Display Requirements Not Referenced in Slide Deck

Regulation
§§ 438.520(a)(2)(ii) and 457.1240(d) A description of the drug coverage for each MCP, including the formulary information specified in § 438.10(i) and other similar information as specified by CMS.
§§ 438.520(a)(2)(iii) and 457.1240(d) Provider directory information for each MCP, including all information required by § 438.10(h)(1) and (2) and such other provider information, as specified by CMS.
§§ 438.520(a)(3)(vi) If a managed care plan offers an integrated Medicare-Medicaid plan or a highly or fully integrated Medicare Advantage D–SNP (as those terms are defined in § 422.2), an indication that an integrated plan is available and a link to the integrated plan's most recent rating under the Medicare Advantage and Part D 5-Star Rating System.
§§ 438.520(a)(3)(v) Certain of the metrics, as specified by CMS, of MCP performance that States must make available to the public under § 438 subparts B and D, including data most recently reported to CMS on each managed care program pursuant to § 438.66(e) and the results of the secret shopper survey specified in § 438.68(f).

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