



2025 Louisiana CAHPS® Survey Full Report

Louisiana Department of Health

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1. Executive Summary

Introduction

The Louisiana Department of Health (LDH) assesses the perceptions and experiences of adult and child members enrolled in the managed care organizations (MCOs) as part of its process for evaluating the quality of health care services provided to adult and child members in the Louisiana Medicaid Managed Care Program. LDH requires the MCOs to contract with a National Committee for Quality Assurance (NCQA)-certified Healthcare Effectiveness Data and Information Set (HEDIS®) survey vendor to conduct annual Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Surveys.^{1,2} LDH contracted with Health Services Advisory Group, Inc. (HSAG) to analyze and report the results of the CAHPS Health Plan Surveys for the Healthy Louisiana MCOs. The goal of the CAHPS Health Plan Surveys is to provide performance feedback that is actionable and that will aid in improving the overall experiences of adult members and parents/caretakers of child members.

This report presents the 2025 CAHPS results of adult members and parents/caretakers who completed the survey on behalf of child members enrolled in an MCO. The surveys were completed from February to May 2025. The standardized survey instruments selected were the CAHPS 5.1H Adult Medicaid Health Plan Survey and the CAHPS 5.1H Child Medicaid Health Plan Survey with the Children with Chronic Conditions (CCC) measurement set. HSAG presents MCO and statewide aggregate results and compares them to national Medicaid data and prior year's results, where appropriate. Table 1-1 provides a list of the MCOs that participated in the survey.

Table 1-1—Participating MCOs

Name	Abbreviation
Aetna Better Health	ABH
AmeriHealth Caritas of Louisiana	ACLA
Healthy Blue	HBL
Humana Healthy Horizons	HUM
Louisiana Healthcare Connections	LHCC
UnitedHealthcare Community	UHC

Results were used to assess the experience of care for three populations:

- **Adult members**—a general sample of adults from the entire eligible population. For detailed results, please refer to the Adult Results section beginning on page 10.

¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

² CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

- **General child members**—a general sample of children from the entire eligible population. For detailed results, please refer to the General Child Results section beginning on page 45.
- **Children with chronic conditions members (CCC members)**—children whose parents/caretakers reported their child needed or used specific services (e.g., specialty therapy, mental health counseling, prescription medicines) or had limitations in the ability to do what other children of the same age do. For detailed results, please refer to the CCC and Non-CCC Results section beginning on page 74.

Performance Highlights

The Adult Results, General Child Results, and CCC and Non-CCC Results sections of this report detail the CAHPS results for the MCOs' adult population, general child population, and population of children with chronic conditions, respectively. The general population consists of all children in the general child sample only (not the CCC supplemental sample). The CCC population consists of children in the general child sample and CCC supplemental sample whose parents/caretakers answered affirmatively to specific survey items (i.e., questions) that were used to determine which members had chronic conditions. The following is a summary of the CAHPS performance highlights.

Comparative Analyses

HSAG calculated achievement scores, which represent the percentage of respondents with positive survey responses (i.e., rate the experience of their/their child's care higher) for each measure. The achievement scores include respondents who:

- Provided a rating of 9 or 10 on the global ratings.
- Usually or always received and/or had access to the care and services they/their child needed.
- Reported their child's doctor/provider knew their child and coordinated care for their child's chronic conditions.

National Percentile Comparisons and Trend Analysis

HSAG compared the scores for each measure to the National Committee for Quality Assurance's (NCQA's) 2025 Quality Compass® Benchmark and Compare Quality Data.^{3,4} Based on this comparison,

³ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2025*. Washington, DC: NCQA, September 2025.

⁴ The source for certain health plan measure rates and benchmark (average and percentiles) data (the Data) is Quality Compass® 2025 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Any analysis, interpretation or conclusion based on the Data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

HSAG determined overall member experience (i.e., star ratings) of one (★) to five (★★★★★) stars for each measure, where one star is the lowest possible rating (i.e., Poor) and five stars is the highest possible rating (i.e., Excellent). In addition, HSAG performed a trend analysis that compared the 2025 scores to their corresponding 2024 scores.

Table 1-2 shows the summary of the national percentile comparisons and trend analysis findings for the Healthy Louisiana Statewide Average for each measure for the adult, general child, and CCC populations. The percentages presented below the stars in the table represent the scores, while the stars represent the star ratings when the scores were compared to the NCQA Quality Compass Benchmark and Compare Quality Data. For the detailed results of the national percentile comparisons and trend analyses, please refer to the Adult Results section beginning on page 19 and page 20, respectively, the General Child Results section beginning on page 54, and the CCC and Non-CCC Results section beginning on page 77.

**Table 1-2—National Percentile Comparisons and Trend Analysis Summary:
Healthy Louisiana Statewide Average**

Measure	Adult		General Child		CCC	
	National Comparisons	Trend Analysis (2025 Compared to 2024)	National Comparisons	Trend Analysis (2025 Compared to 2024)	National Comparisons	Trend Analysis (2025 Compared to 2024)
Global Ratings						
<i>Rating of Health Plan</i>	★★★ 79.60%	—	★★ 86.51%	—	★★★ 83.99%	—
<i>Rating of All Health Care</i>	★★★★ 80.31%	—	★★★ 88.75%	—	★★★ 87.34%	—
<i>Rating of Personal Doctor</i>	★★★★ 86.75%	—	★★★ 91.38%	—	★★★ 90.27%	—
<i>Rating of Specialist Seen Most Often</i>	★★★ 84.91%	—	★★★ 88.68%	—	★★ 84.57%	—
Composite Measures						
<i>Getting Needed Care</i>	★★★ 84.21%	—	★★★★ 88.22%	—	★★★ 87.57%	▲
<i>Getting Care Quickly</i>	★★★ 83.27%	—	★★★ 88.85%	—	★★★ 91.35%	—
<i>How Well Doctors Communicate</i>	★★★ 94.50%	—	★★★ 94.96%	—	★★★ 95.06%	—
<i>Customer Service</i>	★★ 89.25%	—	★★★★ 90.66%	—	★★★ 90.78%	—

Measure	Adult		General Child		CCC	
	National Comparisons	Trend Analysis (2025 Compared to 2024)	National Comparisons	Trend Analysis (2025 Compared to 2024)	National Comparisons	Trend Analysis (2025 Compared to 2024)
Individual Item Measure						
<i>Coordination of Care</i>	★★★ 86.71%	—	★★ 82.53%	—	★★★ 85.31%	—
Medical Assistance With Smoking or Tobacco Use Cessation Items						
<i>Advising Smokers and Tobacco Users to Quit</i>	★ 69.15%	—	NA	NA	NA	NA
<i>Discussing Cessation Medications</i>	★ 49.17%	—	NA	NA	NA	NA
<i>Discussing Cessation Strategies</i>	★★ 46.64%	—	NA	NA	NA	NA
CCC Composite Measures and Items						
<i>Access to Specialized Services</i>	NA	NA	NA	NA	★★★ 74.33%	—
<i>Family-Centered Care (FCC): Personal Doctor Who Knows Child</i>	NA	NA	NA	NA	★★★ 92.07%	—
<i>Coordination of Care for Children with Chronic Conditions</i>	NA	NA	NA	NA	★★★★★ 79.51%	—
<i>Access to Prescription Medicines</i>	NA	NA	NA	NA	★★★ 90.89%	—
<i>FCC: Getting Needed Information</i>	NA	NA	NA	NA	★★★ 91.55%	—
<i>Star Assignments Based on Percentiles:</i>						
★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th						
▲ Indicates the 2025 Healthy Louisiana Statewide Average's score is statistically significantly higher than the 2024 score.						
▼ Indicates the 2025 Healthy Louisiana Statewide Average's score is statistically significantly lower than the 2024 score.						
— Indicates the 2025 Healthy Louisiana Statewide Average's score is not statistically significantly different than the 2024 score.						
NA Indicates this measure is not applicable for the population.						

Program and National Average Comparisons

HSAG compared the MCO scores to the Healthy Louisiana Statewide Average and the 2025 NCQA adult and general child Medicaid national average to determine if the MCO scores were statistically significantly different. Table 1-3 shows the summary of the program and national average comparisons with statistically significant results; measures or MCOs with no statistically significant results are not shown. For the detailed results of the program and national average comparisons, please refer to the Adult Results and General Child Results sections beginning on page 20 and 54, respectively.

Table 1-3—Program and National Average Comparisons Summary: Statistically Significant Results

Measures	ABH	HBL	HUM
Adult			
<i>Discussing Cessation Medications</i>	—	↓	—
General Child			
<i>Rating of Health Plan</i>	↓	—	↑
↑ Indicates the score is statistically significantly higher than the Healthy Louisiana Statewide Average.			
↓ Indicates the score is statistically significantly lower than the Healthy Louisiana Statewide Average.			
— Indicates the score is not significantly different than the Healthy Louisiana Statewide Average.			

CCC and Non-CCC Comparisons

HSAG compared the Healthy Louisiana Statewide Average CCC results to the non-CCC results to determine whether each population's score is statistically significantly different from each other. Table 1-4 shows a summary of the CCC and non-CCC comparisons with statistically significant results. For the detailed results of the comparative analysis, please refer to the CCC and Non-CCC Results sections beginning on page 77.

Table 1-4—CCC and Non-CCC Comparisons—Healthy Louisiana Statewide Average

Measures	CCC		Non-CCC	
	Comparison	Trend Analysis	Comparison	Trend Analysis
<i>Rating of Health Plan</i>	↓	—	↑	—
<i>Rating of All Health Care</i>	↓	—	↑	—
<i>Getting Needed Care</i>	—	▲	—	—
<i>Getting Care Quickly</i>	↑	—	↓	▼
<i>Coordination of Care for Children with Chronic Conditions</i>	↑	—	↓	—
<i>FCC: Getting Needed Information</i>	↑	—	↓	—
↑ Indicates the score is statistically significantly higher than the other population score.				
↓ Indicates the score is statistically significantly lower than the other population score.				
▲ Indicates the 2025 Healthy Louisiana Statewide Average score is statistically significantly higher than the 2024 score.				
▼ Indicates the 2025 Healthy Louisiana Statewide Average score is statistically significantly lower than the 2024 score.				
— Indicates the 2025 score is not statistically significantly different than the other population score or the 2024 score.				

Key Drivers of Member Experience Analysis

To determine potential items for quality improvement (QI) efforts, HSAG conducted a key drivers analysis for the Healthy Louisiana Statewide Average's adult and general child populations. HSAG focused the key drivers of member experience analysis on three measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. HSAG refers to the individual items (i.e., questions) for which the odds ratio is statistically significantly greater than 1 as "key drivers" since these items are driving respondents' levels of experience with each of the three measures.

Table 1-5 provides a summary of the survey items identified for each of the three measures as being key drivers of member experience (indicated by a ✓) for the Healthy Louisiana Statewide Average's adult and general child populations. For the detailed results of the key drivers of member experience analysis, please refer to the Adult Results and General Child Results beginning on pages 42 and 71, respectively.

Table 1-5—Key Drivers of Member Experience Summary: Healthy Louisiana Statewide Average

Key Drivers	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Adult			
Q9. Ease of getting the care, tests, or treatment needed	✓	✓	—
Q12. Personal doctor explained things in an understandable way	—	✓	✓
Q13. Personal doctor listened carefully	✓	—	—
Q14. Personal doctor showed respect for what was said	—	✓	—
Q15. Personal doctor spent enough time	—	—	✓
Q17. Personal doctor seemed informed and up-to-date about care from other doctors or health providers	✓	—	—
Q24. Health plan's customer service gave the information or help needed	✓	—	NA
General Child			
Q10. Ease of getting the care, tests, or treatment the child needed	✓	✓	—
Q28. Child's personal doctor listened carefully to the parent/caretaker	✓	✓	✓
Q32. Child's personal doctor spent enough time with the child	—	✓	✓
Q35. Child's personal doctor seemed informed and up-to-date about care the child received from other doctors or health providers	—	—	✓

Key Drivers	Rating of Health Plan	Rating of All Health Care	Rating of Personal Doctor
Q46. Parent/caretaker was treated with courtesy and respect by the child's health plan's customer service staff	✓	—	NA
<p>✓ <i>Indicates a key driver.</i></p> <p>— <i>Indicates the survey item is not strongly correlated with the measure or that the item did not perform poorly (i.e., not a key driver).</i></p>			
<p>NA <i>Indicates that this question was not evaluated for this measure.</i></p>			

2. Adult Results

Response Rates

The response rate is the total number of completed surveys divided by all eligible members of the sample. Table 2-1 shows the distribution of survey dispositions and the response rates for the Healthy Louisiana Statewide Average and all participating MCOs.

Table 2-1—Distribution of Survey Dispositions and Response Rates

	Sample Size	Ineligibles Records	Eligibles Sample	Completed Surveys	Response Rate
Healthy Louisiana Statewide Average	10,449	163	10,286	1,213	11.79%
ABH	1,350	31	1,319	200	15.16%
ACLA	2,079	25	2,054	221	10.76%
HBL	1,350	34	1,316	187	14.21%
HUM	2,025	24	2,001	182	9.10%
LHCC	2,025	29	1,996	254	12.73%
UHC	1,620	20	1,600	169	10.56%

Member Demographics

In general, the demographics of a response group may influence overall member experience scores. For example, older and healthier respondents tend to report higher levels of member experience; therefore, caution should be exercised when comparing populations that have significantly different demographic characteristics.

Figure 2-1 through Figure 2-7 show the self-reported age, gender, education level, race, ethnicity, general health status, and mental or emotional health status of members who completed a survey.

Figure 2-1—Adult Member Demographics: Age

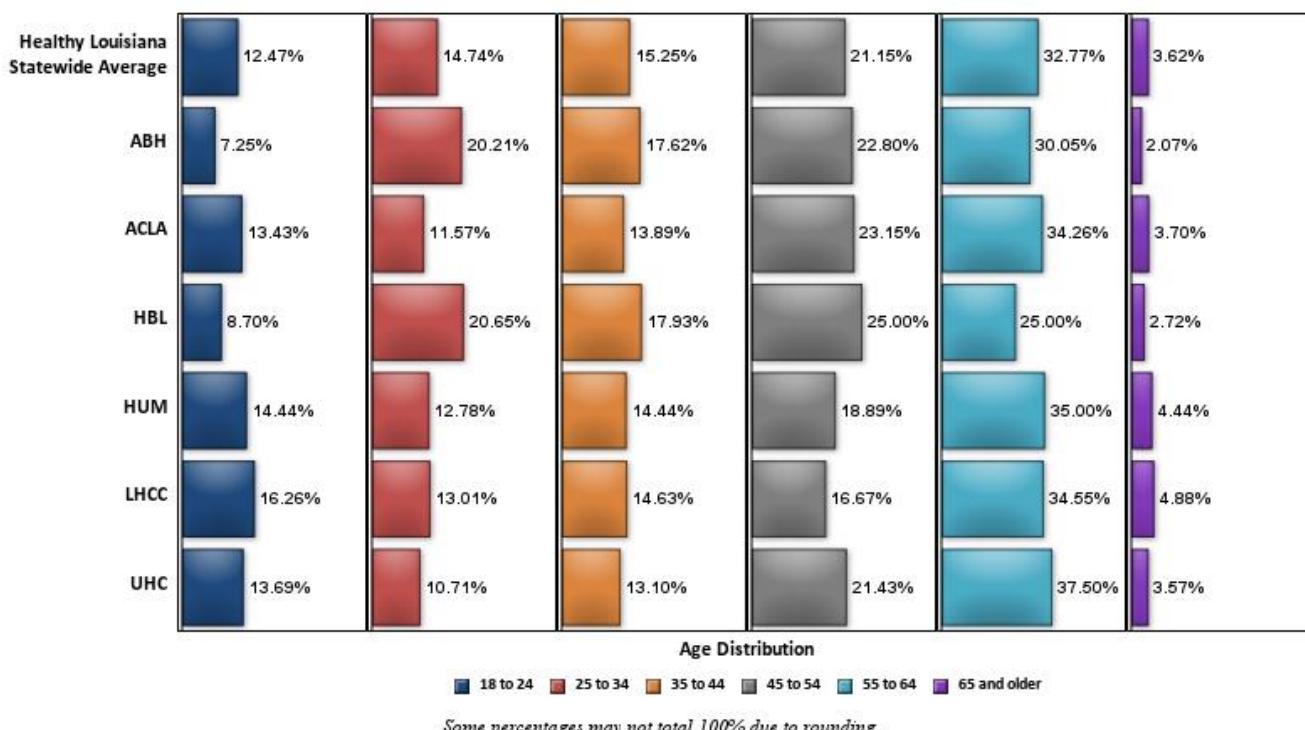
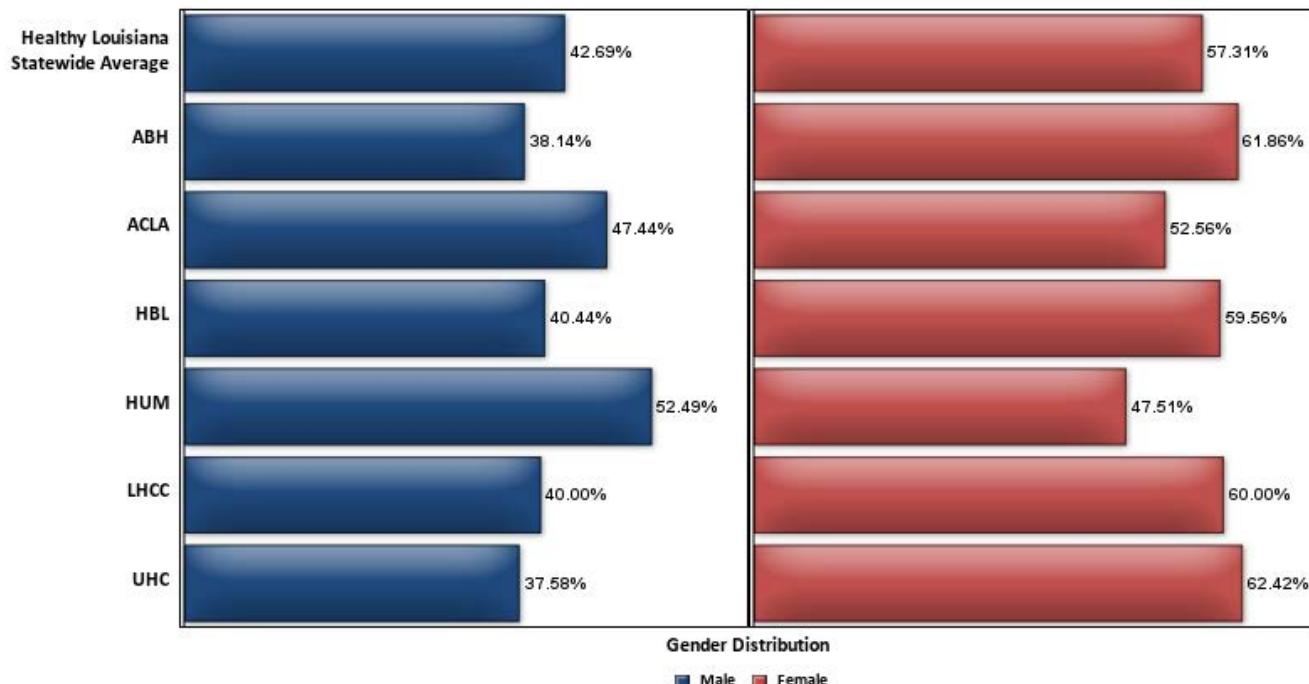


Figure 2-2—Adult Member Demographics: Gender



Some percentages may not total 100% due to rounding.

Figure 2-3—Adult Member Demographics: Education Level

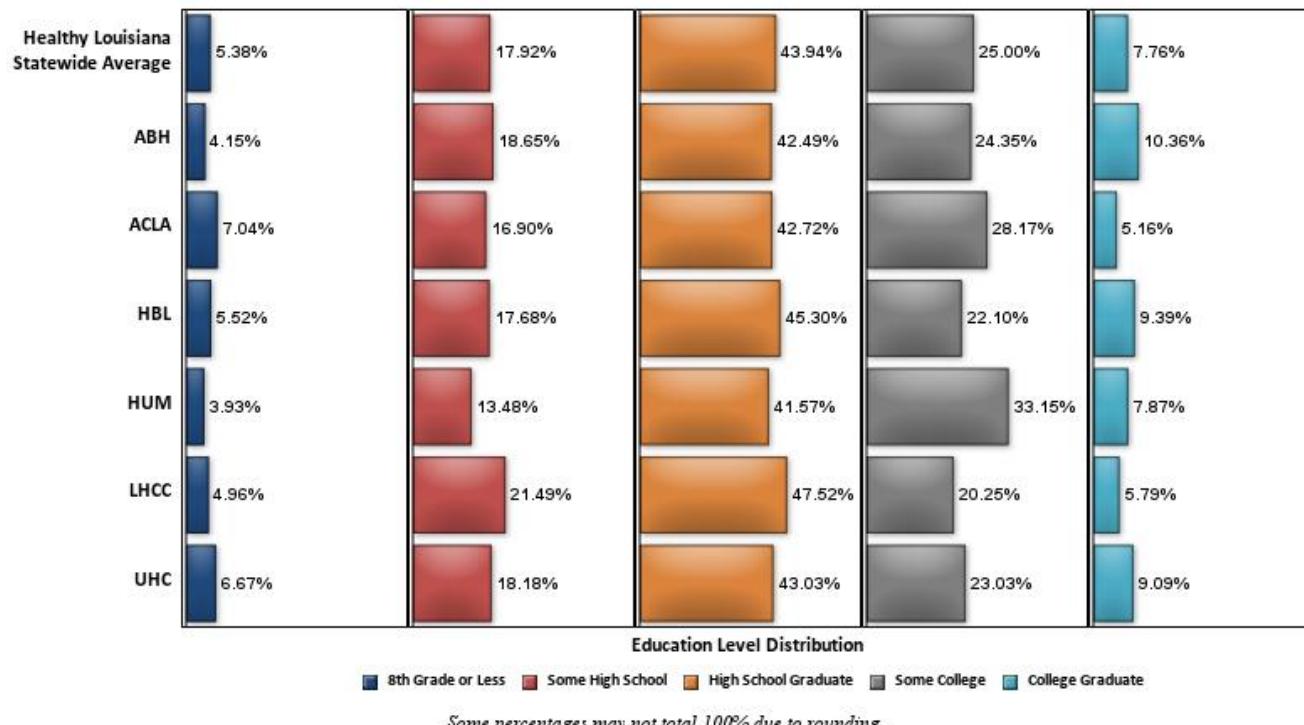
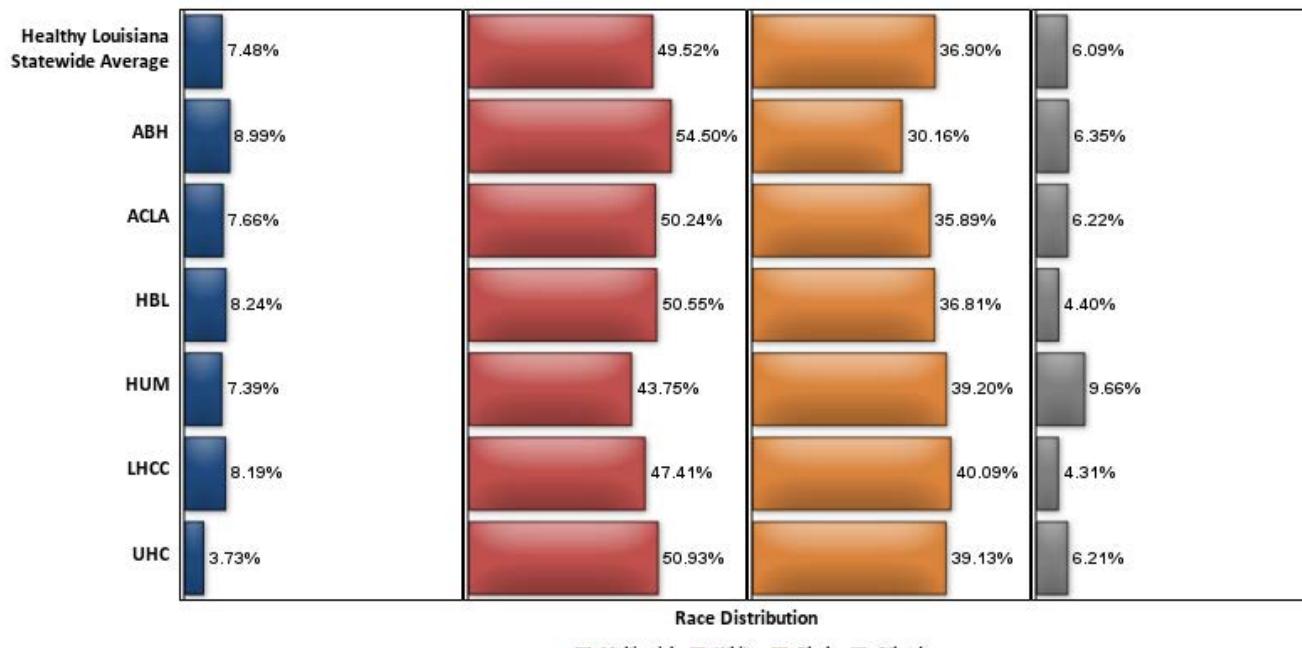
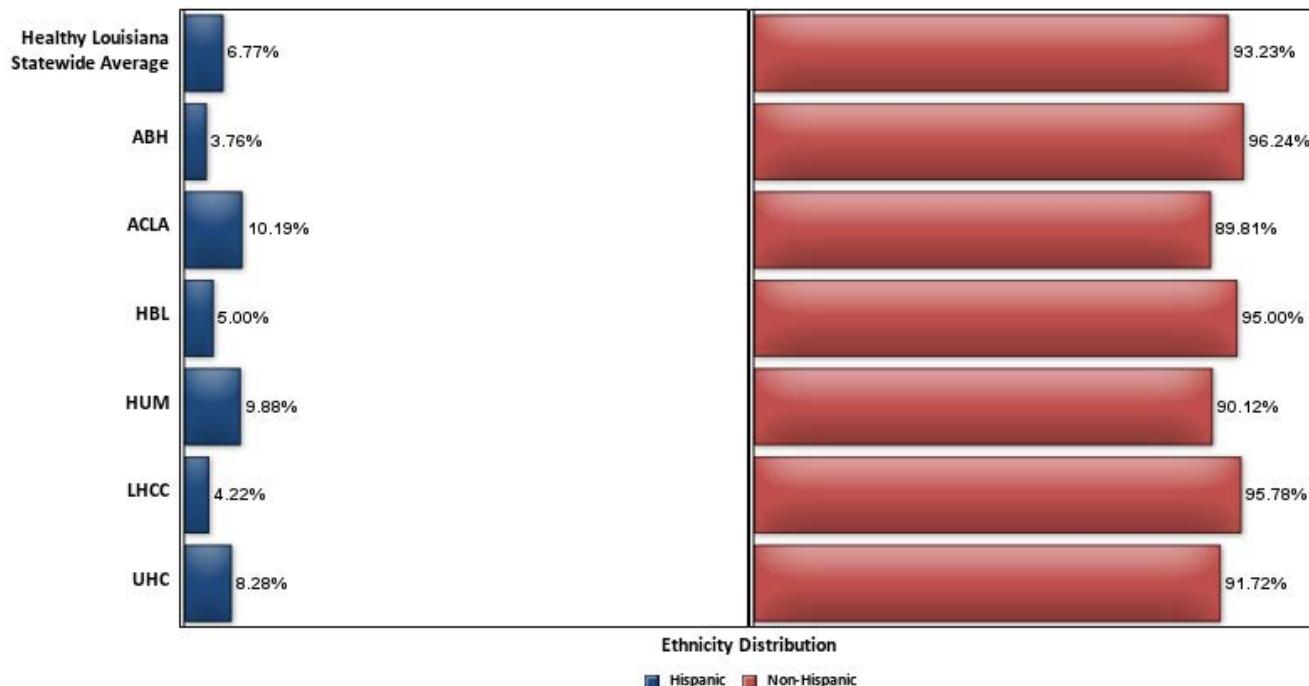


Figure 2-4—Adult Member Demographics: Race


Some percentages may not total 100% due to rounding.

**The "Other" race category includes responses of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.*

Figure 2-5—Adult Member Demographics: Ethnicity



Some percentages may not total 100% due to rounding.

Figure 2-6—Adult Member Demographics: General Health Status

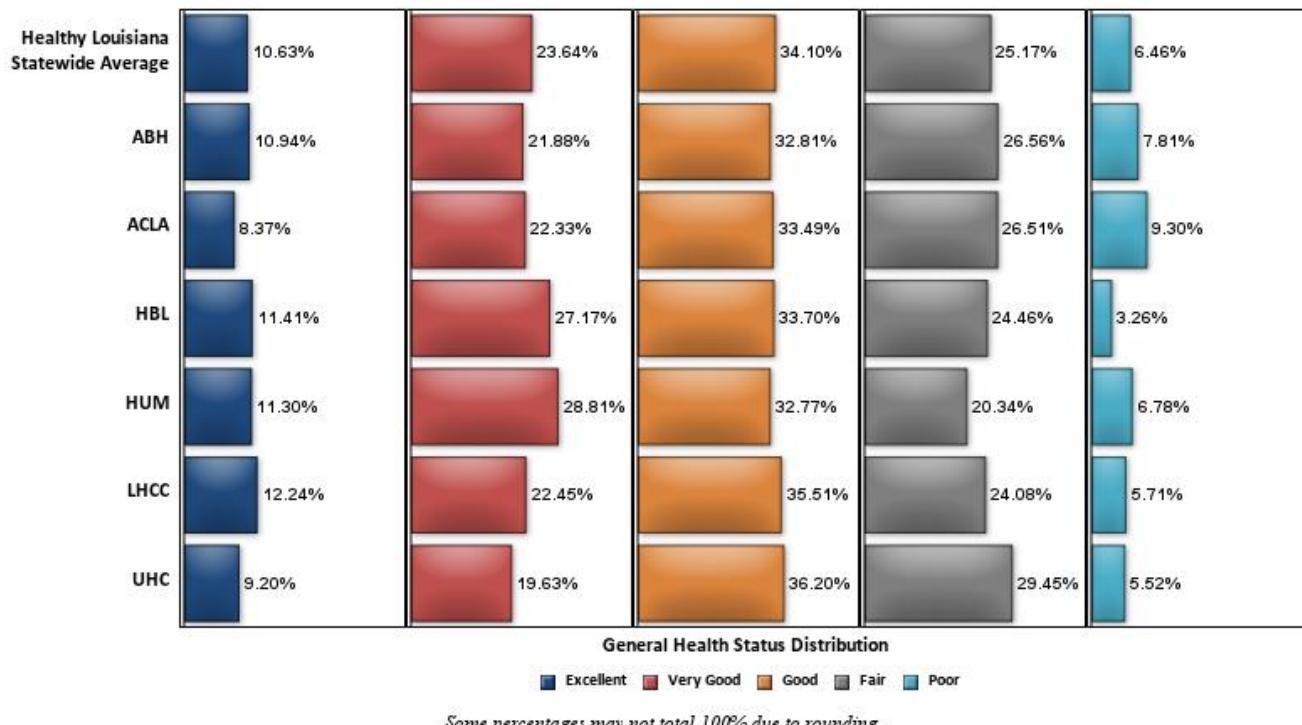
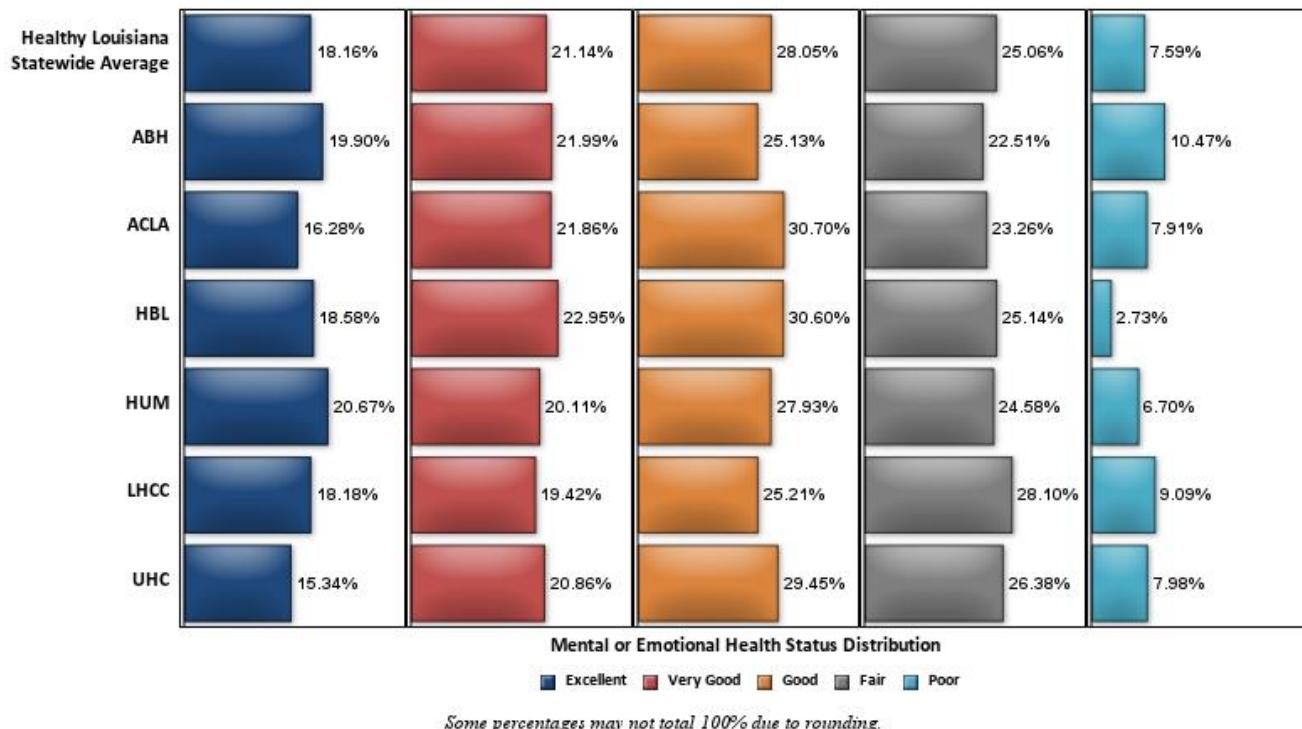


Figure 2-7—Adult Member Demographics: Mental or Emotional Health Status


Respondent Analysis

HSAG compared the gender of members who responded to the survey (i.e., respondent percentage) to the gender of all members who did not respond to the survey (i.e., non-respondent percentage) for statistically significant differences. Table 2-2 shows the results of the respondent analysis for the adult population.

Please note that the respondent analysis uses variables derived from the sample frame within the member-level data files as the data source; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the data source.

Table 2-2—Adult Respondent and Non-Respondent Profiles: Gender

		Male	Female
Healthy Louisiana Statewide Average	R NR	42.70% 44.16%	57.30% 55.84%
ABH	R NR	38.00% 40.87%	62.00% 59.13%
ACLA	R NR	46.61% 46.45%	53.39% 53.55%
HBL	R NR	40.11% 38.69%	59.89% 61.31%
HUM	R NR	52.20% 51.71%	47.80% 48.29%
LHCC	R NR	40.94% 39.13%	59.06% 60.87%
UHC	R NR	38.46% 44.80%	61.54% 55.20%

An “R” indicates respondent percentage, and an “NR” indicates non-respondent percentages.
↑ Indicates the respondent percentage is significantly higher than the non-respondent percentage.
↓ Indicates the respondent percentage is significantly lower than the non-respondent percentage.
Respondent percentages that are not statistically significantly different than the non-respondent percentages are not noted with arrows.
Some percentages may not total 100% due to rounding.

Comparative Analyses

The Healthy Louisiana Statewide Average scores were weighted based on the eligible population for each MCO. For the program comparisons, trend analysis, and national average comparisons, there may be a difference in significance between populations with similar scores since populations with a greater number of respondents are more likely to have statistical significance. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

National Percentile Comparisons

HSAG compared scores for each measure to NCQA's 2025 Quality Compass Benchmark and Compare Quality Data.^{5,6} Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent). Table 2-3 shows the adult scores and star ratings for each measure. The percentages presented below the stars in the table represent the scores, while the stars represent the star ratings when the scores were compared to the NCQA Quality Compass Benchmark and Compare Quality Data.

Table 2-3—National Percentile Comparisons

	Healthy Louisiana Statewide Average	ABH	ACLA	HBL	HUM	LHCC	UHC
Global Ratings							
<i>Rating of Health Plan</i>	★★★ 79.60%	★★★★ 81.48%	★★★★ 81.31%	★★★★ 81.77%	★★★★ 82.39%	★★★ 78.24%	★★ 76.69%
<i>Rating of All Health Care</i>	★★★★★ 80.31%	★★★★★ 83.58%	★★★ 78.95%	★★★★ 79.44%	★★★★★ 81.00%	★★★★ 79.88%	★★★★★ 80.70%
<i>Rating of Personal Doctor</i>	★★★★ 86.75%	★ 81.94%	★★★★★ 90.86%	★★★★★ 88.41%	★★★★★ 89.60%	★★★★ 87.76%	★★ 82.98%
<i>Rating of Specialist Seen Most Often</i>	★★★ 84.91%	★ 77.92% ⁺	★★★★★ 88.42% ⁺	★★★★★ 89.71% ⁺	★★★★★ 89.06% ⁺	★ 79.81%	★★★★ 86.76% ⁺

⁵ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2025*. Washington, DC: NCQA, September 2025.

⁶ The source for certain health plan measure rates and benchmark (average and percentiles) data (the Data) is Quality Compass® 2025 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Any analysis, interpretation or conclusion based on the Data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

	Healthy Louisiana Statewide Average	ABH	ACLA	HBL	HUM	LHCC	UHC
Composite Measures							
<i>Getting Needed Care</i>	★★★ 84.21%	★★ 81.08%	★★ 81.71%	★★★★★ 87.89% ⁺	★★ 81.26% ⁺	★★★★ 86.15%	★★ 81.66% ⁺
<i>Getting Care Quickly</i>	★★★ 83.27%	★★★ 81.93% ⁺	★★★ 84.60%	★★★ 84.61% ⁺	★★★ 82.18% ⁺	★★ 81.38%	★★★ 84.79% ⁺
<i>How Well Doctors Communicate</i>	★★★ 94.50%	★★★★ 94.95%	★★★ 93.66%	★★★★ 94.95% ⁺	★★★★ 95.86% ⁺	★★★★ 95.25%	★★ 92.82%
<i>Customer Service</i>	★★ 89.25%	★★★ 91.25% ⁺	★★★ 91.28% ⁺	★ 86.67% ⁺	★★★ 90.45% ⁺	★★★ 90.93% ⁺	★★ 87.33% ⁺
Individual Item Measure							
<i>Coordination of Care</i>	★★★ 86.71%	★ 78.13% ⁺	★★★★ 89.16% ⁺	★★★ 88.00% ⁺	★★★★★ 91.53% ⁺	★★★ 86.96% ⁺	★★★ 85.92% ⁺
Medical Assistance With Smoking or Tobacco Use Cessation Items							
<i>Advising Smokers and Tobacco Users to Quit</i>	★ 69.15%	★★ 72.97%	★★ 73.48%	★ 63.25%	★ 63.73%	★★★ 74.85%	★ 65.71%
<i>Discussing Cessation Medications</i>	★ 49.17%	★★★ 54.46%	★★★ 54.26%	★ 36.52%	★ 42.72%	★★ 52.41%	★★★ 54.81%
<i>Discussing Cessation Strategies</i>	★★ 46.64%	★★★★ 51.82%	★★★ 46.92%	★ 40.52%	★★★ 47.06%	★★★ 49.70%	★★ 46.08%
<i>Star Assignments Based on Percentiles:</i> ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.							

Trend Analysis

HSAG compared the MCO and Healthy Louisiana Statewide Average 2025 scores to the 2024 scores to determine whether there were statistically significant differences. Statistically significant results are denoted with directional triangles (▲ or ▼).

Program Comparisons

HSAG compared the MCOs' scores to the Healthy Louisiana Statewide Average's scores to determine whether there were statistically significant differences. Statistically significant results are denoted with directional arrows (↑ or ↓).

National Average Comparisons

HSAG compared the MCO and Healthy Louisiana Statewide Average scores to the 2025 NCQA Medicaid national averages to determine whether there were statistically significant differences.⁷ Statistically significant results are denoted with indicators higher (H) or lower (L).

Figure 2-8 through Figure 2-19 show the results of the trend analysis, program comparisons, and national average comparisonss.

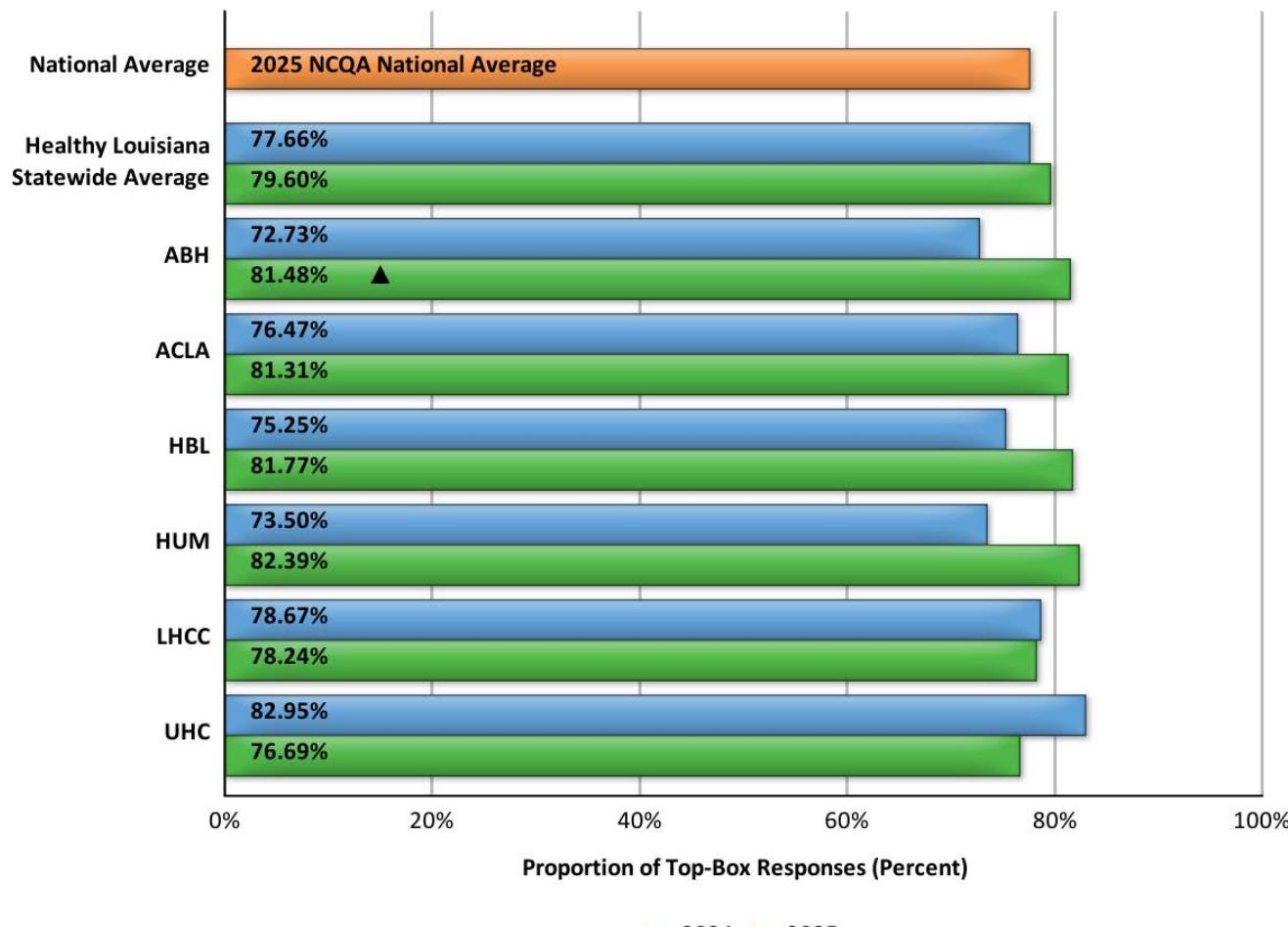
⁷ The source for certain health plan measure rates and benchmark (average and percentiles) data (the Data) is Quality Compass® 2025 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Any analysis, interpretation or conclusion based on the Data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Global Ratings

Rating of Health Plan

Respondents were asked to rate their health plan on a scale of 0 to 10, with 0 being the “worst health plan possible” and 10 being the “best health plan possible.” Ratings scoring an 8, 9, or 10 are considered achievement scores. Figure 2-8 shows the adult achievement scores and the 2025 NCQA adult Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Rating of Health Plan* global rating.

Figure 2-8—Comparative Analyses: Rating of Health Plan



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.

↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

H Indicates the score is statistically significantly higher than the NCQA national average.

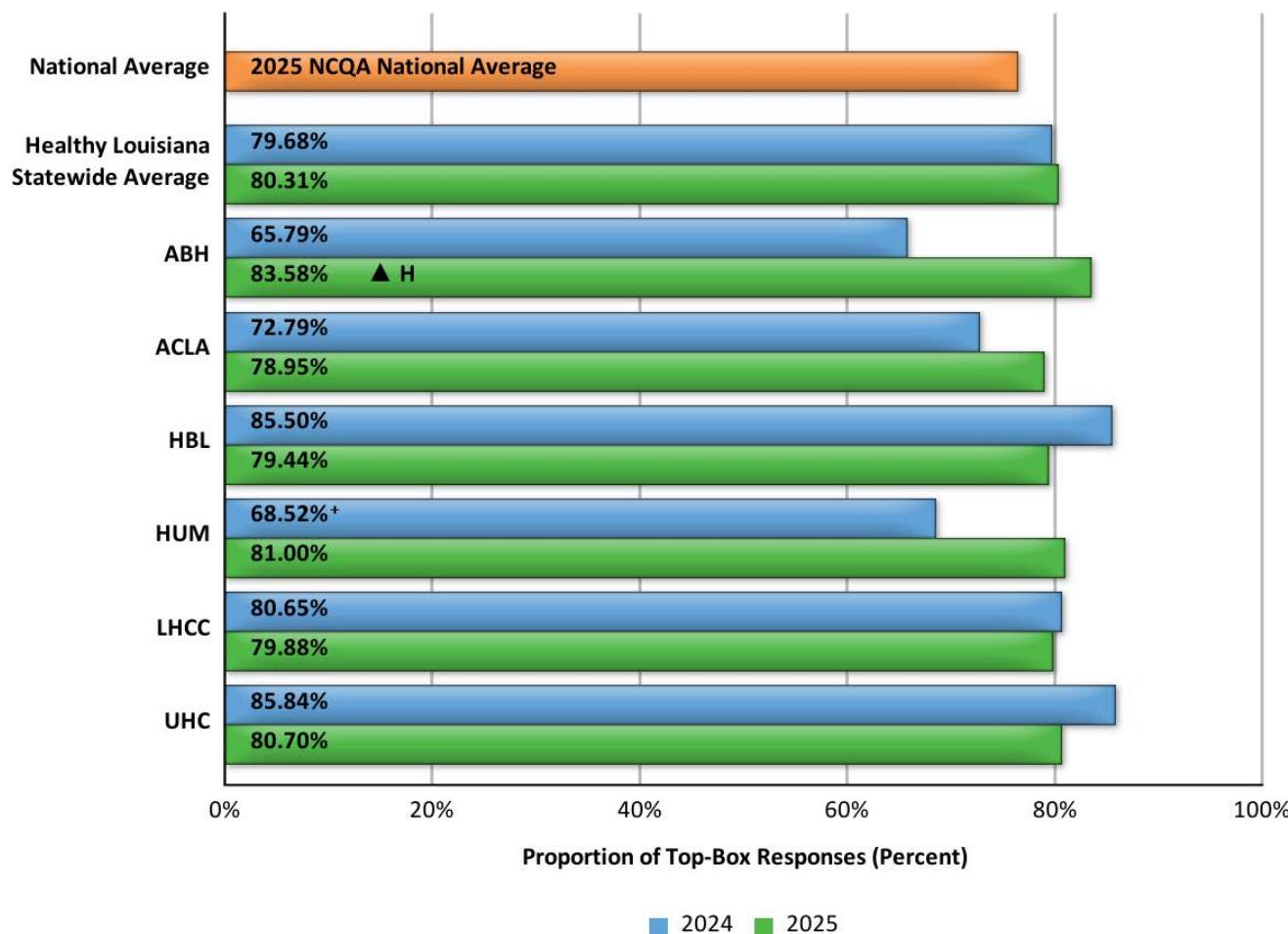
L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓ or H,L) appear on the figure.

Rating of All Health Care

Respondents were asked to rate their health care on a scale of 0 to 10, with 0 being the “worst health care possible” and 10 being the “best health care possible.” Ratings scoring 8, 9, or 10 are considered achievement scores. Figure 2-9 shows the adult achievement scores and the 2025 NCQA adult Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Rating of All Health Care* global rating.

Figure 2-9—Comparative Analyses: Rating of All Health Care



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.

↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

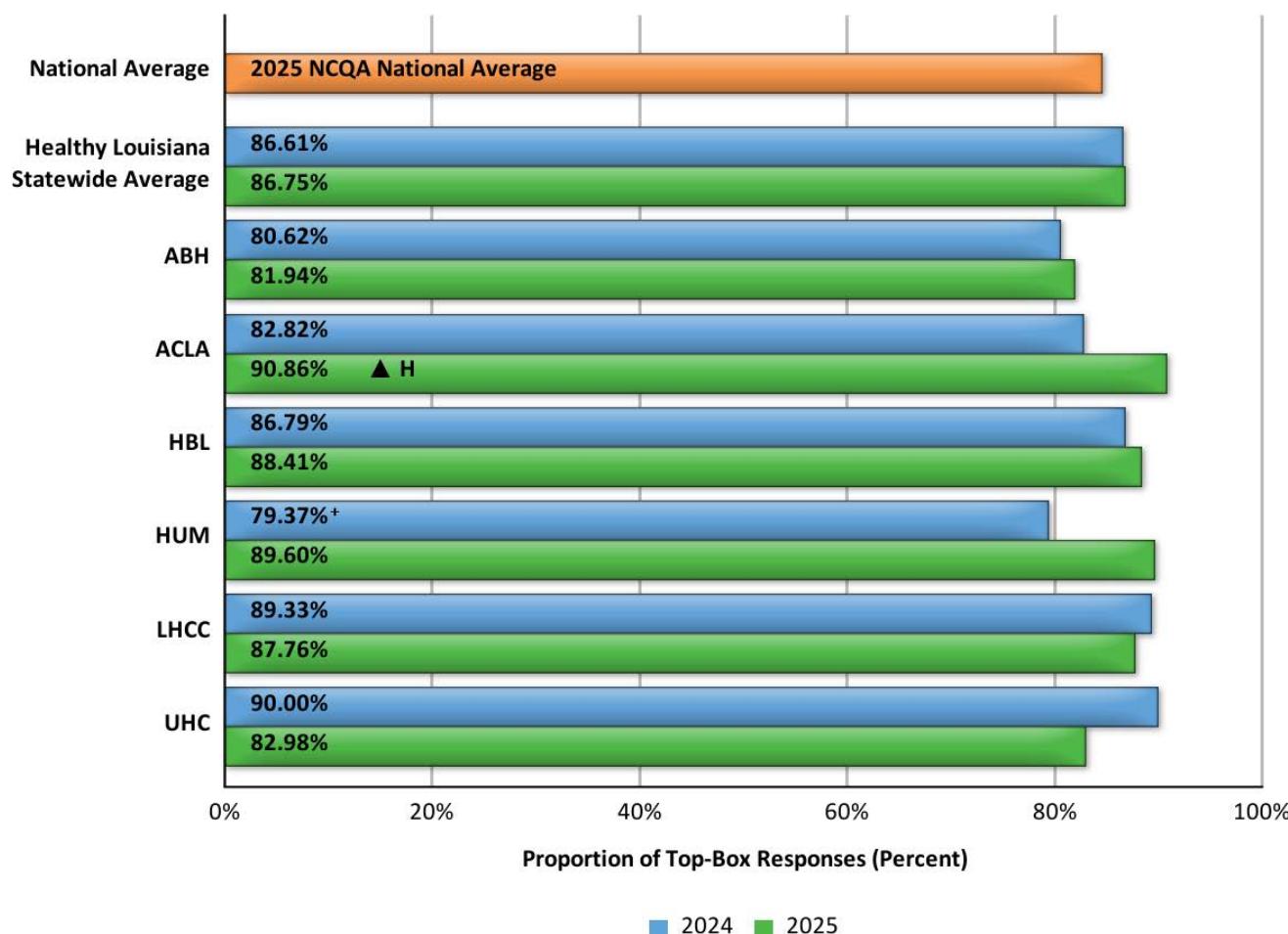
If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓ or H,L) appear on the figure.

⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Rating of Personal Doctor

Respondents were asked to rate their personal doctor on a scale of 0 to 10, with 0 being the “worst personal doctor possible” and 10 being the “best personal doctor possible.” Ratings scoring 8, 9, or 10 are considered achievement scores. Figure 2-10 shows the adult achievement scores and the 2025 NCQA adult Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Rating of Personal Doctor* global rating.

Figure 2-10—Comparative Analyses: Rating of Personal Doctor



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.

↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

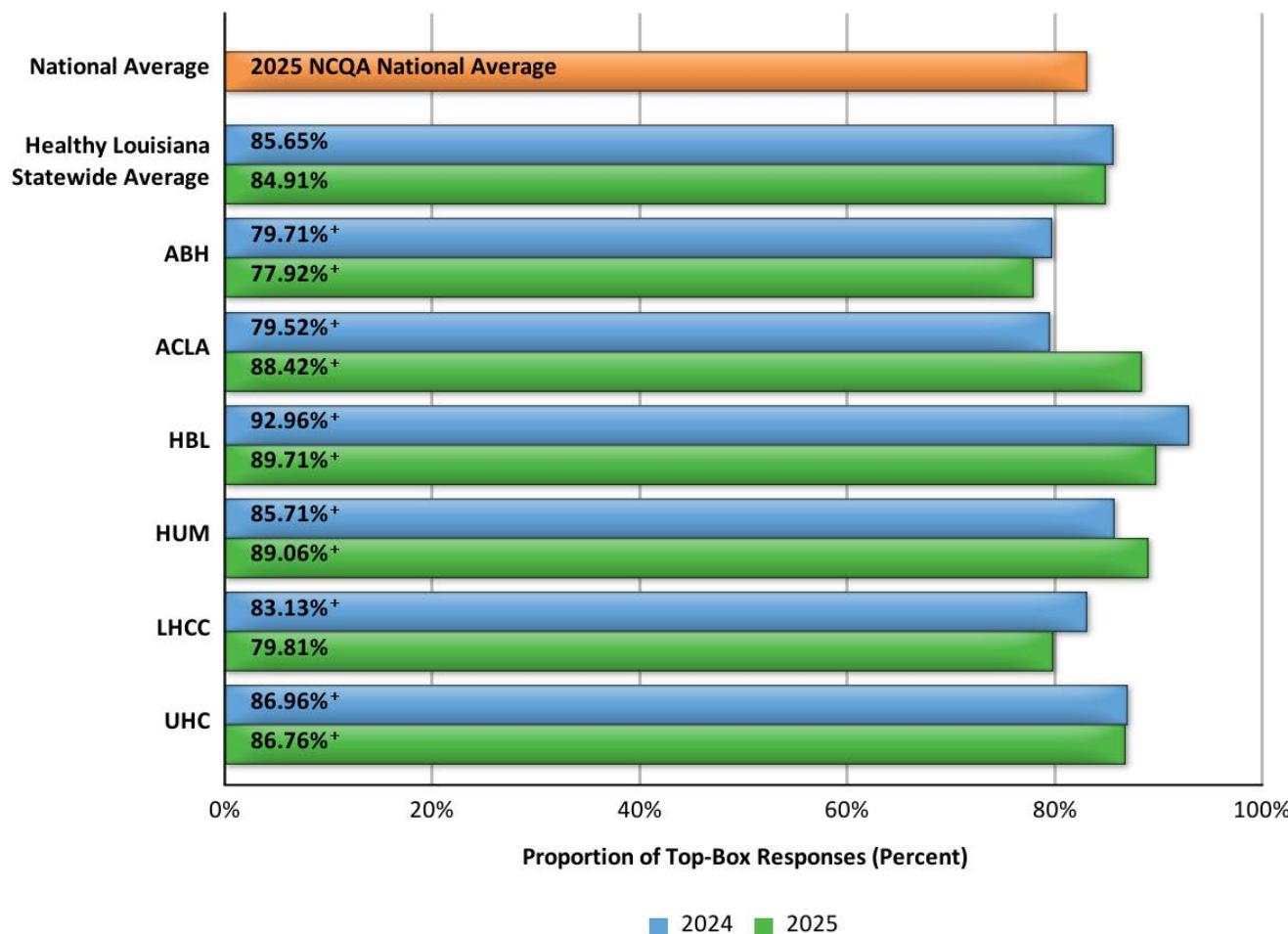
If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓ or H,L) appear on the figure.

* Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Rating of Specialist Seen Most Often

Respondents were asked to rate their specialist on a scale of 0 to 10, with 0 being the “worst specialist possible” and 10 being the “best specialist possible.” Ratings scoring an 8, 9, or 10 are considered achievement scores. Figure 2-11 shows the adult achievement scores and the 2025 NCQA adult Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Rating of Specialist Seen Most Often* global rating.

Figure 2-11—Comparative Analyses: Rating of Specialist Seen Most Often



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.
↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.
H Indicates the score is statistically significantly higher than the NCQA national average.
L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓ or H,L) appear on the figure.

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

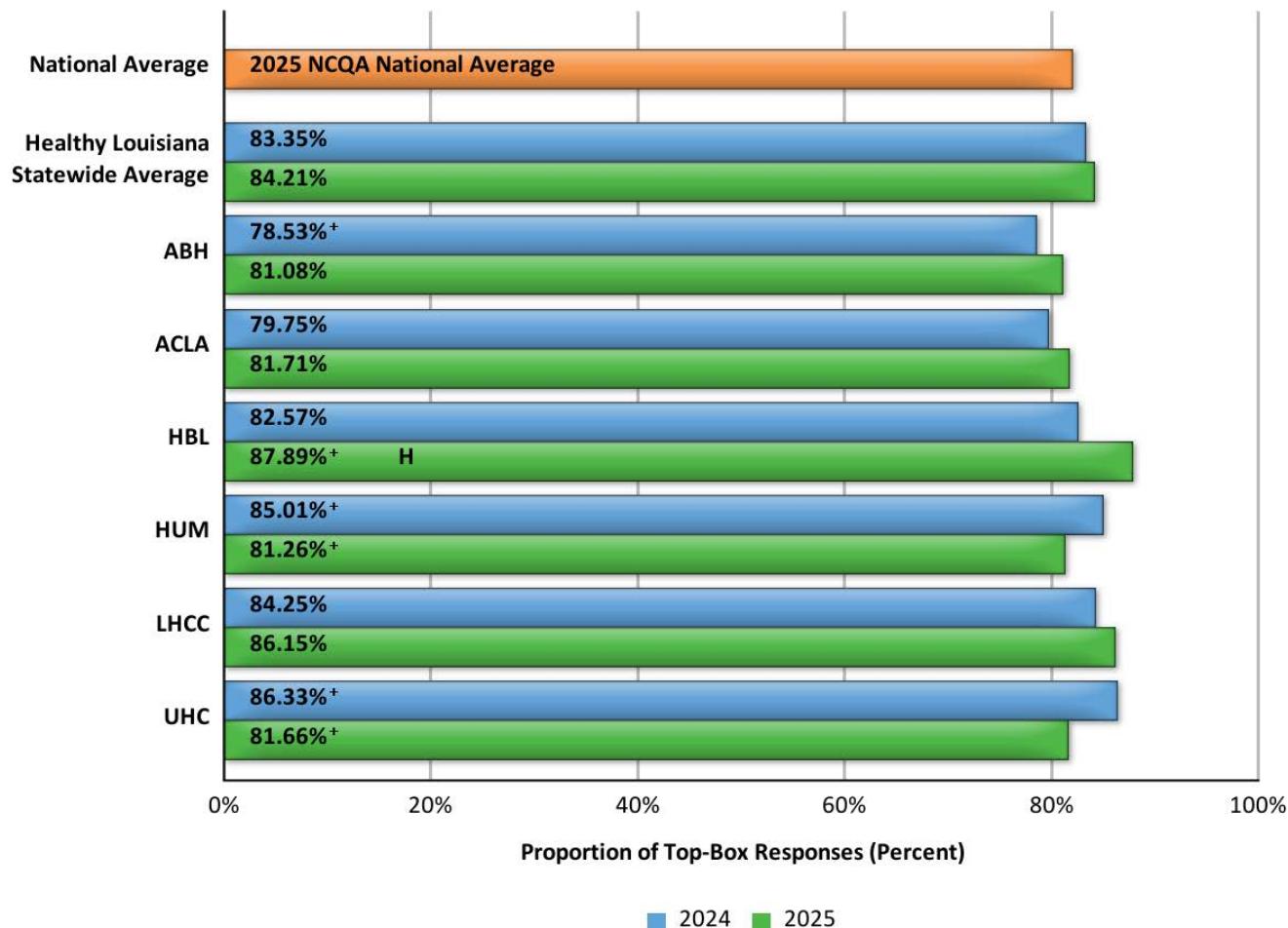
Composite Measures

Getting Needed Care

Respondents were asked to assess how often (never, sometimes, usually, or always) it was easy to get needed care:

- In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?
- In the last 6 months, how often did you get an appointment with a specialist as soon as you needed?

Response options of Usually and Always are considered achievement scores. Figure 2-12 shows the adult achievement scores and the 2025 NCQA adult Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Getting Needed Care* composite measure.

Figure 2-12—Comparative Analyses: Getting Needed Care


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.

↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓ or H,L) appear on the figure.

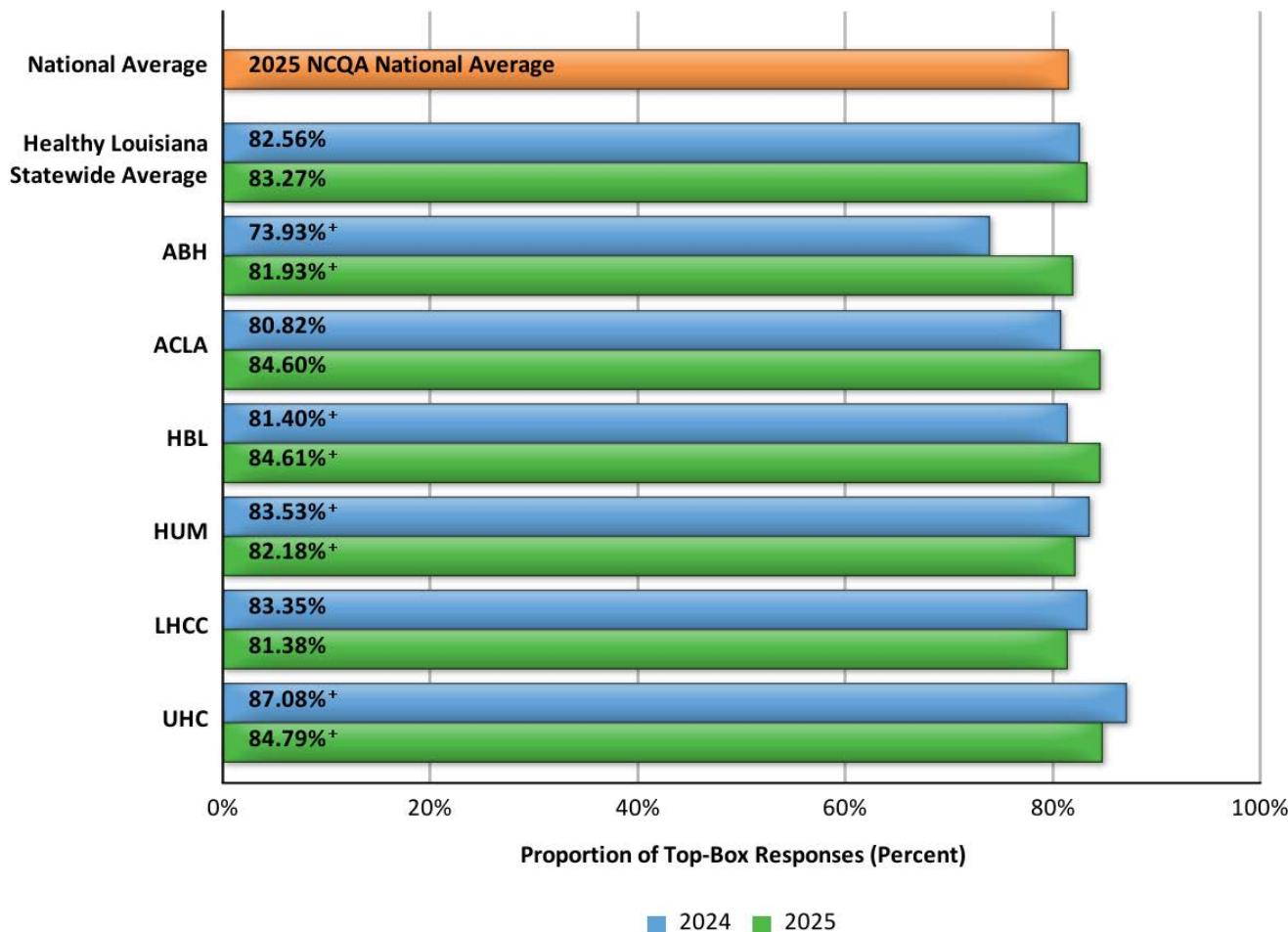
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Getting Care Quickly

Respondents were asked to assess how often (never, sometimes, usually, or always) it was easy to get care quickly:

- In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?
- In the last 6 months, how often did you get an appointment for a check-up or routine care at a doctor's office or clinic as soon as you needed?

Response options of Usually and Always are considered achievement scores. Figure 2-13 shows the adult achievement scores and the 2025 NCQA adult Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Getting Care Quickly* composite measure.

Figure 2-13—Comparative Analyses: Getting Care Quickly


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.

↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲,▼ or ↑,↓ or H,L) appear on the figure.

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

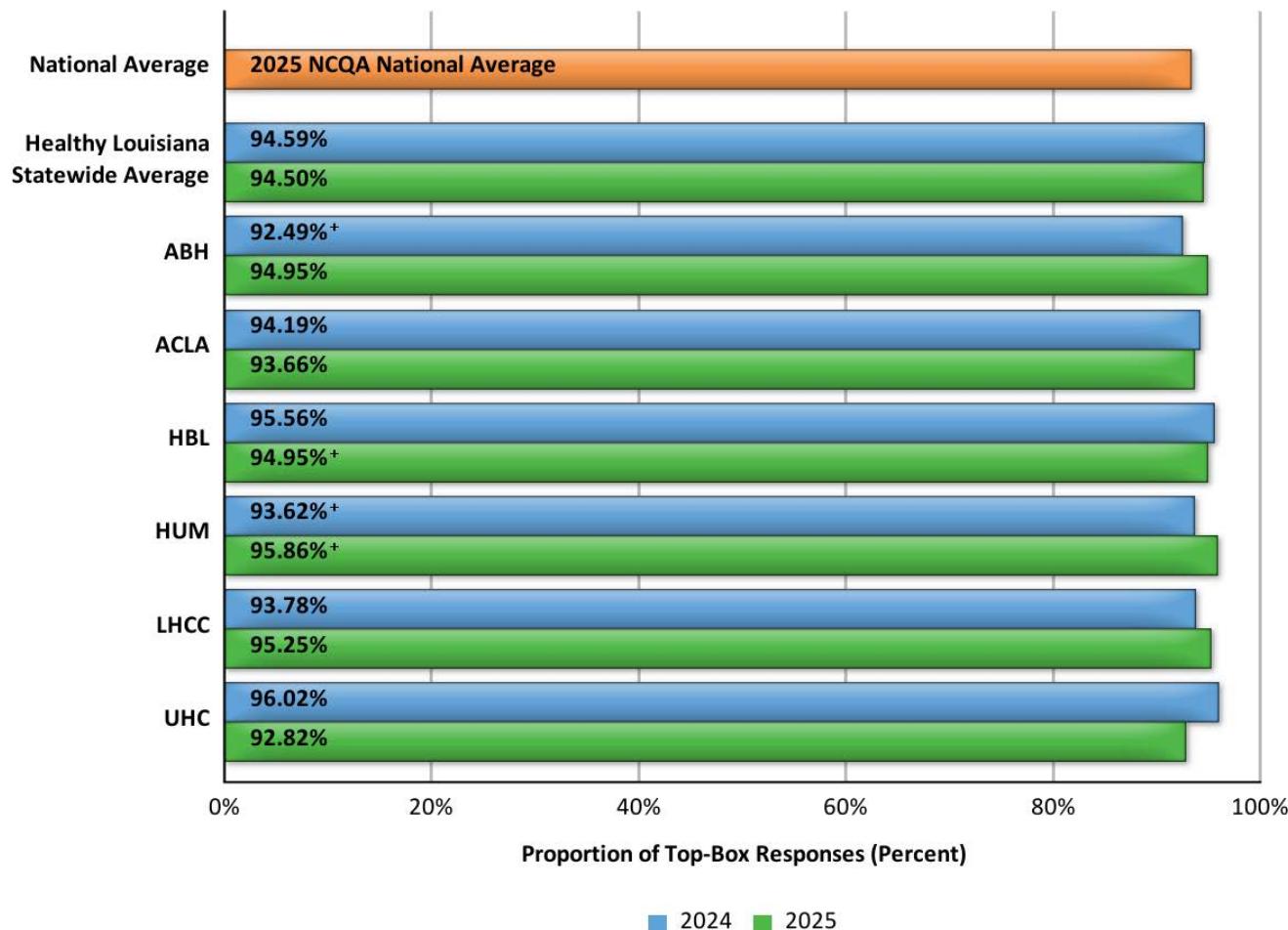
How Well Doctors Communicate

Respondents were asked to assess how often (never, sometimes, usually, or always) the respondent's personal doctor communicated well with them:

- In the last 6 months, how often did your personal doctor explain things in a way that was easy to understand?
- In the last 6 months, how often did your personal doctor listen carefully to you?
- In the last 6 months, how often did your personal doctor show respect for what you had to say?
- In the last 6 months, how often did your personal doctor spend enough time with you?

Response options of Usually and Always are considered achievement scores. Figure 2-14 shows the adult achievement scores and the 2025 NCQA adult Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *How Well Doctors Communicate* composite measure.

Figure 2-14—Comparative Analyses: How Well Doctors Communicate



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.

↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

H Indicates the score is statistically significantly higher than the NCQA national average.

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If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓ or H,L) appear on the figure.

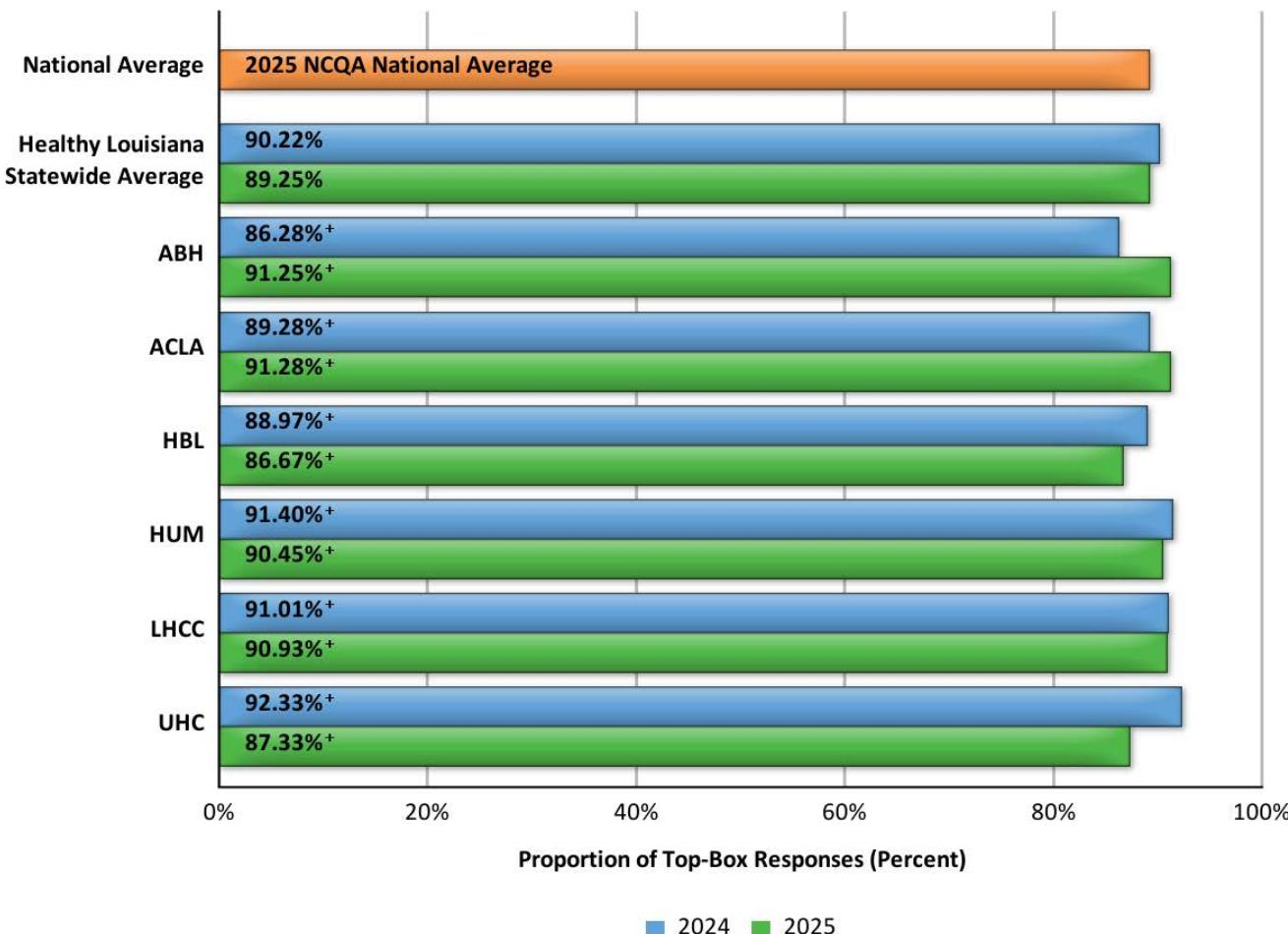
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Customer Service

Respondents were asked to assess how often (never, sometimes, usually, or always) respondents had a positive experience with their plan's customer service:

- In the last 6 months, how often did your health plan's customer service give you information or help you needed?
- In the last 6 months, how often did your health plan's customer service staff treat you with courtesy and respect?

Response options of Usually and Always are considered achievement scores. Figure 2-15 shows the adult achievement scores and the 2025 NCQA adult Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Customer Service* composite measure.

Figure 2-15—Comparative Analyses: Customer Service


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.

↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲,▼ or ↑,↓ or H,L) appear on the figure.

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

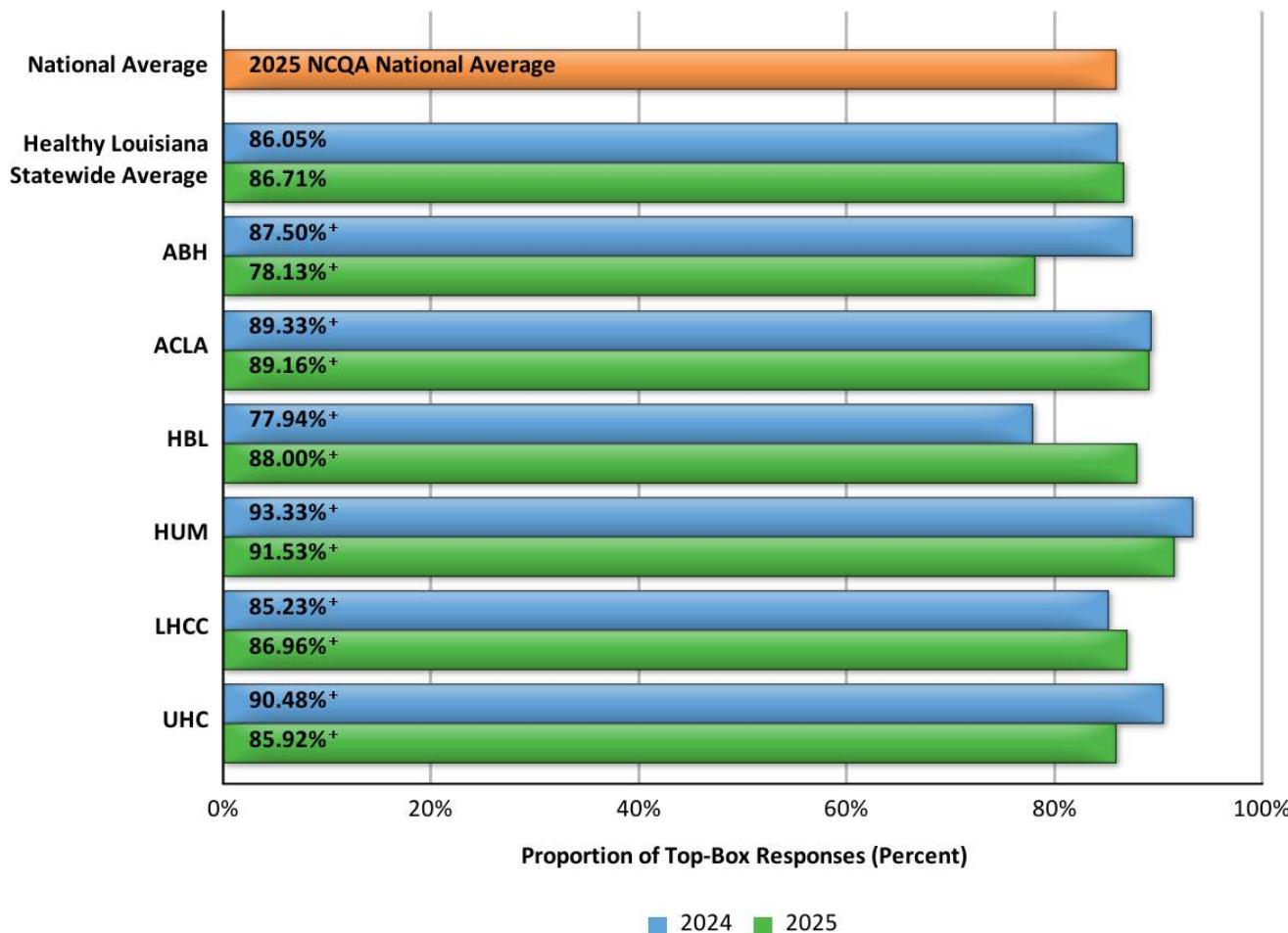
Individual Item Measure

Coordination of Care

Respondents were asked to assess how often (never, sometimes, usually, or always) the respondent's personal doctor seemed informed and up-to-date:

- In the last 6 months, how often did your personal doctor seem informed and up-to-date about the care you got from these doctors or other health providers?

Response options of Usually and Always are considered achievement scores. Figure 2-16 shows the adult achievement scores and the 2025 NCQA adult Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Coordination of Care* individual item measure.

Figure 2-16—Comparative Analyses: Coordination of Care


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.

↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

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L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲,▼ or ↑,↓ or H,L) appear on the figure.

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Medical Assistance With Smoking and Tobacco Use Cessation Items

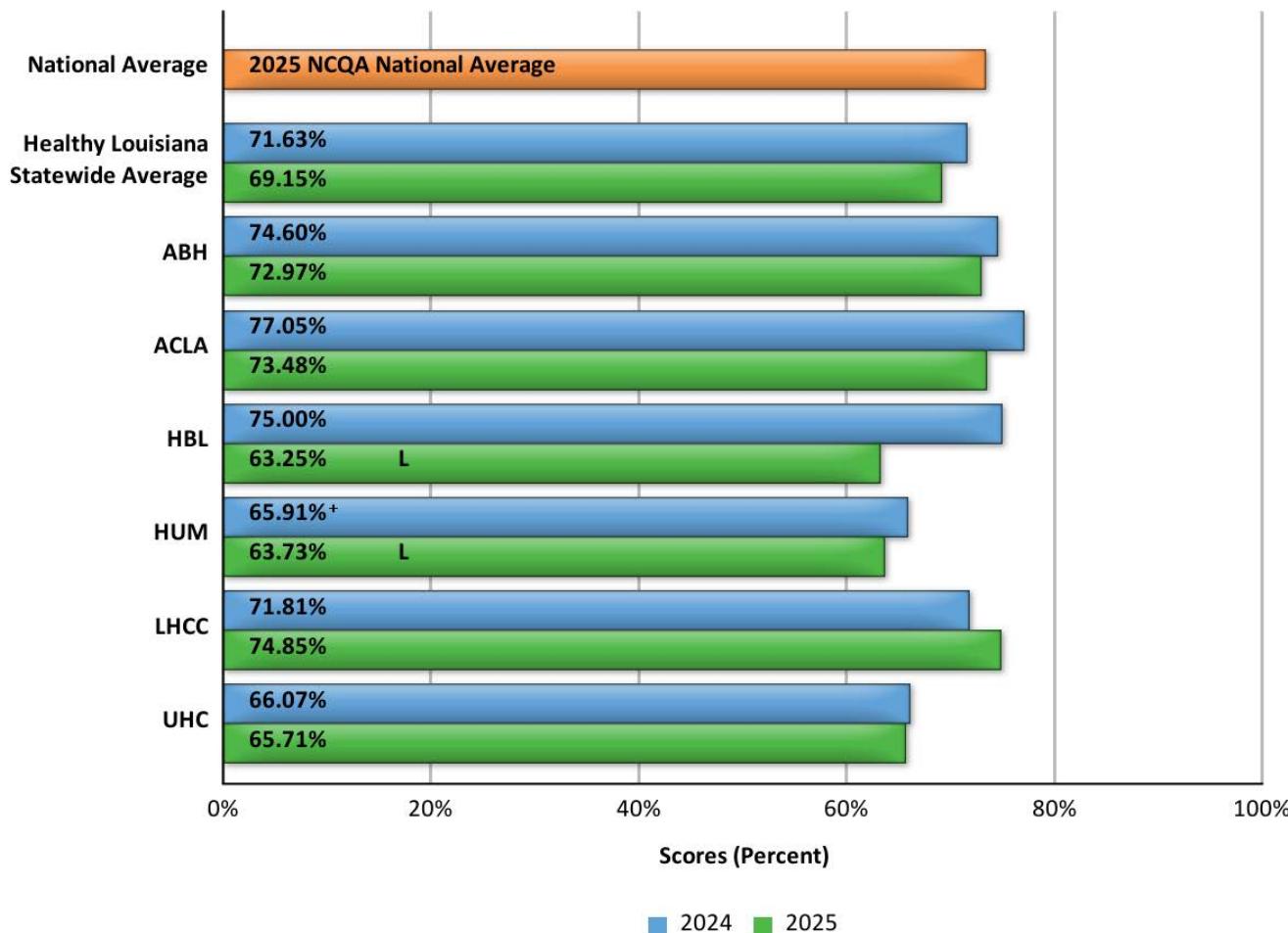
Advising Smokers and Tobacco Users to Quit

Respondents were asked to assess how often (never, sometimes, usually, or always) they were advised to quit smoking or using tobacco:

- In the last 6 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

Response options of Sometimes, Usually, and Always are considered achievement scores. Figure 2-17 shows the adult achievement scores and the 2025 NCQA adult Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Advising Smokers and Tobacco Users to Quit* measure item.

Figure 2-17—Comparative Analyses: Advising Smokers and Tobacco Users to Quit



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

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↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

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L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓ or H, L) appear on the figure.

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

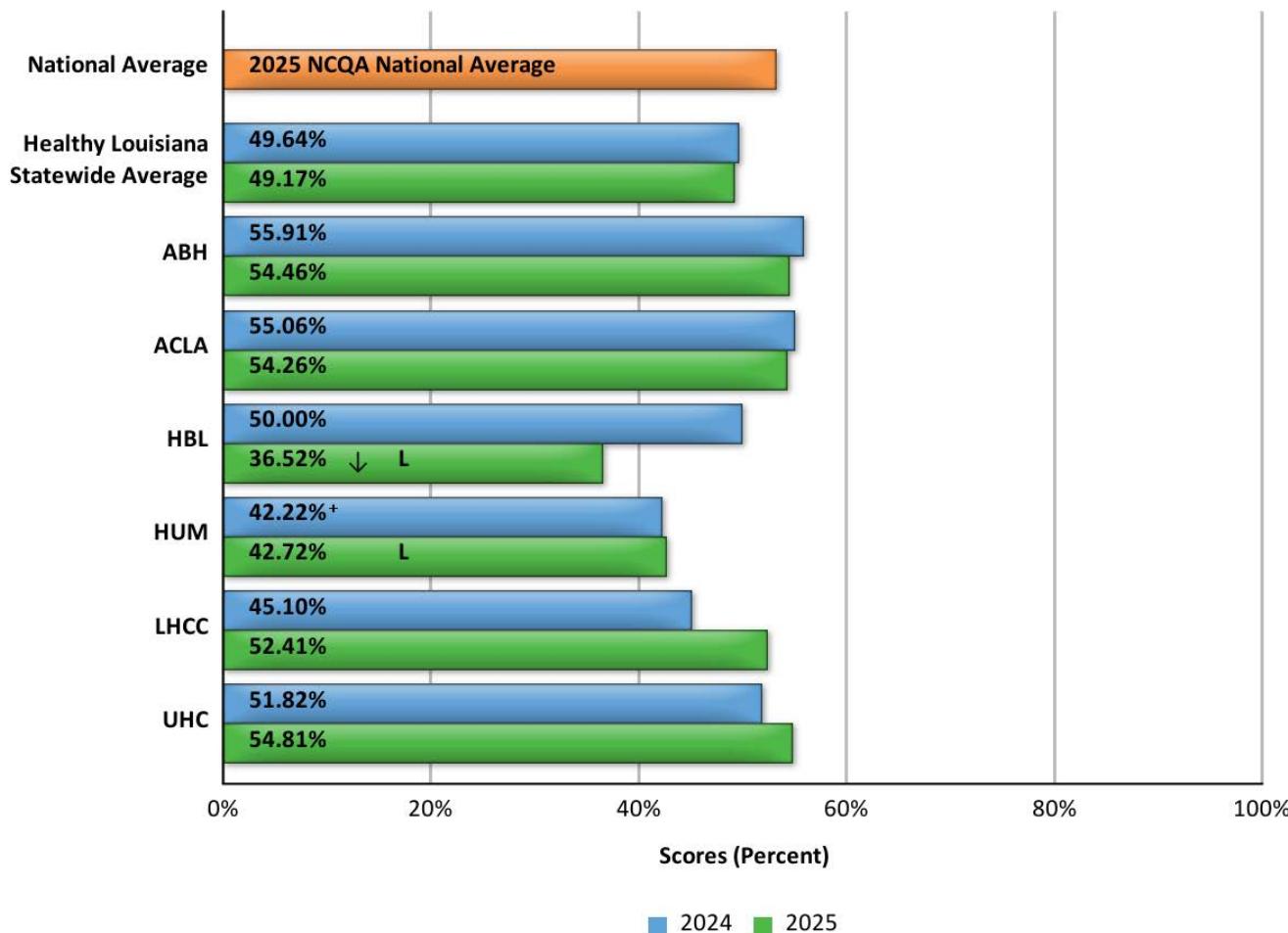
Discussing Cessation Medications

Respondents were asked to assess how often (never, sometimes, usually, or always) medication was recommended or discussed by a doctor or health provider to assist with quitting smoking or using tobacco:

- In the last 6 months, how often was medication recommended or discussed by a doctor or health provider to assist you with quitting smoking or using tobacco? Examples of medication are: nicotine gum, patch, nasal spray, inhaler, or prescription medication.

Response options of Sometimes, Usually, and Always are considered achievement scores. Figure 2-18 shows the adult achievement scores and the 2025 NCQA adult Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Discussing Cessation Medications* measure item.

Figure 2-18—Comparative Analyses: Discussing Cessation Medications



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.

↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲,▼ or ↑,↓ or H,L) appear on the figure.

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

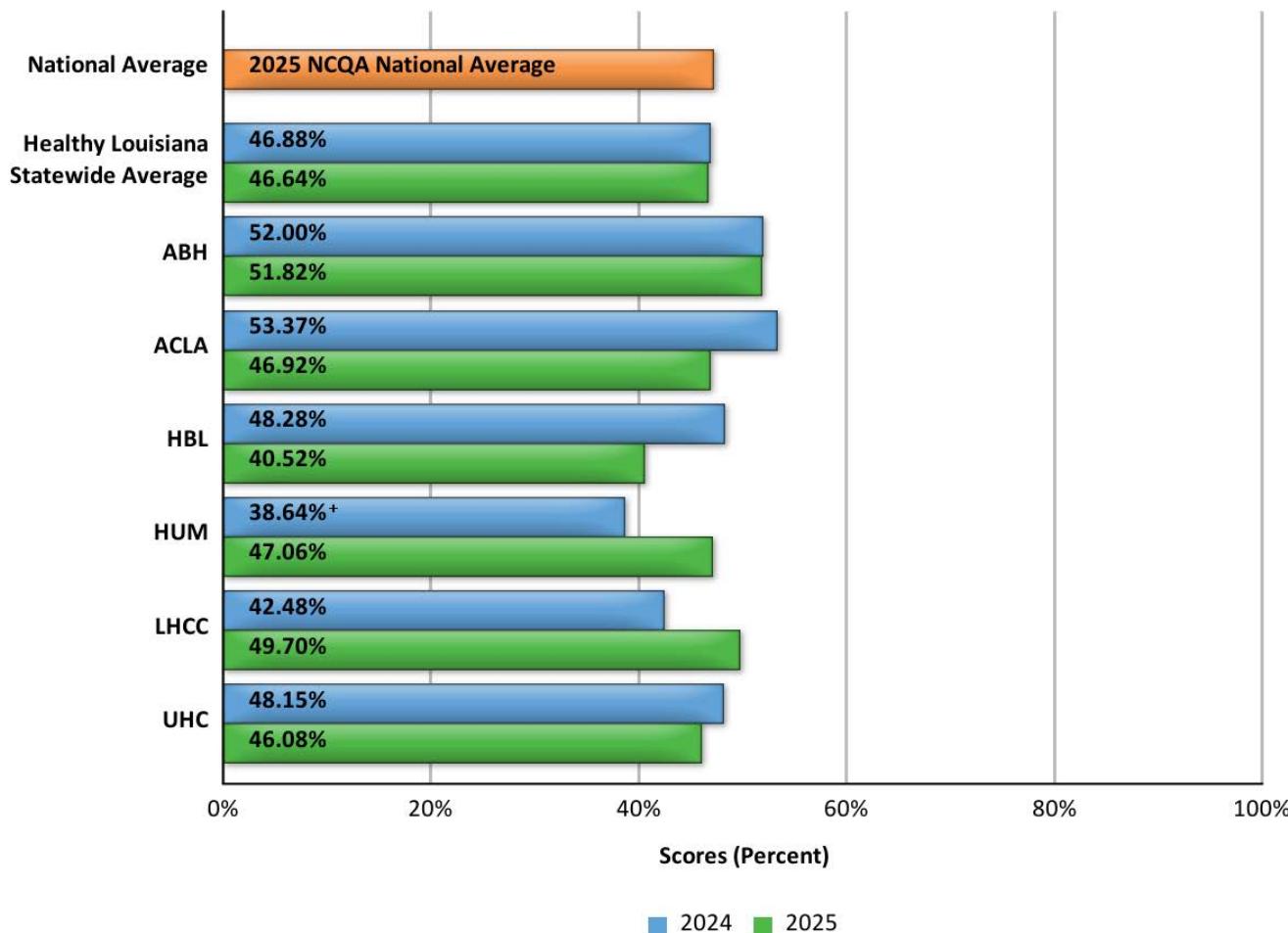
Discussing Cessation Strategies

Respondents were asked to assess how often (never, sometimes, usually, or always) doctors or health providers discussed or provided methods and strategies other than medication to assist with quitting smoking or using tobacco:

- In the last 6 months, how often did your doctor or health provider discuss or provide methods and strategies other than medication to assist you with quitting smoking or using tobacco? Examples of methods and strategies are: telephone helpline, individual or group counseling, or cessation program.

Response options of Sometimes, Usually, and Always are considered achievement scores. Figure 2-19 shows the adult achievement scores and the 2025 NCQA adult Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Discussing Cessation Strategies* measure item.

Figure 2-19—Comparative Analyses: Discussing Cessation Strategies



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.

↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

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If no statistically significant differences were found, no indicators (▲,▼ or ↑,↓ or H,L) appear on the figure.

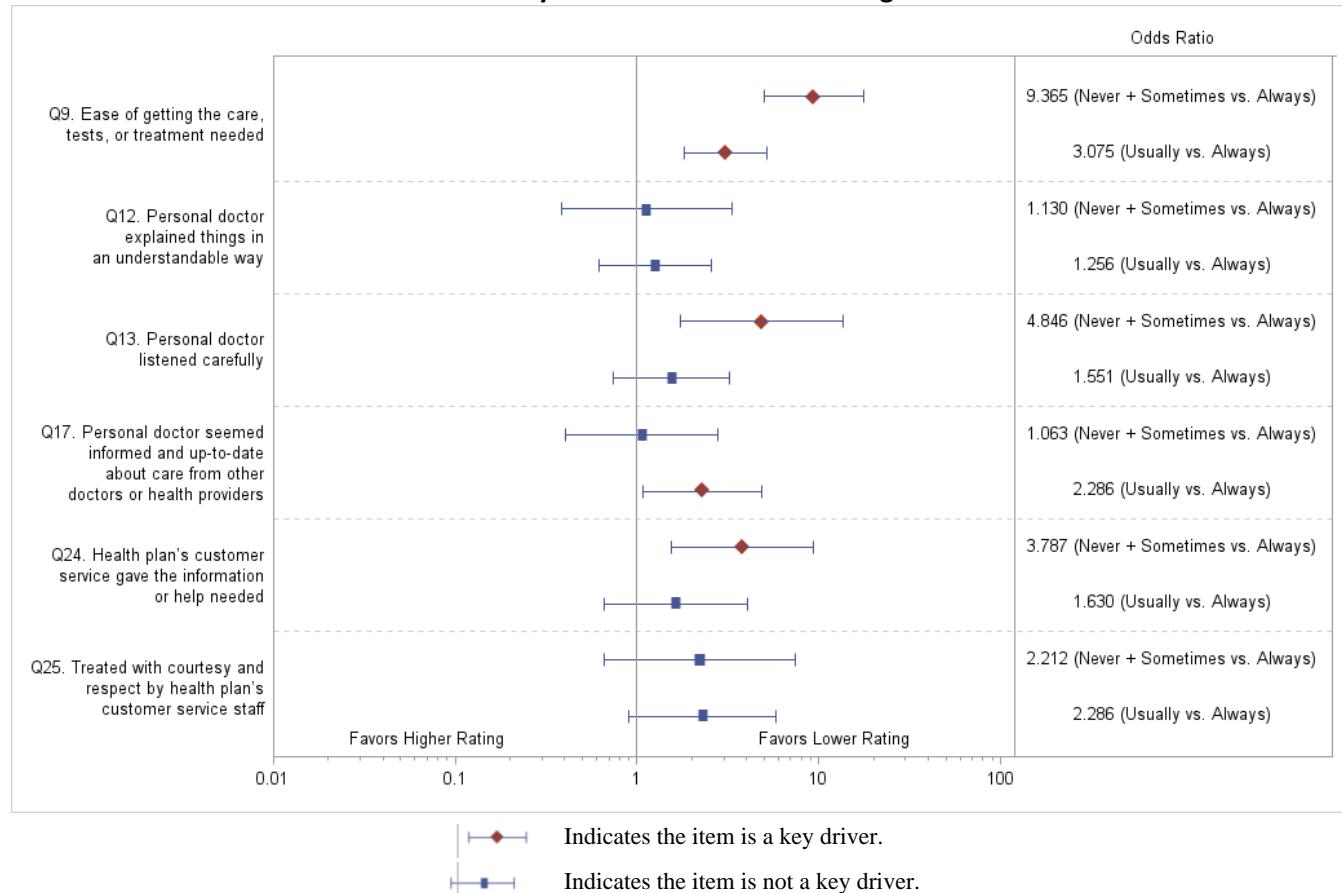
⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Key Drivers of Member Experience Analysis

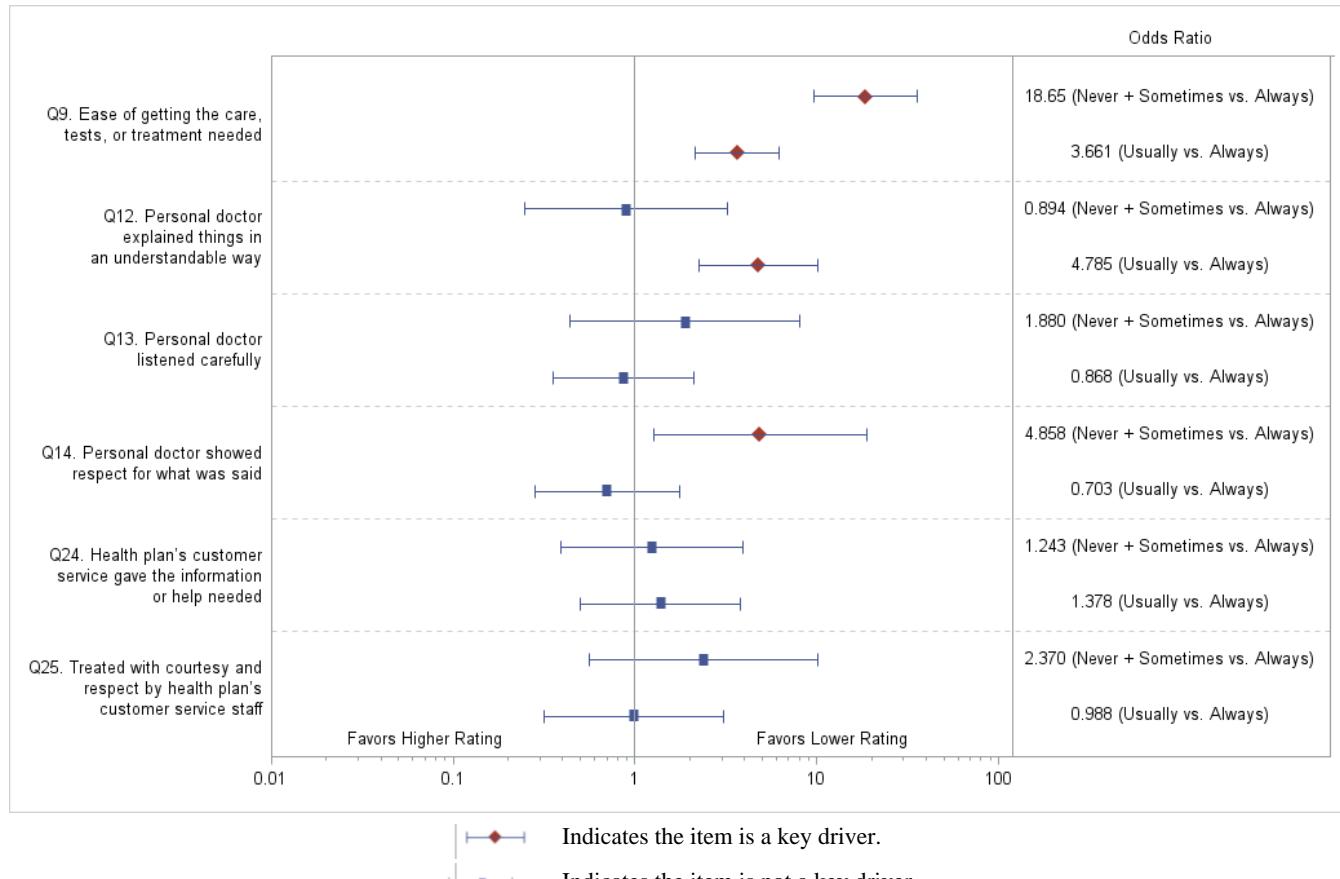
HSAG performed an analysis of key drivers for three measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*. Key drivers of member experience are defined as those items (i.e., questions) for which the odds ratio is statistically significantly greater than 1.

Figure 2-20 through Figure 2-22 show the key drivers of member experience analysis results for each of the three measures for the Healthy Louisiana Statewide Average adult population. The items identified as key drivers are indicated with a red diamond.

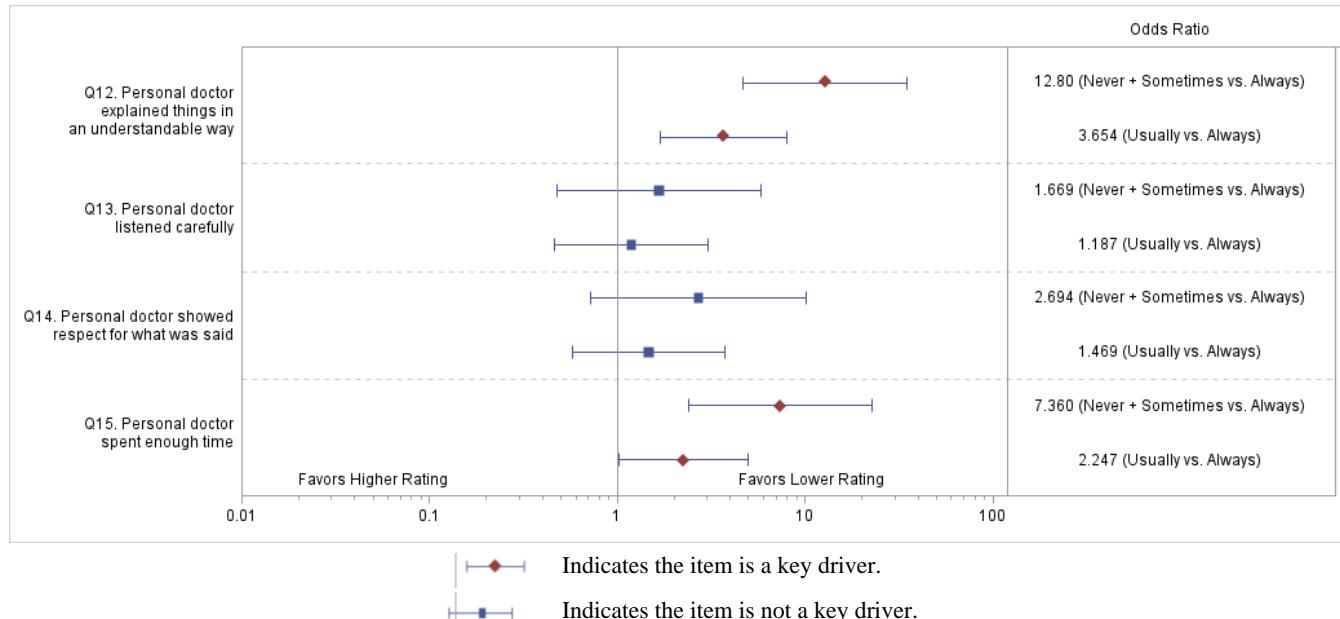
**Figure 2-20—Key Drivers of Member Experience: Rating of Health Plan—
Healthy Louisiana Statewide Average**



**Figure 2-21—Key Drivers of Member Experience: Rating of All Health Care—
Healthy Louisiana Statewide Average**



**Figure 2-22—Key Drivers of Member Experience: Rating of Personal Doctor—
Healthy Louisiana Statewide Average**



3. General Child Results

Response Rates

The response rate is the total number of completed surveys divided by all eligible members of the sample. Table 3-1 shows the distribution of child survey dispositions and the response rates for the Healthy Louisiana Statewide Average and all participating MCOs.

Table 3-1—Distribution of Survey Dispositions and Response Rates

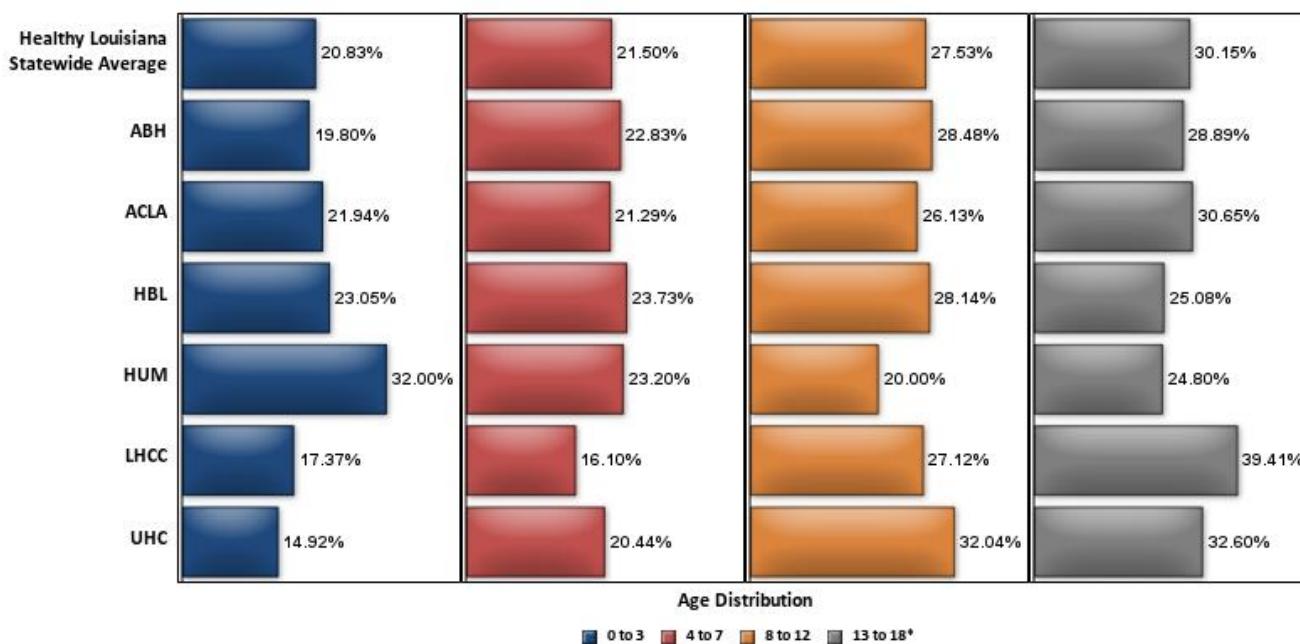
	Sample Size	Ineligibles Records	Eligibles Sample	Completed Surveys	Response Rate
Healthy Louisiana Statewide Average	14,802	234	14,568	1,728	11.86%
ABH	3,300	66	3,234	517	15.99%
ACLA	3,366	62	3,304	325	9.84%
HBL	2,031	41	1,990	312	15.68%
HUM	1,650	29	1,621	131	8.08%
LHCC	2,475	23	2,452	251	10.24%
UHC	1,980	13	1,967	192	9.76%

Child Member Demographics

In general, the demographics of a response group may influence overall member experience scores. For example, parents/caretakers of healthier children tend to report higher levels of member experience; therefore, caution should be exercised when comparing populations that have significantly different demographic characteristics.

Figure 3-1 through Figure 3-6 show the age, gender, race, ethnicity, general health status, and mental or emotional health status of general child members whose parents/caretakers completed the survey.

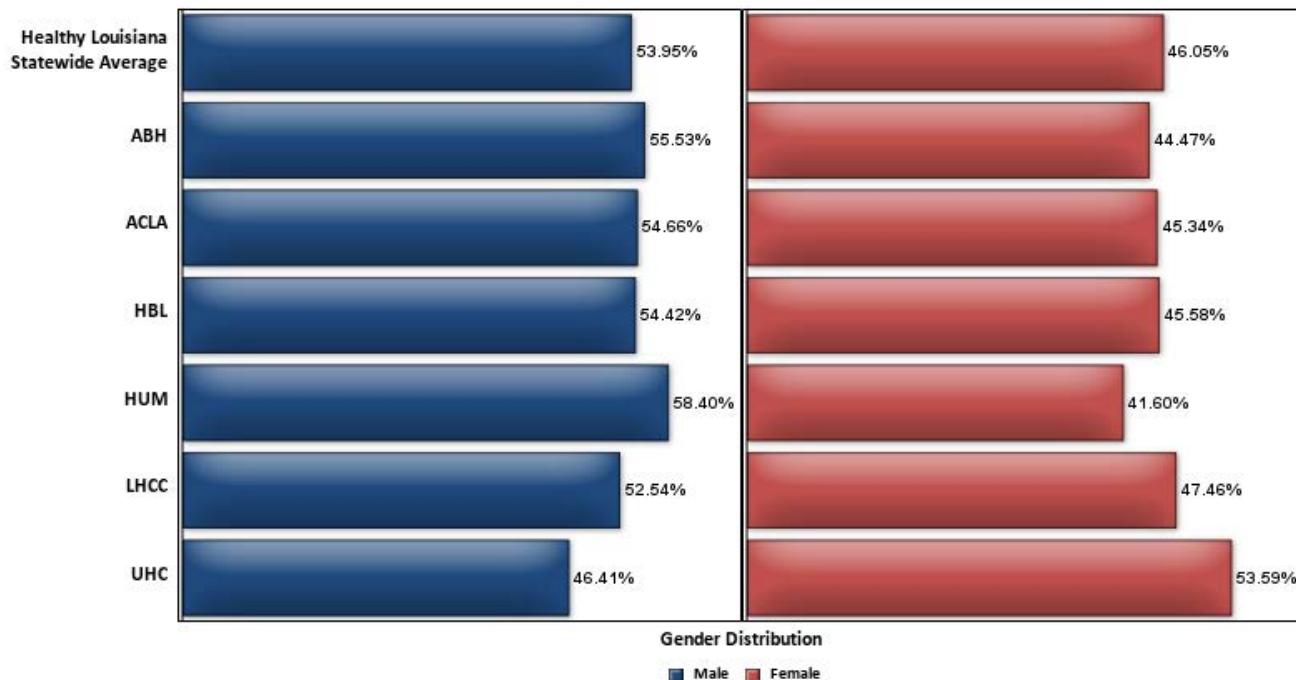
Figure 3-1—Child Member Demographics: Age



Some percentages may not total 100% due to rounding.

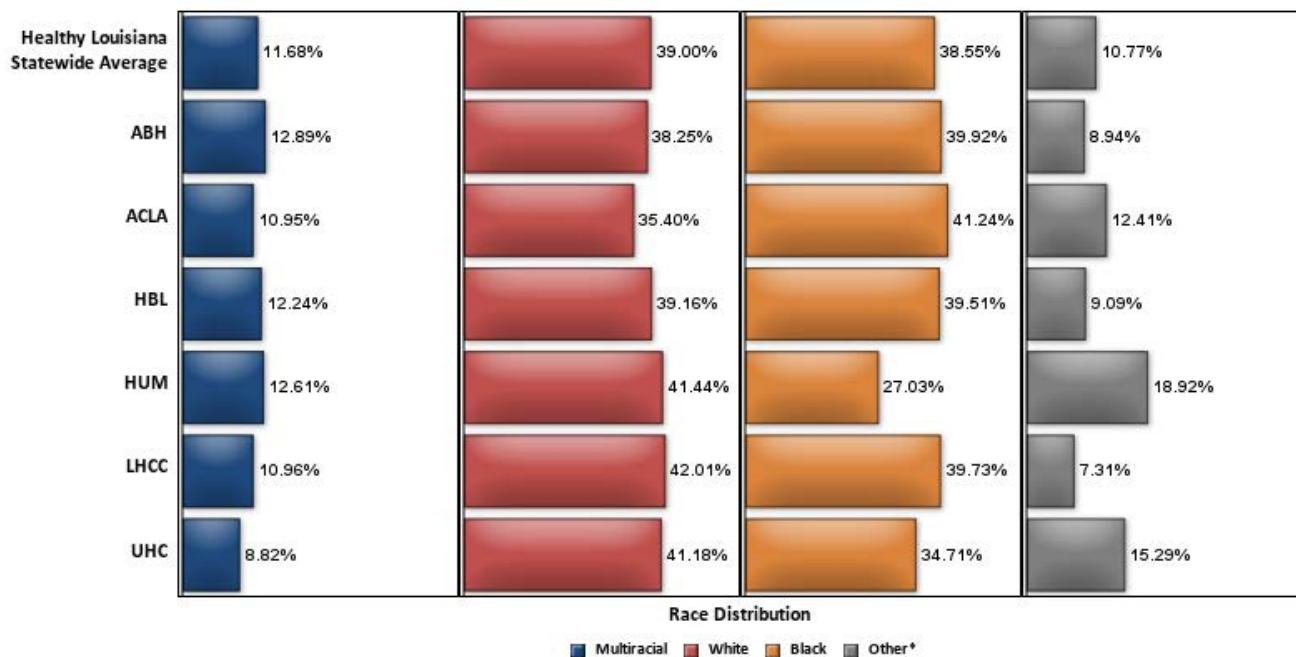
**Children were eligible for inclusion in CAHPS if they were 17 years of age or younger as of December 31, 2024. Some children eligible for the CAHPS Survey turned 18 between January 1, 2025, and the time of survey administration.*

Figure 3-2—Child Member Demographics: Gender



Some percentages may not total 100% due to rounding.

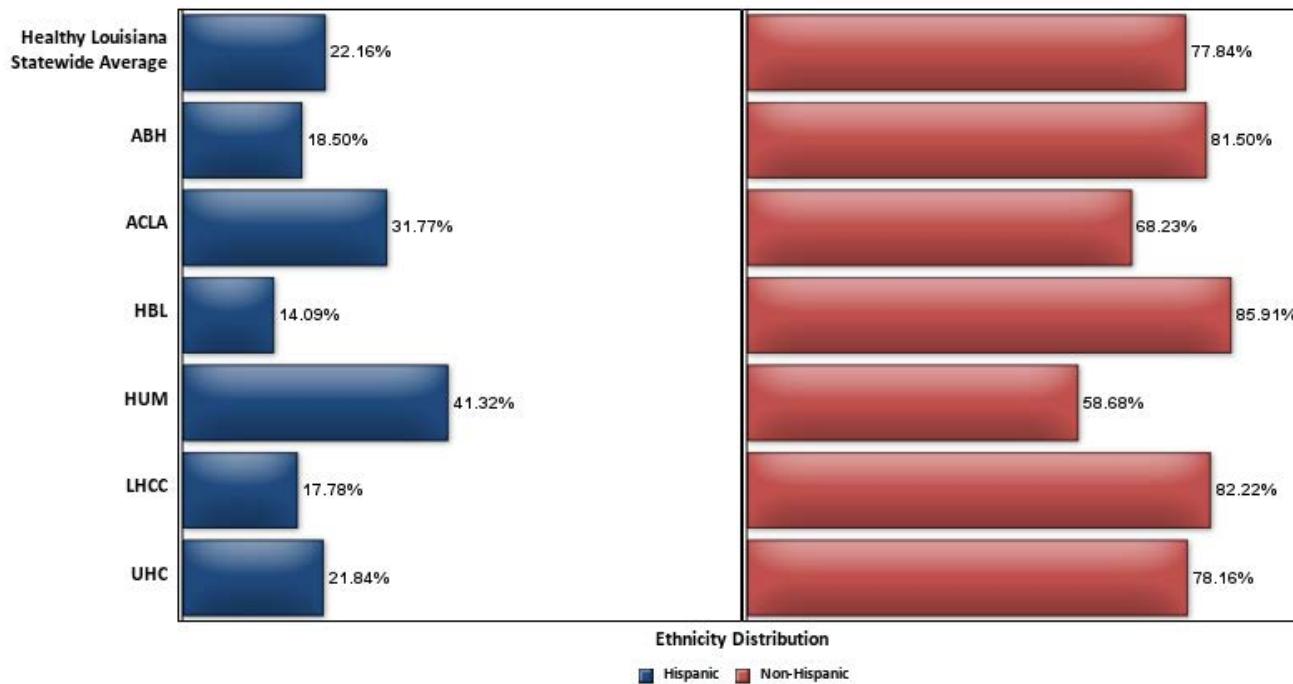
Figure 3-3—Child Member Demographics: Race



Some percentages may not total 100% due to rounding.

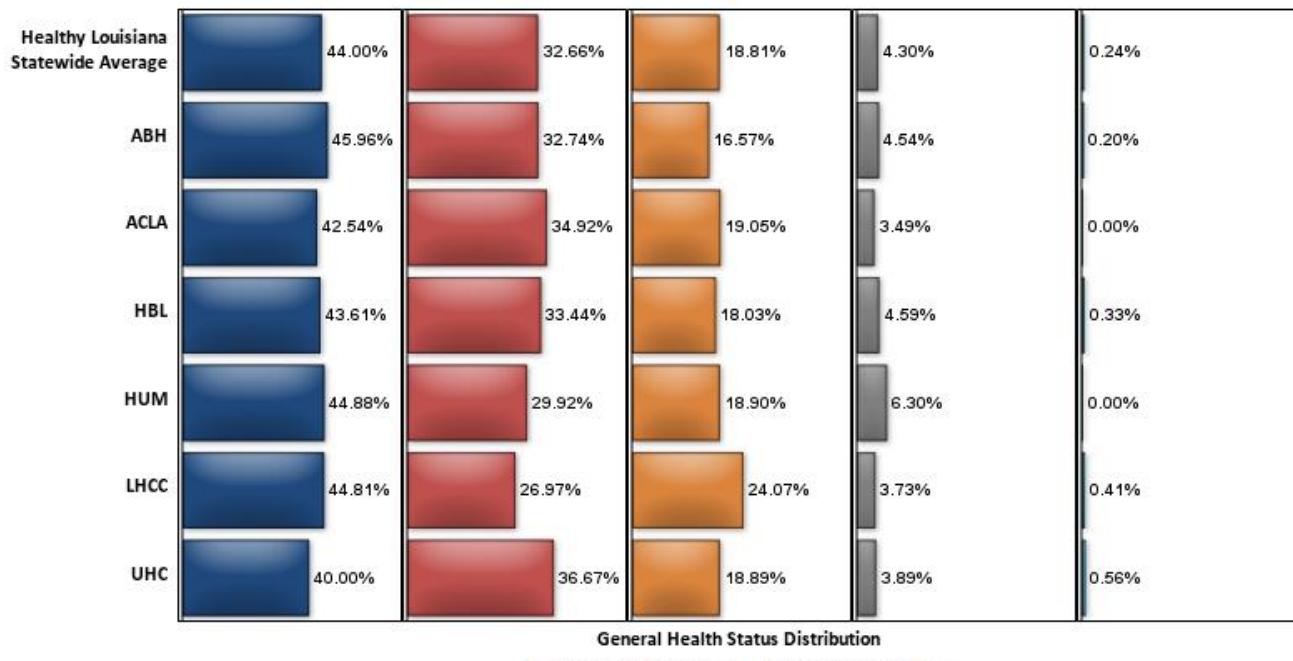
*The "Other" race category includes responses of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.

Figure 3-4—Child Member Demographics: Ethnicity



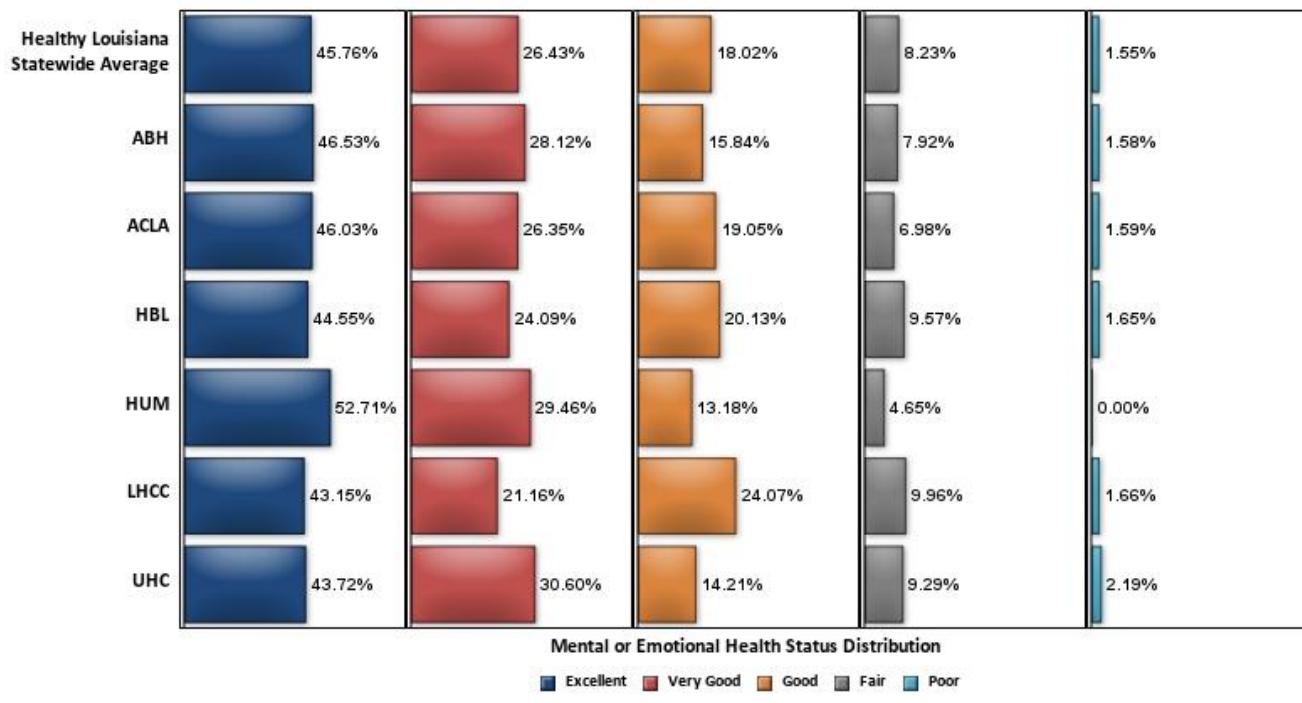
Some percentages may not total 100% due to rounding.

Figure 3-5—Child Member Demographics: General Health Status



Some percentages may not total 100% due to rounding.

Figure 3-6—Child Member Demographics: Mental or Emotional Health Status



Respondent Demographics

Figure 3-7 through Figure 3-10 show the self-reported age, gender, education level, and relationship to child for the parent/caretaker respondents who completed the survey.

Figure 3-7—Respondent Demographics: Age

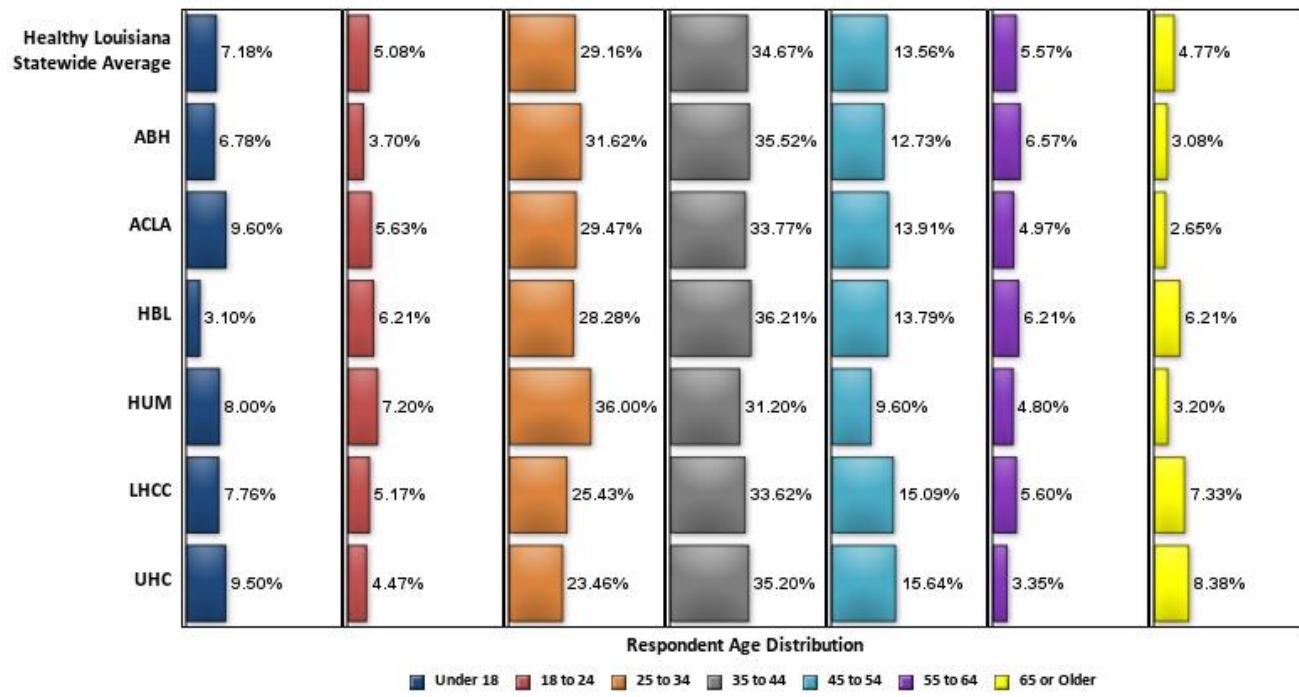
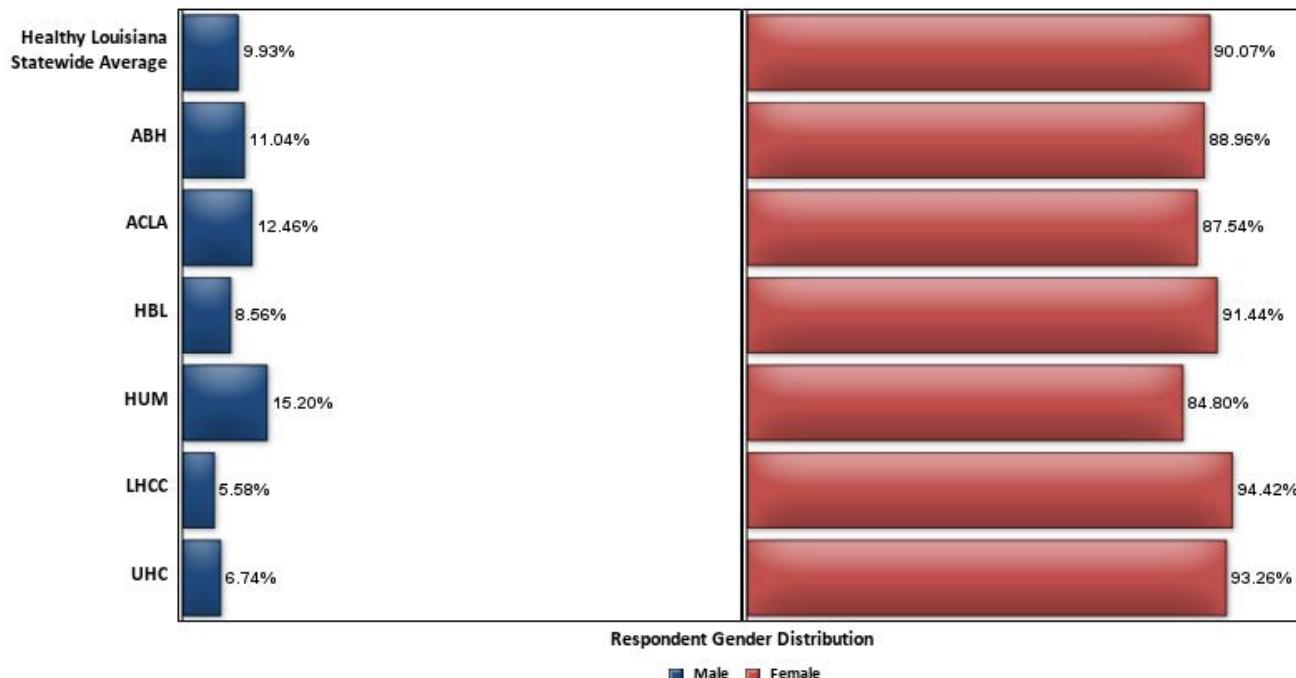
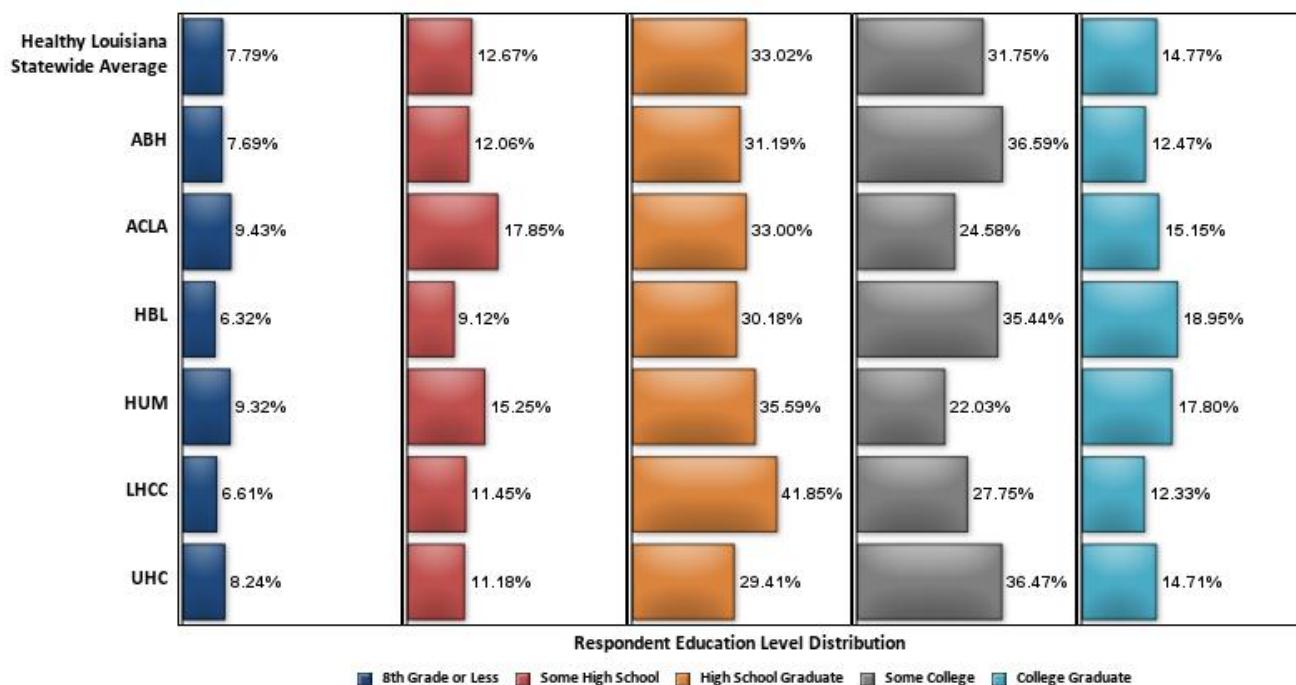


Figure 3-8—Respondent Demographics: Gender

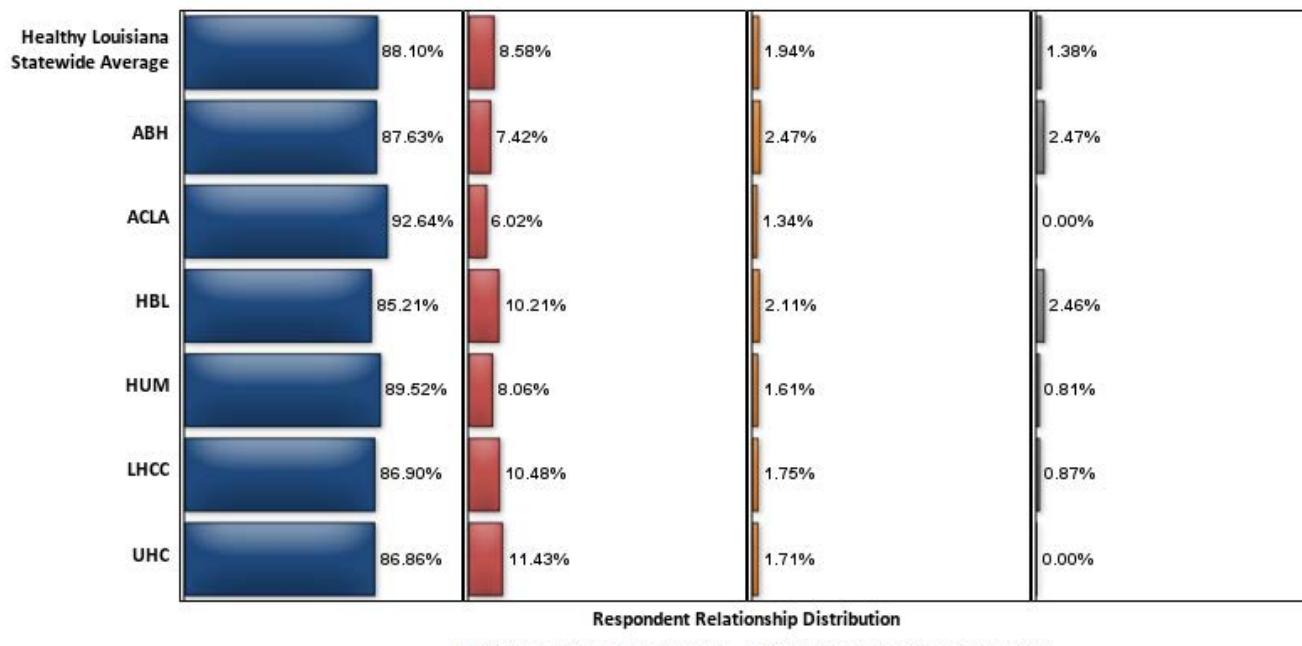


Some percentages may not total 100% due to rounding.

Figure 3-9—Respondent Demographics: Education Level



Some percentages may not total 100% due to rounding.

Figure 3-10—Respondent Demographics: Relationship to Child


Respondent Relationship Distribution

■ Mother or Father ■ Grandparent ■ Legal Guardian ■ Other Relationship*

Some percentages may not total 100% due to rounding.

**The "Other Relationship" category includes responses of aunt or uncle, older brother or sister, other relative, or someone else.*

Respondent Analysis

HSAG compared the gender of general child members whose parents/caretakers (i.e., respondent percentage) to the gender of all general child members whose parents/caretakers did not respond to the survey (i.e., non-respondent percentage) for statistically significant differences. Table 3-2 shows the results of the respondent analysis for the general child population.

Please note that the respondent analysis uses variables derived from the sample frame within the member-level data files as the data source; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the data source.

Table 3-2—Child Respondent and Non-Respondent Profiles—Gender

		Male	Female
Healthy Louisiana Statewide Average	R NR	53.41%↑ 50.03%	46.59%↓ 49.97%
ABH	R NR	55.32% 51.28%	44.68% 48.72%
ACLA	R NR	54.15% 50.81%	45.85% 49.19%
HBL	R NR	54.17% 50.44%	45.83% 49.56%
HUM	R NR	58.02%↑ 46.21%	41.98%↓ 53.79%
LHCC	R NR	52.19% 50.27%	47.81% 49.73%
UHC	R NR	44.27% 49.33%	55.73% 50.67%

An “R” indicates respondent percentage, and an “NR” indicates non-respondent percentages.
 ↑ Indicates the respondent percentage is significantly higher than the non-respondent percentage.
 ↓ Indicates the respondent percentage is significantly lower than the non-respondent percentage.
 Respondent percentages that are not statistically significantly different than the non-respondent percentages are not noted with arrows.
 Some percentages may not total 100% due to rounding.

Comparative Analyses

The Healthy Louisiana Statewide Average scores were weighted based on the eligible population for each MCO. For the program comparisons, trend analysis, and national average comparisons, there may be a difference in significance between populations with similar scores since populations with a greater number of respondents are more likely to have statistical significance. CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

National Percentile Comparisons

HSAG compared scores for each measure to NCQA's 2025 Quality Compass Benchmark and Compare Quality Data.^{8,9} Based on this comparison, HSAG determined overall member experience ratings (i.e., star ratings) of one (★) to five (★★★★★) stars, where one is the lowest possible rating (i.e., Poor) and five is the highest possible rating (i.e., Excellent). Table 3-3 shows the general child achievement scores and star ratings for each measure. The percentages presented below the stars in the table represent the scores, while the stars represent the star ratings when the scores were compared to the NCQA Quality Compass Benchmark

Table 3-3—National Percentile Comparisons

	Healthy Louisiana Statewide Average	ABH	ACLA	HBL	HUM	LHCC	UHC
Global Ratings							
Rating of Health Plan	★★ 86.51%	★ 83.43%	★★★ 88.29%	★★★ 88.89%	★★★★★ 92.13%	★★ 84.36%	★★ 85.95%
Rating of All Health Care	★★★ 88.75%	★★★ 87.93%	★★★★ 89.81%	★★★★ 89.71%	★★★★ 90.79% ⁺	★★★ 88.34%	★★★ 87.69%
Rating of Personal Doctor	★★★ 91.38%	★★★ 91.38%	★★★★★ 94.03%	★★★★ 92.34%	★★★ 91.51%	★★ 90.05%	★★★ 91.30%
Rating of Specialist Seen Most Often	★★★ 88.68%	★★ 85.59%	★ 84.06% ⁺	★★★★★ 92.31% ⁺	★★★ 87.50% ⁺	★★★★★ 92.45% ⁺	★ 84.44% ⁺

⁸ National Committee for Quality Assurance. *Quality Compass®: Benchmark and Compare Quality Data 2025*. Washington, DC: NCQA, September 2025.

⁹ The source for certain health plan measure rates and benchmark (average and percentiles) data (the Data) is Quality Compass® 2025 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Any analysis, interpretation or conclusion based on the Data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

	Healthy Louisiana Statewide Average	ABH	ACLA	HBL	HUM	LHCC	UHC
Composite Measures							
<i>Getting Needed Care</i>	★★★★★ 88.22%	★★ 83.95%	★★★ 86.03%	★★★★★ 89.49%	★ 79.34% ⁺	★★★★★ 90.79%	★★★★★ 88.97% ⁺
<i>Getting Care Quickly</i>	★★★ 88.85%	★★★ 88.77%	★★★ 86.99%	★★★★★ 91.77%	★ 81.76% ⁺	★★★★★ 90.77%	★★★ 87.57% ⁺
<i>How Well Doctors Communicate</i>	★★★ 94.96%	★★★ 94.10%	★★ 93.52%	★★ 93.73%	★★ 92.79% ⁺	★★★ 95.49%	★★★★★ 96.69%
<i>Customer Service</i>	★★★★★ 90.66%	★★★★★ 90.97%	★★★★★ 93.25% ⁺	★★★ 88.89% ⁺	★★★★★ 91.07% ⁺	★★★ 88.67% ⁺	★★★★★ 93.14% ⁺
Individual Item Measure							
<i>Coordination of Care</i>	★★ 82.53%	★★★ 84.72%	★★ 84.21% ⁺	★★ 84.31%	★★★ 87.50% ⁺	★ 80.72% ⁺	★ 80.77% ⁺
<i>Star Assignments Based on Percentiles:</i> ★★★★★ 90th or Above ★★★★ 75th-89th ★★★ 50th-74th ★★ 25th-49th ★ Below 25th + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.							

Trend Analysis

HSAG compared the MCO and Healthy Louisiana Statewide Average 2025 scores to the 2024 scores to determine whether there were statistically significant differences. Statistically significant results are denoted with directional triangles (▲ or ▼).

Program Comparisons

HSAG compared the MCOs' scores to the Healthy Louisiana Statewide Average's scores to determine whether there were statistically significant differences. Statistically significant results are denoted with directional arrows (↑ or ↓).

National Average Comparisons

HSAG compared the MCO and Healthy Louisiana Statewide Average scores to the 2025 NCQA Medicaid national averages to determine whether there were statistically significant differences.¹⁰ Statistically significant results are denoted with indicators higher (H) or lower (L).

Figure 3-11 through Figure 3-19 show the results of the trend analysis, program comparisons, and national average comparisonss.

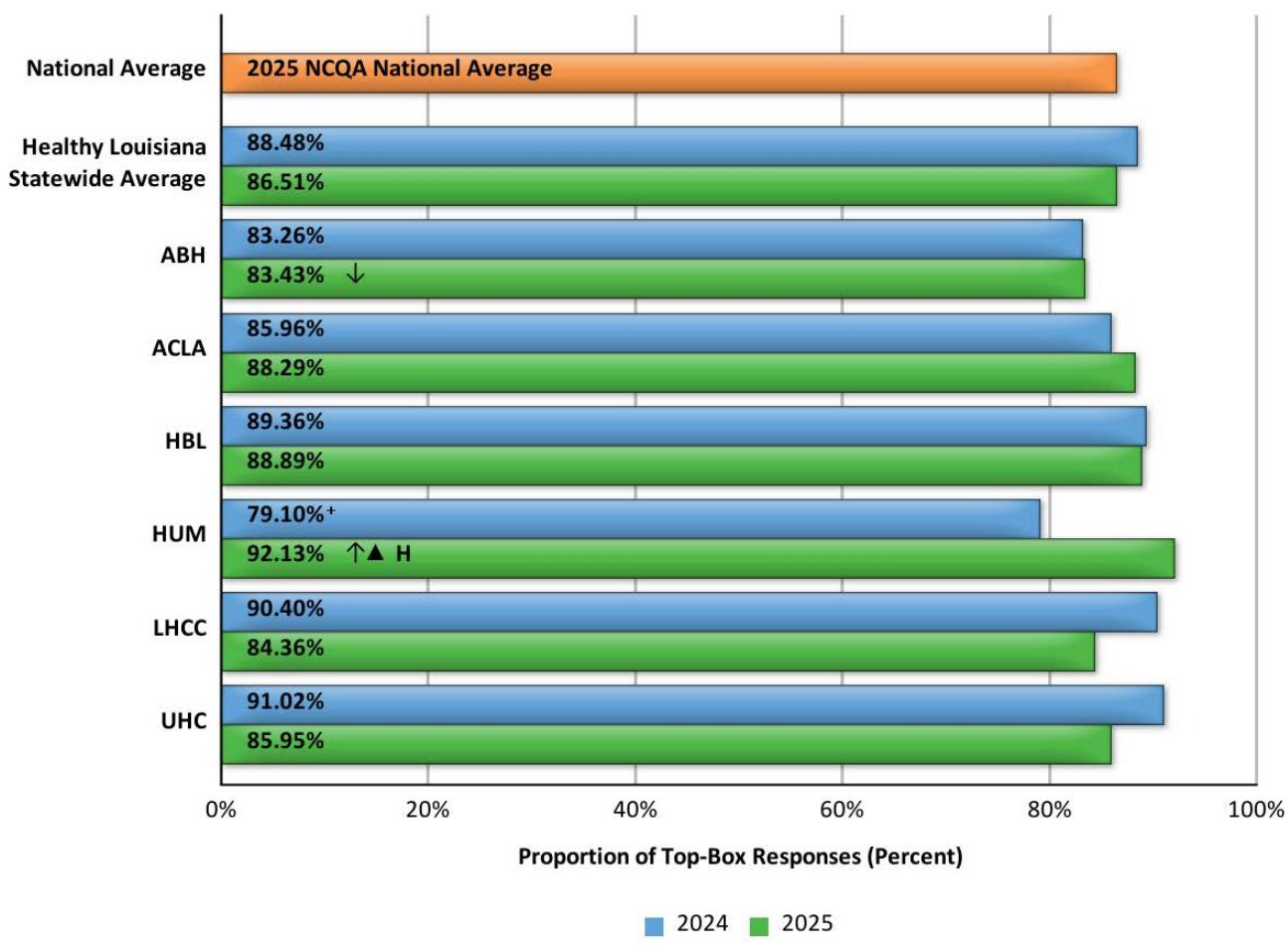
¹⁰ The source for certain health plan measure rates and benchmark (average and percentiles) data (the Data) is Quality Compass® 2025 data and is used with the permission of the National Committee for Quality Assurance (NCQA). Any analysis, interpretation or conclusion based on the Data is solely that of the authors, and NCQA specifically disclaims responsibility for any such analysis, interpretation or conclusion. Quality Compass® is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Global Ratings

Rating of Health Plan

Respondents were asked to rate their child's health plan on a scale of 0 to 10, with 0 being the "worst health plan possible" and 10 being the "best health plan possible." Ratings scoring an 8, 9, or 10 are considered achievement scores. Figure 3-11 shows the general child achievement scores and the 2025 NCQA general child Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Rating of Health Plan* global rating.

Figure 3-11—Comparative Analyses: Rating of Health Plan



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.

↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

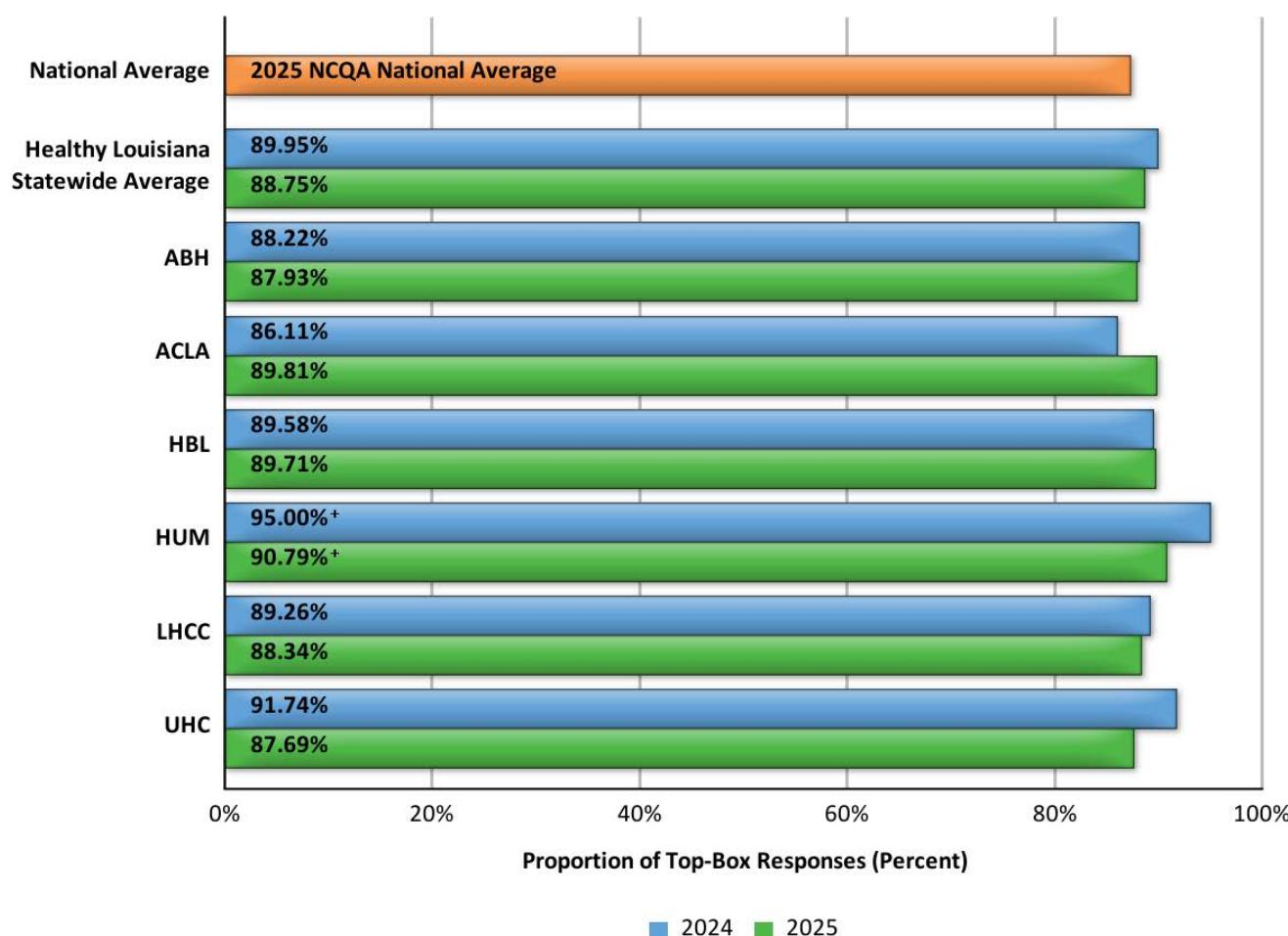
If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓ or H, L) appear on the figure.

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Rating of All Health Care

Respondents were asked to rate their child's health care on a scale of 0 to 10, with 0 being the "worst health care possible" and 10 being the "best health care possible." Ratings scoring 8, 9, or 10 are considered achievement scores. Figure 3-12 shows the general child achievement scores and the 2025 NCQA general child Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Rating of All Health Care* global rating.

Figure 3-12—Comparative Analyses: Rating of All Health Care



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
 ↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.
 ↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.
 H Indicates the score is statistically significantly higher than the NCQA national average.
 L Indicates the score is statistically significantly lower than the NCQA national average.

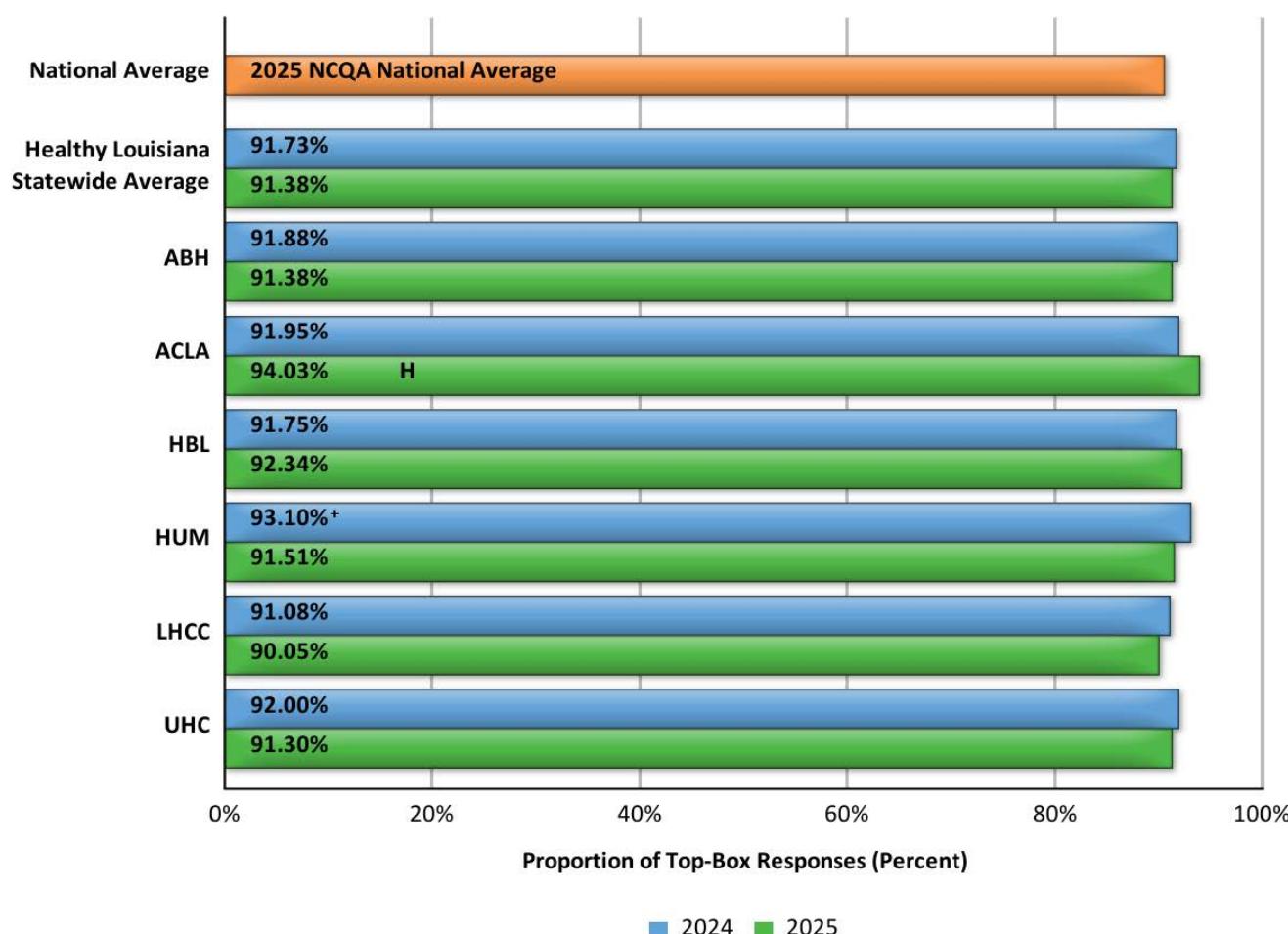
If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓ or H,L) appear on the figure.

⁺ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Rating of Personal Doctor

Respondents were asked to rate their child's personal doctor on a scale of 0 to 10, with 0 being the "worst personal doctor possible" and 10 being the "best personal doctor possible." Ratings scoring 8, 9, or 10 are considered achievement scores. Figure 3-13 shows the general child achievement scores and the 2025 NCQA general child Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Rating of Personal Doctor* global rating.

Figure 3-13—Comparative Analyses: Rating of Personal Doctor



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
 ↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.
 ↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.
 H Indicates the score is statistically significantly higher than the NCQA national average.
 L Indicates the score is statistically significantly lower than the NCQA national average.

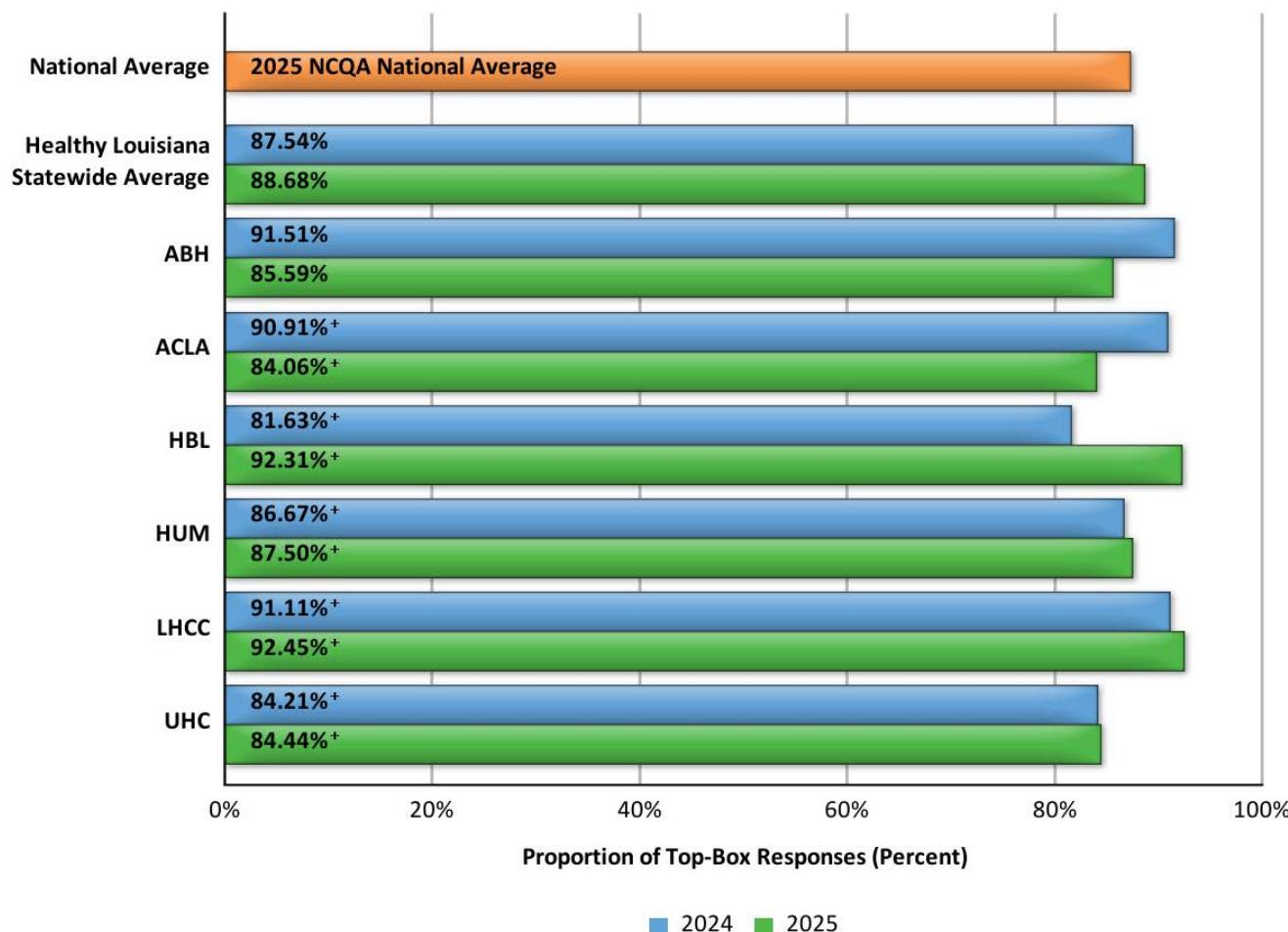
If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓ or H,L) appear on the figure.

* Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Rating of Specialist Seen Most Often

Respondents were asked to rate their child's specialist on a scale of 0 to 10, with 0 being the "worst specialist possible" and 10 being the "best specialist possible." Ratings scoring an 8, 9, or 10 are considered achievement scores. Figure 3-14 shows the general child achievement scores and the 2025 NCQA general child Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Rating of Specialist Seen Most Often* global rating.

Figure 3-14—Comparative Analyses: Rating of Specialist Seen Most Often



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.

↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓ or H,L) appear on the figure.

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

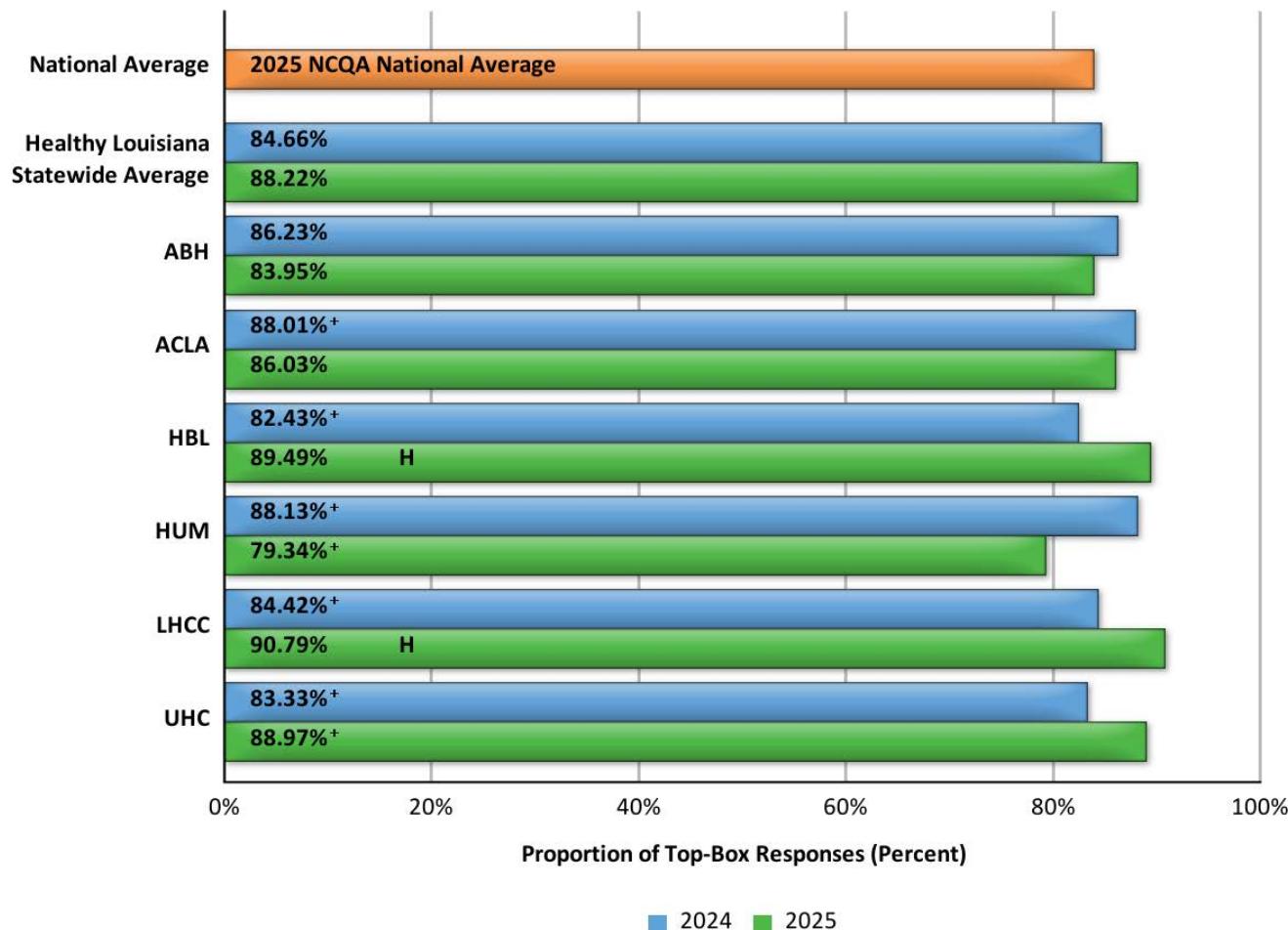
Composite Measures

Getting Needed Care

Respondents were asked to assess how often (never, sometimes, usually, or always) it was easy for their child to get needed care:

- In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?
- In the last 6 months, how often did you get appointments for your child with a specialist as soon as he or she needed?

Response options of Usually and Always are considered achievement scores. Figure 3-15 shows the general child achievement scores and the 2025 NCQA general child Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Getting Needed Care* composite measure.

Figure 3-15—Comparative Analyses: Getting Needed Care


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.

↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓ or H,L) appear on the figure.

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

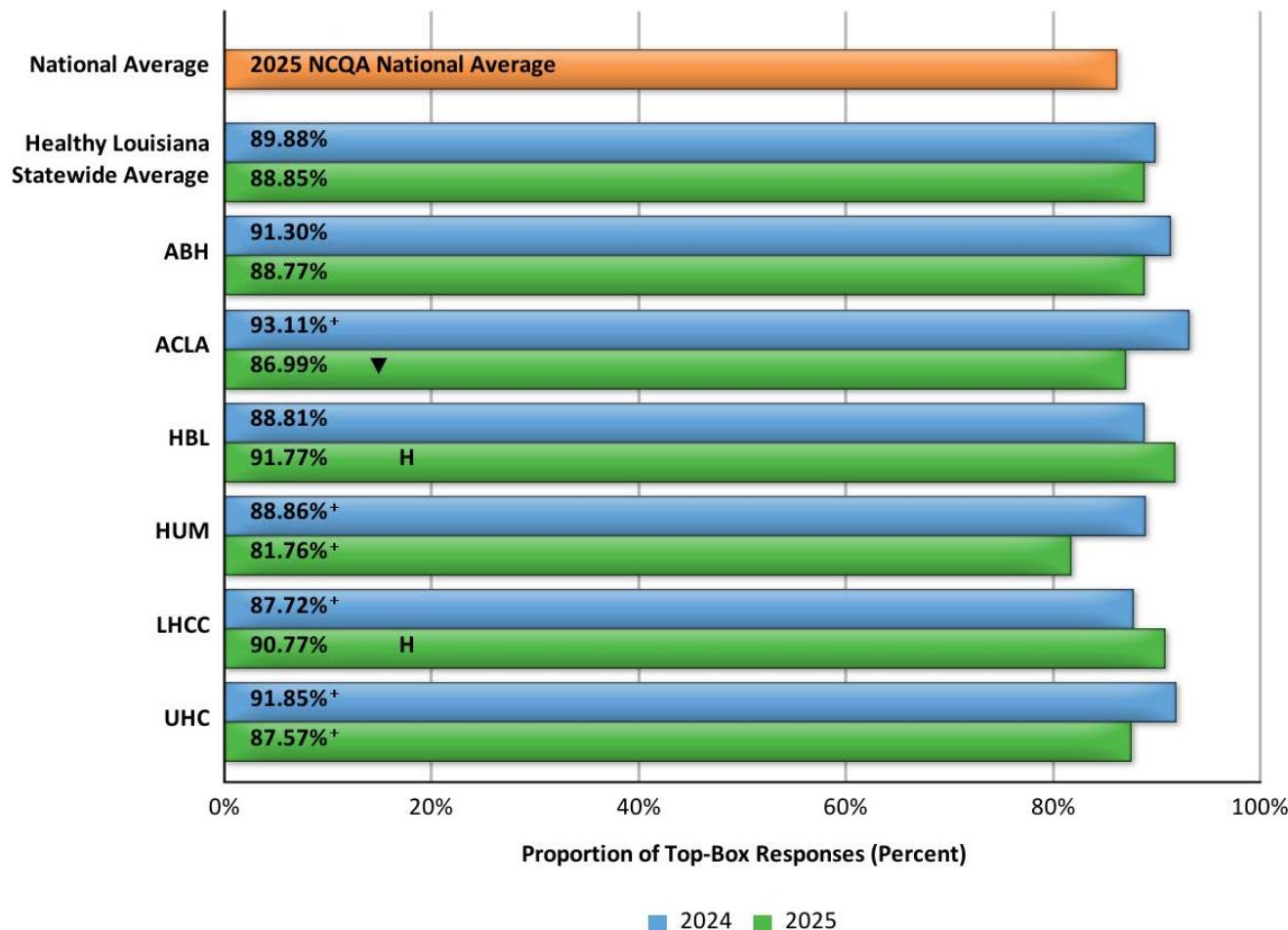
Getting Care Quickly

Respondents were asked to assess how often (never, sometimes, usually, or always) it was easy to get care quickly for their child:

- In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?
- In the last 6 months, how often did you get an appointment for a check-up or routine care for your child as soon as your child needed?

Response options of Usually and Always are considered achievement scores. Figure 3-16 shows the general child achievement scores and the 2025 NCQA general child Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Getting Care Quickly* composite measure.

Figure 3-16—Comparative Analyses: Getting Care Quickly



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.

↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓ or H,L) appear on the figure.

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

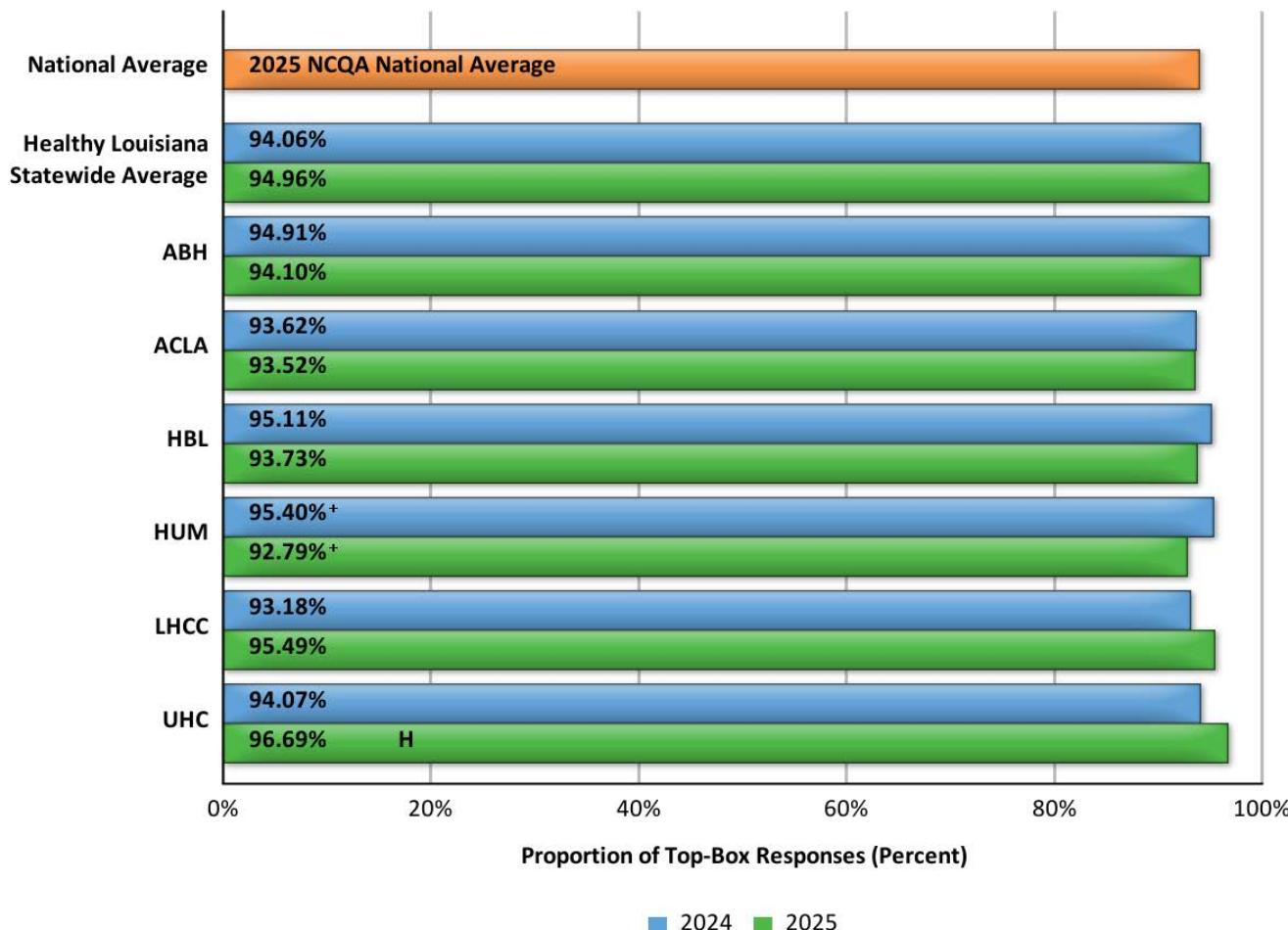
How Well Doctors Communicate

Respondents were asked to assess how often (never, sometimes, usually, or always) their child's personal doctor communicated well with them:

- In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?
- In the last 6 months, how often did your child's personal doctor listen carefully to you?
- In the last 6 months, how often did your child's personal doctor show respect for what you had to say?
- In the last 6 months, how often did your child's personal doctor spend enough time with your child?

Response options of Usually and Always are considered achievement scores. Figure 3-17 shows the general child achievement scores and the 2025 NCQA general child Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *How Well Doctors Communicate* composite measure.

Figure 3-17—Comparative Analyses: How Well Doctors Communicate



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.

↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲,▼ or ↑,↓ or H,L) appear on the figure.

+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

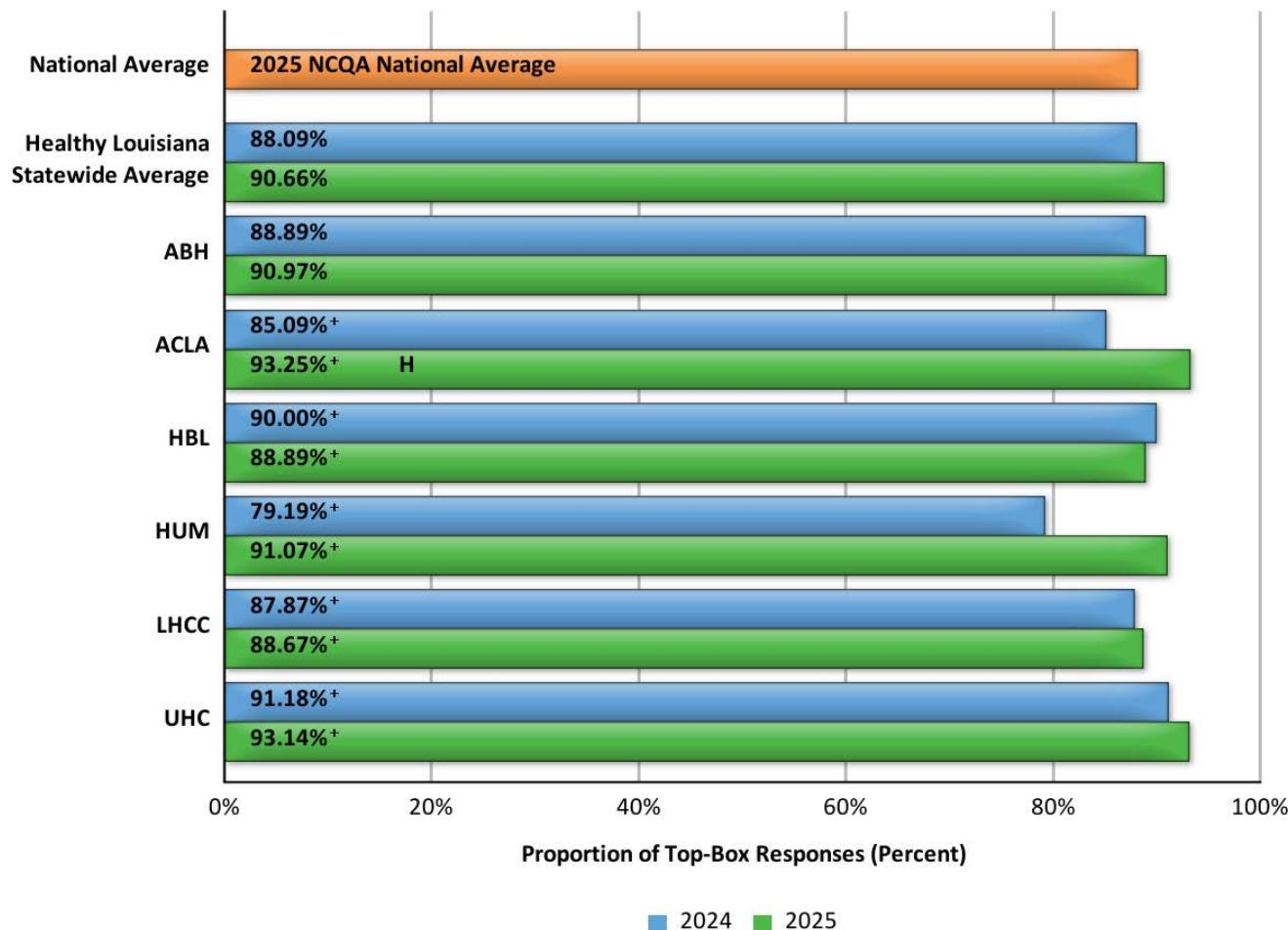
Customer Service

Respondents were asked to assess how often (never, sometimes, usually, or always) respondents had a positive experience with their child's plan's customer service:

- In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?
- In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

Response options of Usually and Always are considered achievement scores. Figure 3-18 shows the general child achievement scores and the 2025 NCQA general child Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Customer Service* composite measure.

Figure 3-18—Comparative Analyses: Customer Service



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
 ↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.
 ↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.
 H Indicates the score is statistically significantly higher than the NCQA national average.
 L Indicates the score is statistically significantly lower than the NCQA national average.
 If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓ or H,L) appear on the figure.
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Individual Item Measure

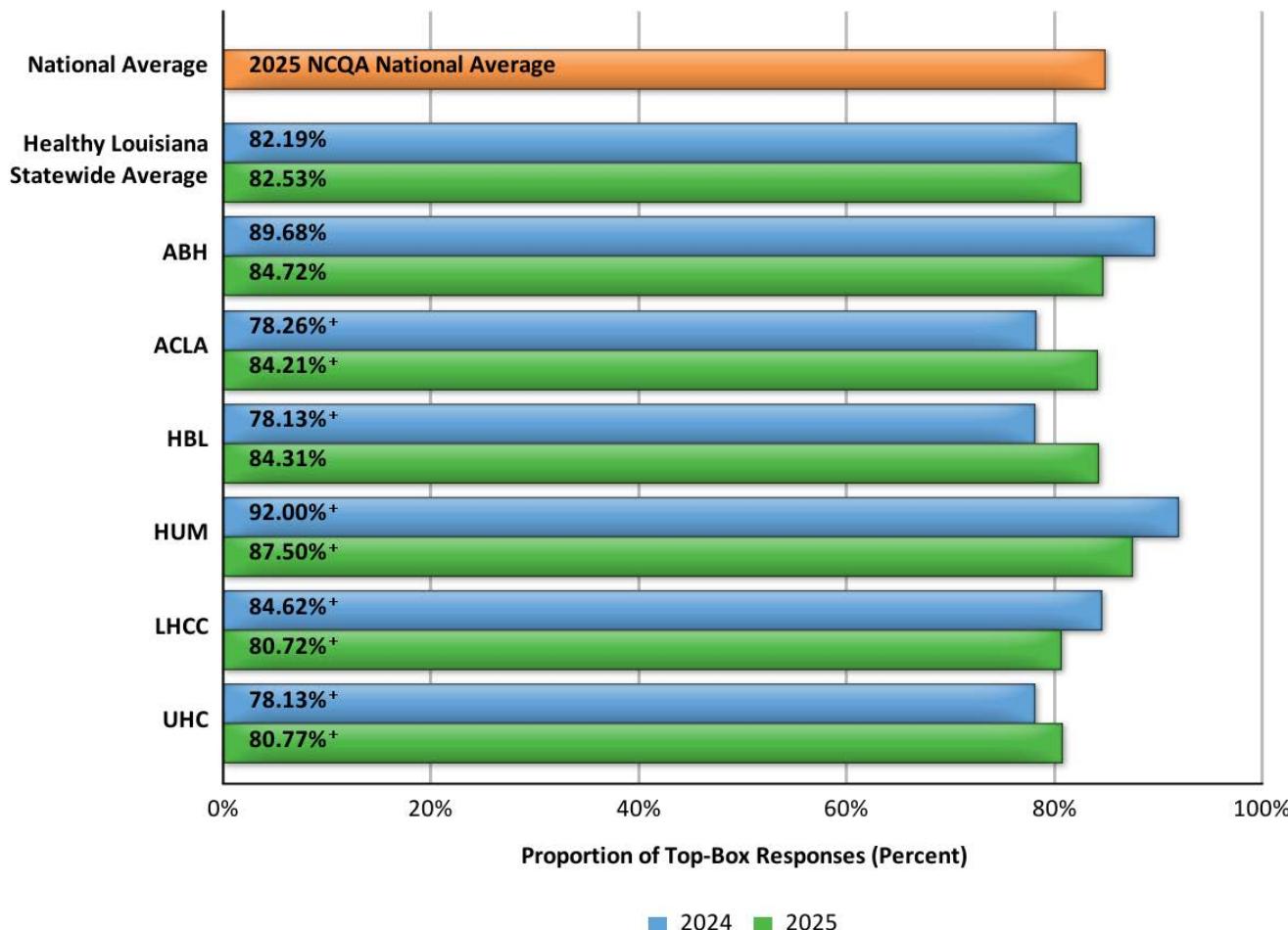
Coordination of Care

Respondents were asked to assess how often (never, sometimes, usually, or always) their child's personal doctor seemed informed and up-to-date:

- In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

Response options of Usually and Always are considered achievement scores. Figure 3-19 shows the general child achievement scores and the 2025 NCQA general child Medicaid national average, including the trend analysis, program comparisons, and national average comparisons, for the *Coordination of Care* individual item measure.

Figure 3-19—Comparative Analyses: Coordination of Care



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than Healthy Louisiana Statewide Average.

↓ Indicates the score is statistically significantly lower than Healthy Louisiana Statewide Average.

H Indicates the score is statistically significantly higher than the NCQA national average.

L Indicates the score is statistically significantly lower than the NCQA national average.

If no statistically significant differences were found, no indicators (▲,▼ or ↑,↓ or H,L) appear on the figure.

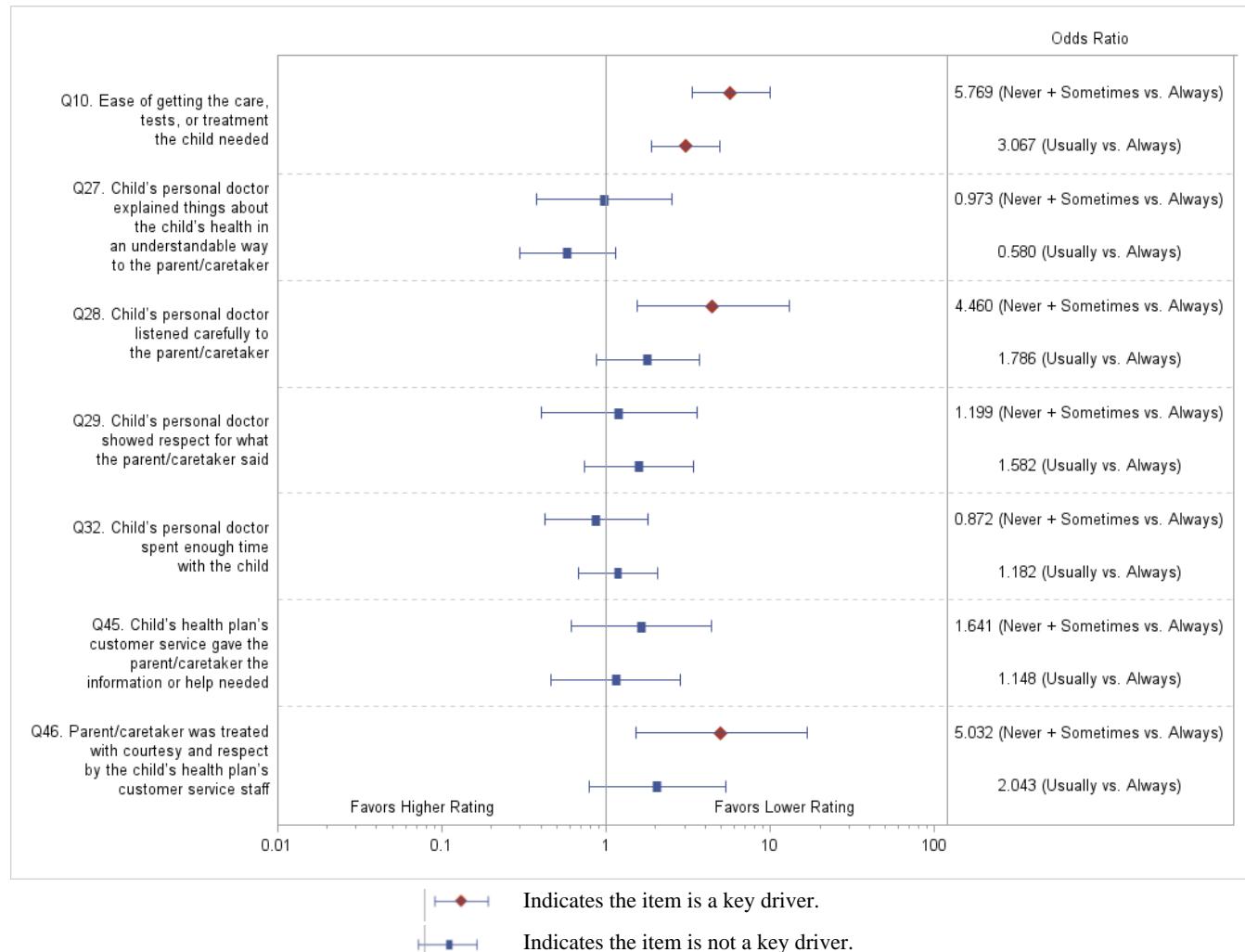
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers for three measures: *Rating of Health Plan*, *Rating of All Health Care*, and *Rating of Personal Doctor*.¹¹ Key drivers of member experience are defined as those items (i.e., questions) for which the odds ratio is statistically significantly greater than 1.

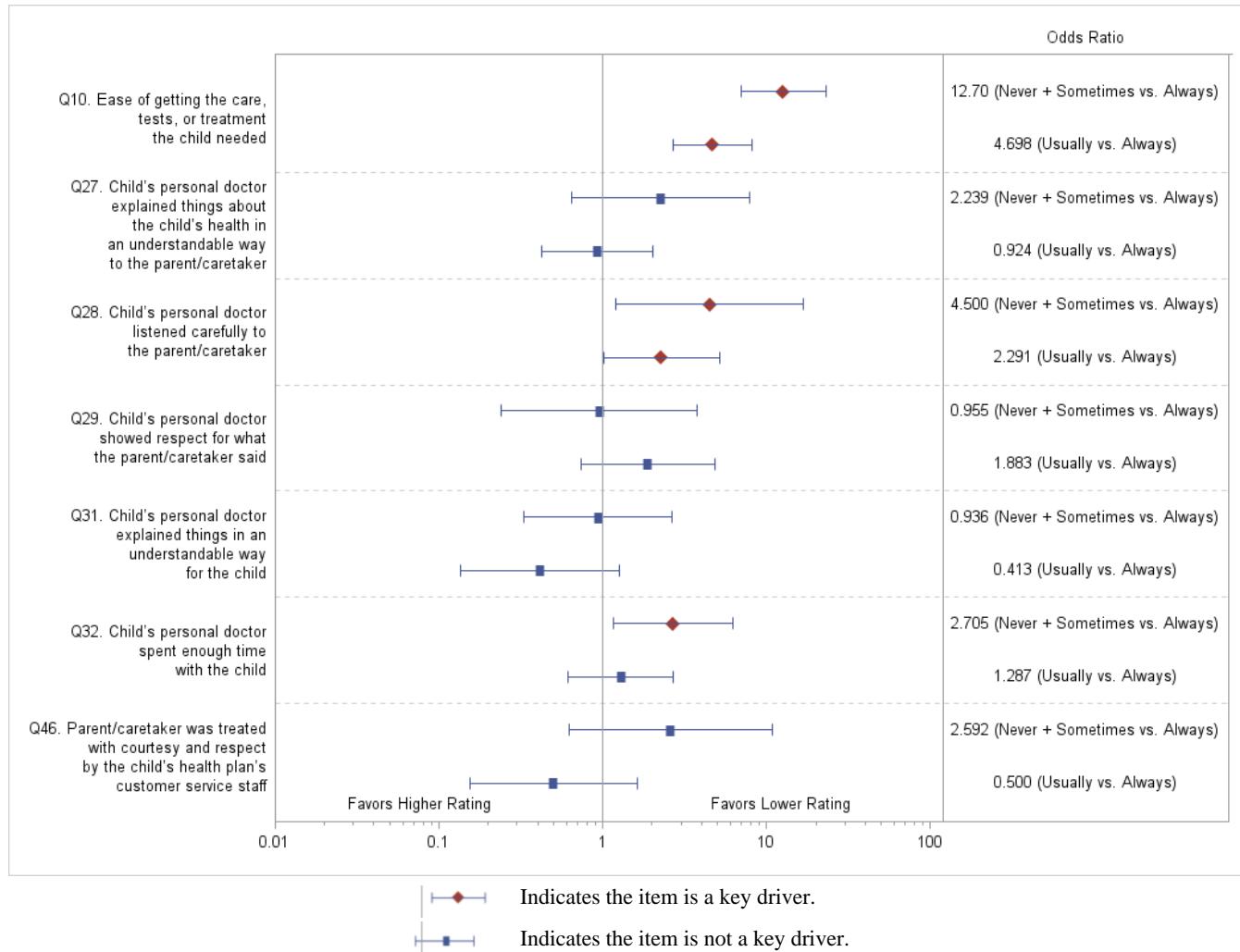
Figure 3-20 through Figure 3-22 show the key drivers of member experience analysis results for each of the three measures for the Healthy Louisiana Statewide Average general child population. The items identified as key drivers are indicated with a red diamond.

**Figure 3-20—Key Drivers of Member Experience: Rating of Health Plan—
Healthy Louisiana Statewide Average**

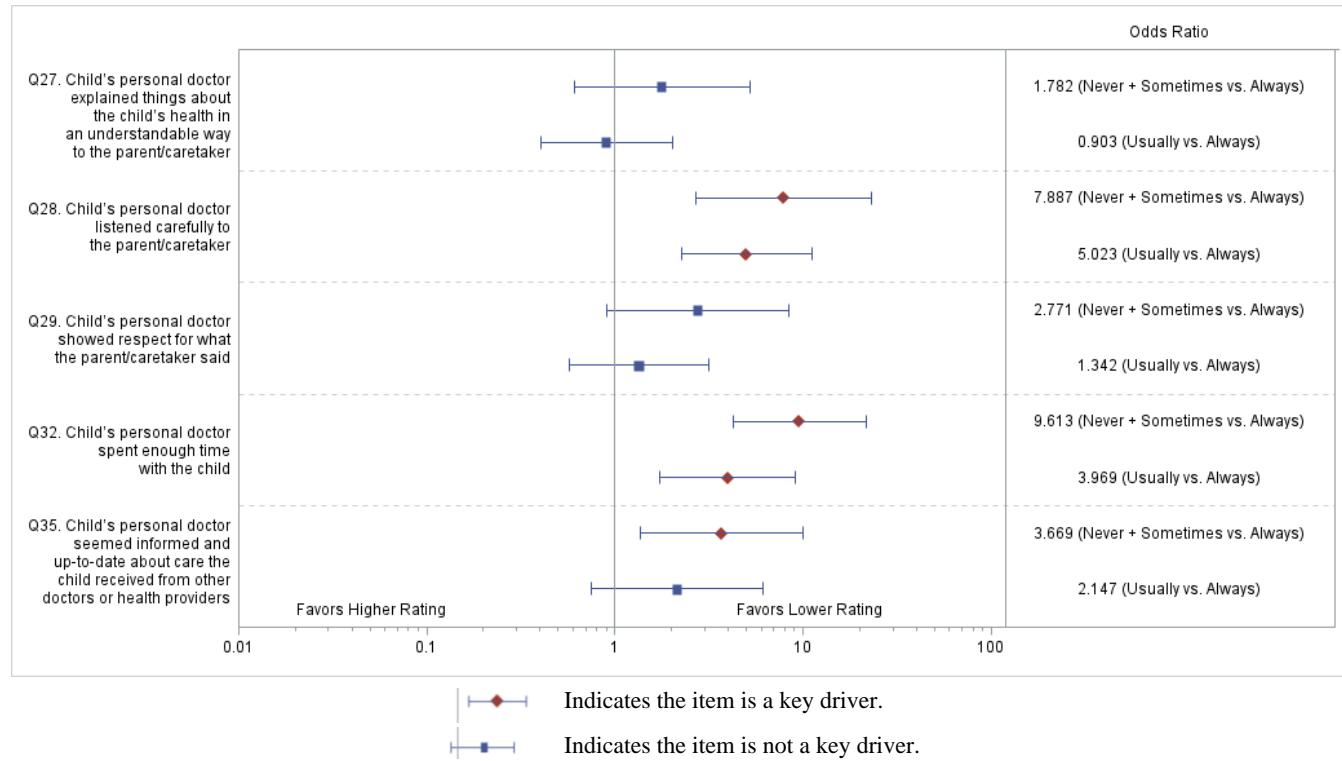


¹¹ The Key Drivers of Member Experience analysis was limited to the responses of parents/caretakers of child members selected from the general child population (i.e., responses from the general child sample).

**Figure 3-21—Key Drivers of Member Experience: Rating of All Health Care—
Healthy Louisiana Statewide Average**



**Figure 3-22—Key Drivers of Member Experience: Rating of Personal Doctor—
Healthy Louisiana Statewide Average**



4. CCC and Non-CCC Results

Chronic Conditions Classification

A series of questions included in the survey was used to identify children with chronic conditions (i.e., CCC screener questions). This series contains five sets of survey questions that focus on specific health care needs and conditions. Child members whose parents/caretakers provided affirmative responses to all the questions in at least one of the following five categories were considered to have a chronic condition:

- Child needed or used prescription medicine.
- Child needed or used more medical care, mental health services, or educational services than other children of the same age need or use.
- Child had limitations in the ability to do what other children of the same age do.
- Child needed or used special therapy.
- Child needed or used mental health treatment or therapy.

The survey responses for child members in the general child sample (i.e., general child population) and CCC supplemental sample were analyzed to determine which child members had chronic conditions (i.e., CCC population). Therefore, part of the general child sample was identified as children with chronic conditions and part of the CCC supplemental sample was identified as children without chronic conditions based on the responses to the survey questions.

CCC and Non-CCC Member Demographics

Table 4-1 show the demographic characteristics of children for whom a parent/caretaker completed a survey for age, gender, race, ethnicity, general health status, and mental or emotional health status.

Table 4-1—CCC Member Demographics

	CCC	Non-CCC
Age		
0 to 3	11.34%	27.44%
4 to 7	20.06%	21.38%
8 to 12	32.79%	22.64%
13 to 18*	35.80%	28.54%
Gender		
Male	58.89%	52.40%
Female	41.11%	47.60%

	CCC	Non-CCC
Race		
Multiracial	13.01%	11.71%
White	43.42%	37.46%
Black	37.43%	38.26%
Other**	6.15%	12.56%
Ethnicity		
Hispanic	12.10%	27.23%
Non-Hispanic	87.90%	72.77%
General Health Status		
Excellent	24.30%	50.31%
Very Good	34.60%	30.86%
Good	30.58%	15.53%
Fair	9.54%	3.19%
Poor	0.98%	0.10%
Mental or Emotional Health Status		
Excellent	18.22%	53.92%
Very Good	22.78%	26.65%
Good	30.90%	15.31%
Fair	22.85%	3.87%
Poor	5.24%	0.26%
<i>Some percentages may not total 100% due to rounding.</i> <i>*Children were eligible for inclusion in CAHPS if they were 17 years of age or younger (less than 18 years of age) as of December 31, 2024. Some children eligible for the CAHPS Survey turned 18 between January 1, 2025, and the time of survey administration.</i> <i>**The “Other” race category includes responses of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.</i>		

Respondent Demographics

Table 4-2 shows the self-reported age, gender, education level, and relationship to child of parent/caretaker respondents who completed the survey.

Table 4-2—Respondent Demographics

	CCC	Non-CCC
Respondent Age		
Under 18	8.72%	7.05%
18 to 24	2.80%	6.62%
25 to 34	22.74%	32.62%
35 to 44	32.94%	34.23%
45 to 54	17.76%	10.76%
55 to 64	8.96%	4.25%
65 or Older	6.07%	4.47%
Respondent Gender		
Male	8.62%	9.62%
Female	91.38%	90.38%
Respondent Education Level		
8th Grade or Less	4.79%	9.08%
Some High School	11.41%	13.15%
High School Graduate	32.88%	34.21%
Some College	34.88%	29.87%
College Graduate	16.04%	13.70%
Respondent Relationship		
Mother or Father	83.83%	89.76%
Grandparent	10.73%	7.05%
Legal Guardian	3.76%	1.68%
Other Relationship*	1.68%	1.52%
<i>Some percentages may not total 100% due to rounding.</i>		
<i>*The “Other Relationship” category includes responses of aunt or uncle, older brother or sister, other relative, or someone else.</i>		

Comparative Analyses

CAHPS scores with fewer than 100 respondents are denoted with a cross (+). Caution should be exercised when interpreting results for those measures with fewer than 100 respondents.

Trend Analysis

HSAG compared the CCC and non-CCC 2025 scores to the 2024 scores to determine whether there were statistically significant differences. Statistically significant results are denoted with directional triangles (▲ or ▼).

CCC and Non-CCC Comparisons

HSAG compared the CCC and non-CCC scores to each other to determine whether there were statistically significant differences. Statistically significant results are denoted with directional arrows (↑ or ↓).

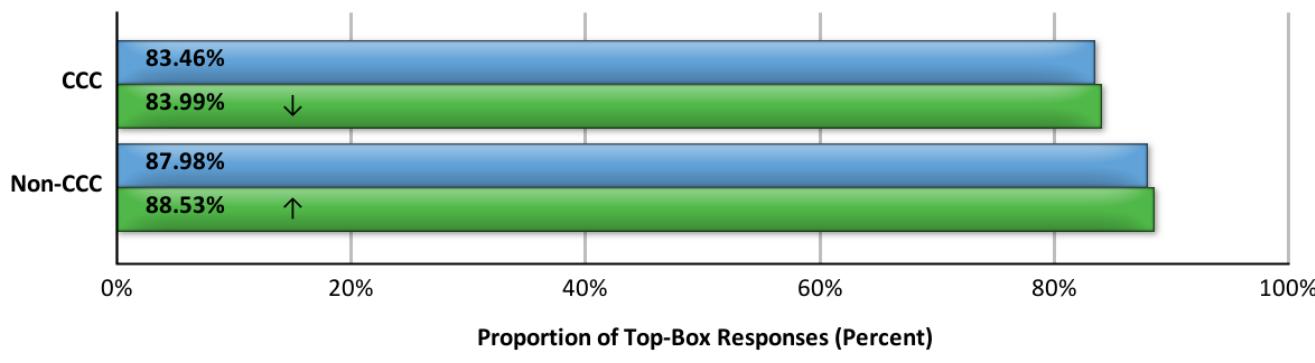
Figure 4-1 through Figure 4-14 show the results of the trend analysis and CCC and non-CCC comparisons.

Global Ratings

Rating of Health Plan

Figure 4-1 shows the achievement scores, including the trend analysis and CCC and non-CCC comparisons, for the *Rating of Health Plan* global rating.

Figure 4-1—Comparative Analyses: Rating of Health Plan



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than the other population score.

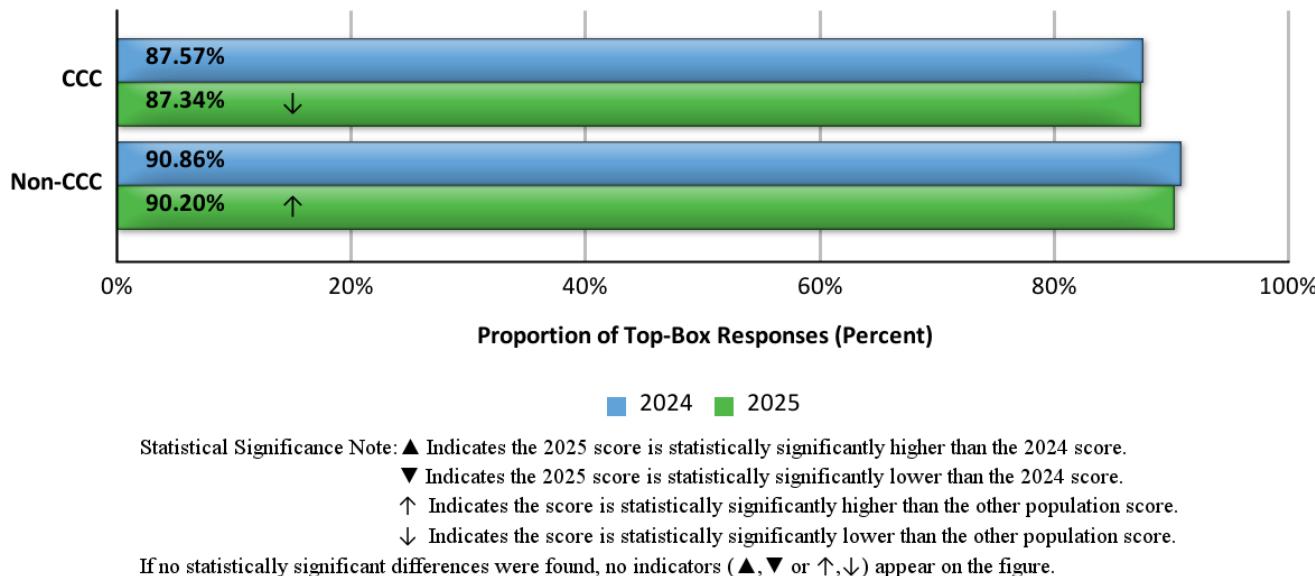
↓ Indicates the score is statistically significantly lower than the other population score.

If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓) appear on the figure.

Rating of All Health Care

Figure 4-2 shows the achievement scores, including the trend analysis and CCC and non-CCC comparisons, for the *Rating of All Health Care* global rating.

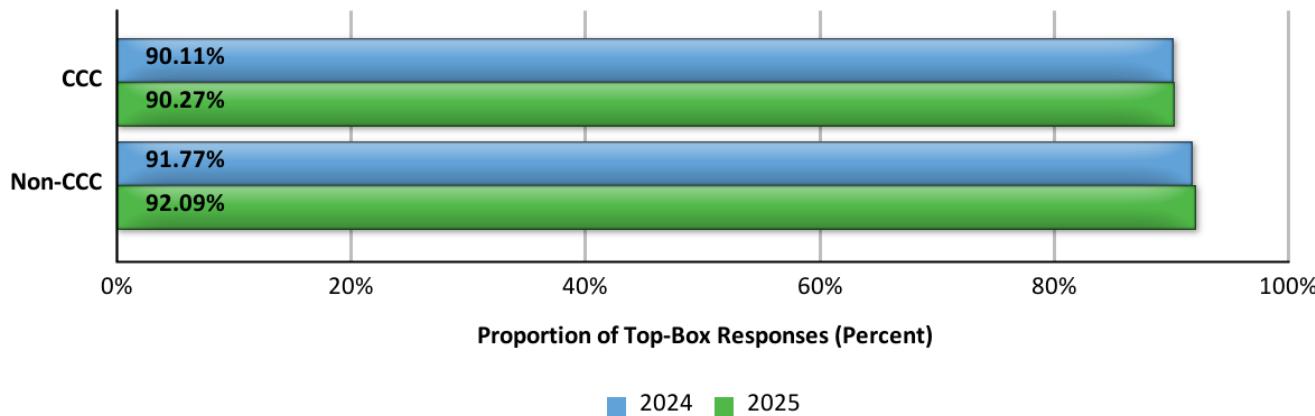
Figure 4-2—Comparative Analyses: Rating of All Health Care



Rating of Personal Doctor

Figure 4-3 shows the achievement scores, including the trend analysis and CCC and non-CCC comparisons, for the *Rating of Personal Doctor* global rating.

Figure 4-3—Comparative Analyses: Rating of Personal Doctor

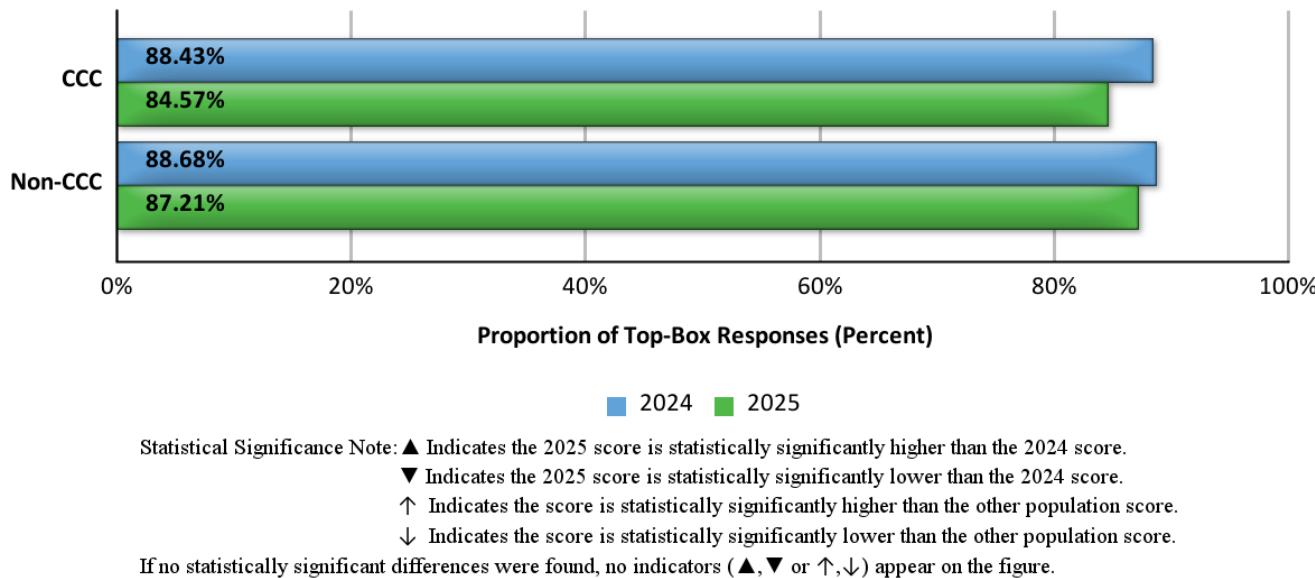


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
 ↑ Indicates the score is statistically significantly higher than the other population score.
 ↓ Indicates the score is statistically significantly lower than the other population score.
 If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓) appear on the figure.

Rating of Specialist Seen Most Often

Figure 4-4 shows the achievement scores, including the trend analysis and CCC and non-CCC comparisons, for the *Rating of Specialist Seen Most Often* global rating.

Figure 4-4—Comparative Analyses: Rating of Specialist Seen Most Often

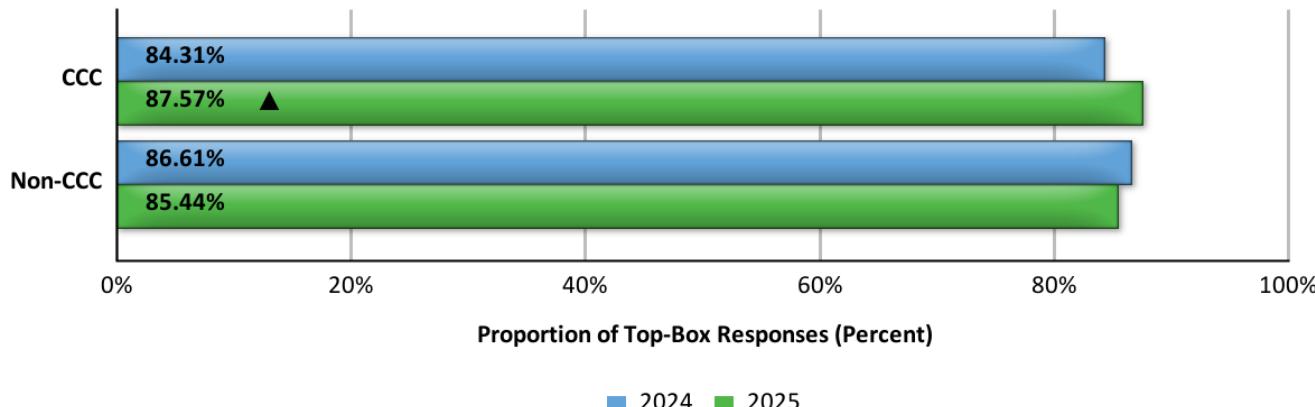


Composite Measures

Getting Needed Care

Figure 4-5 shows the achievement scores, including the trend analysis and CCC and non-CCC comparisons, for the *Getting Needed Care* composite measure.

Figure 4-5—Comparative Analyses: Getting Needed Care



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than the other population score.

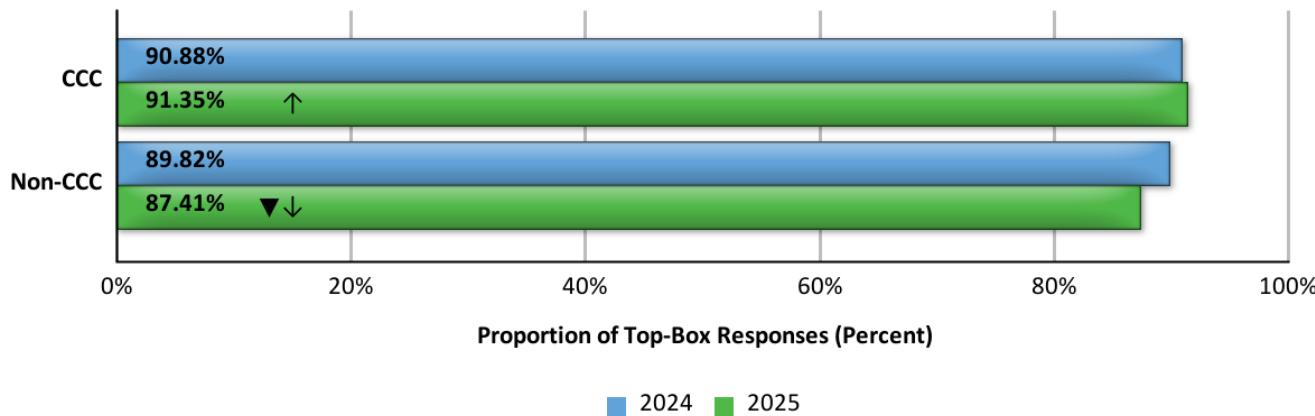
↓ Indicates the score is statistically significantly lower than the other population score.

If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓) appear on the figure.

Getting Care Quickly

Figure 4-6 shows the achievement scores, including the trend analysis and CCC and non-CCC comparisons, for the *Getting Care Quickly* composite measure.

Figure 4-6—Comparative Analyses: Getting Care Quickly

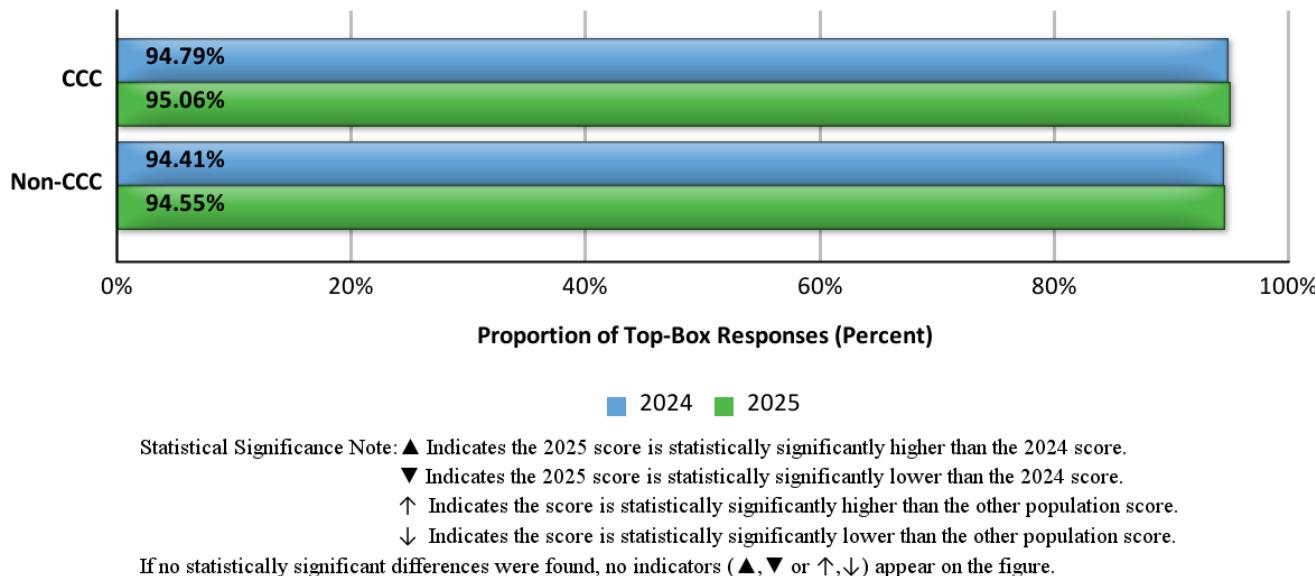


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
 ↑ Indicates the score is statistically significantly higher than the other population score.
 ↓ Indicates the score is statistically significantly lower than the other population score.
 If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓) appear on the figure.

How Well Doctors Communicate

Figure 4-7 shows the achievement scores, including the trend analysis and CCC and non-CCC comparisons, for the *How Well Doctors Communicate* composite measure.

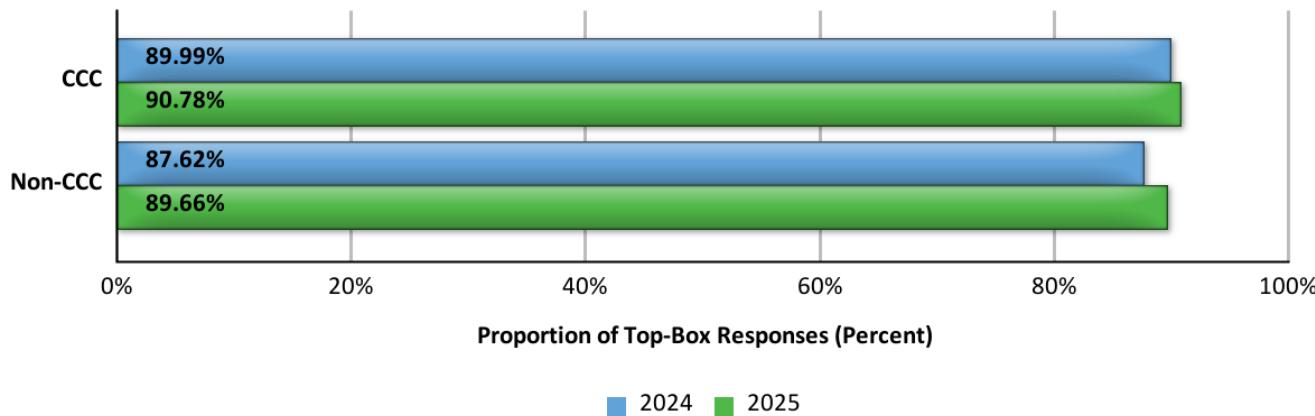
Figure 4-7—Comparative Analyses: How Well Doctors Communicate



Customer Service

Figure 4-8 shows the achievement scores, including the trend analysis and CCC and non-CCC comparisons, for the *Customer Service* composite measure.

Figure 4-8—Comparative Analyses: Customer Service



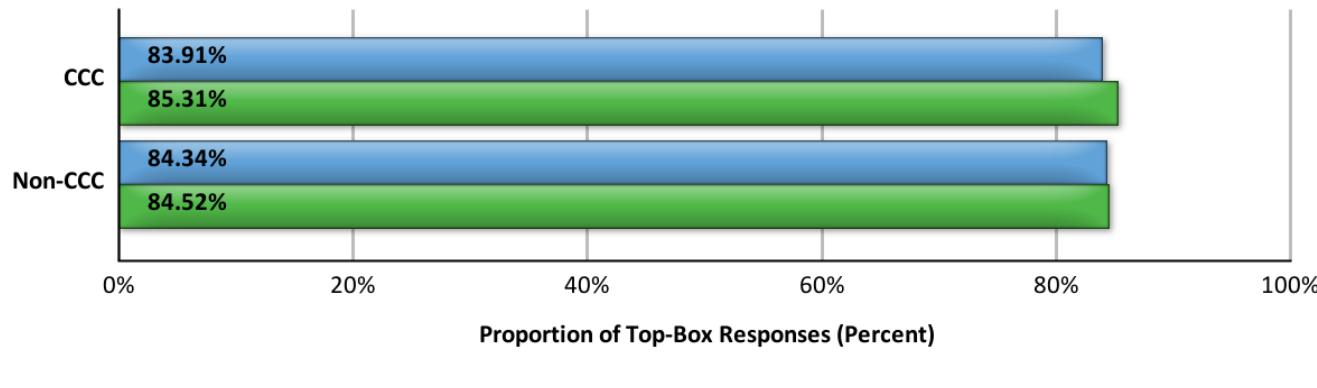
Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
 ↑ Indicates the score is statistically significantly higher than the other population score.
 ↓ Indicates the score is statistically significantly lower than the other population score.
 If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓) appear on the figure.

Individual Item Measure

Coordination of Care

Figure 4-9 shows the achievement scores, including the trend analysis and CCC and non-CCC comparisons, for the *Coordination of Care* individual item measure.

Figure 4-9—Comparative Analyses: Coordination of Care



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.

↑ Indicates the score is statistically significantly higher than the other population score.

↓ Indicates the score is statistically significantly lower than the other population score.

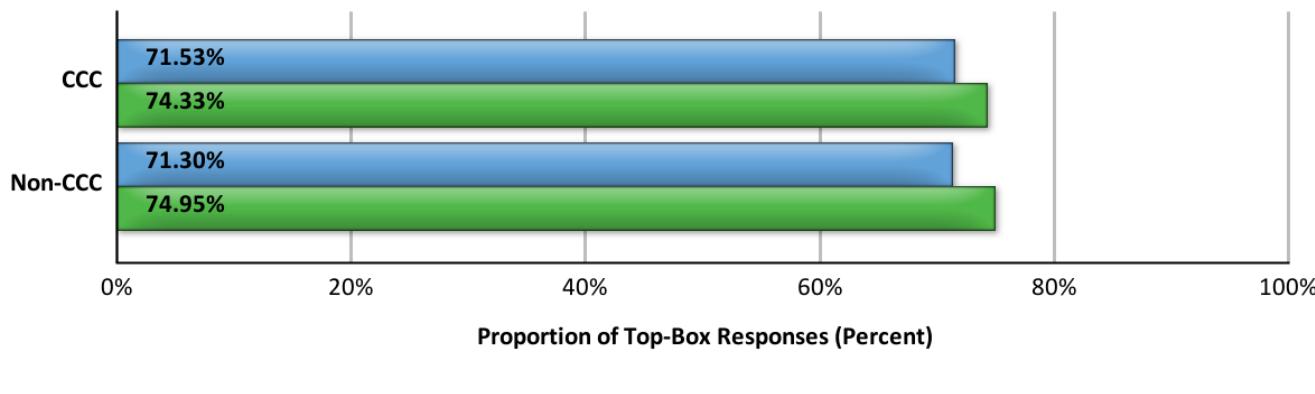
If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓) appear on the figure.

CCC Composites and Items

Access to Specialized Services

Figure 4-10 shows the achievement scores, including the trend analysis and CCC and non-CCC comparisons, for the *Access to Specialized Services* composite measure.

Figure 4-10—Comparative Analyses: Access to Specialized Services

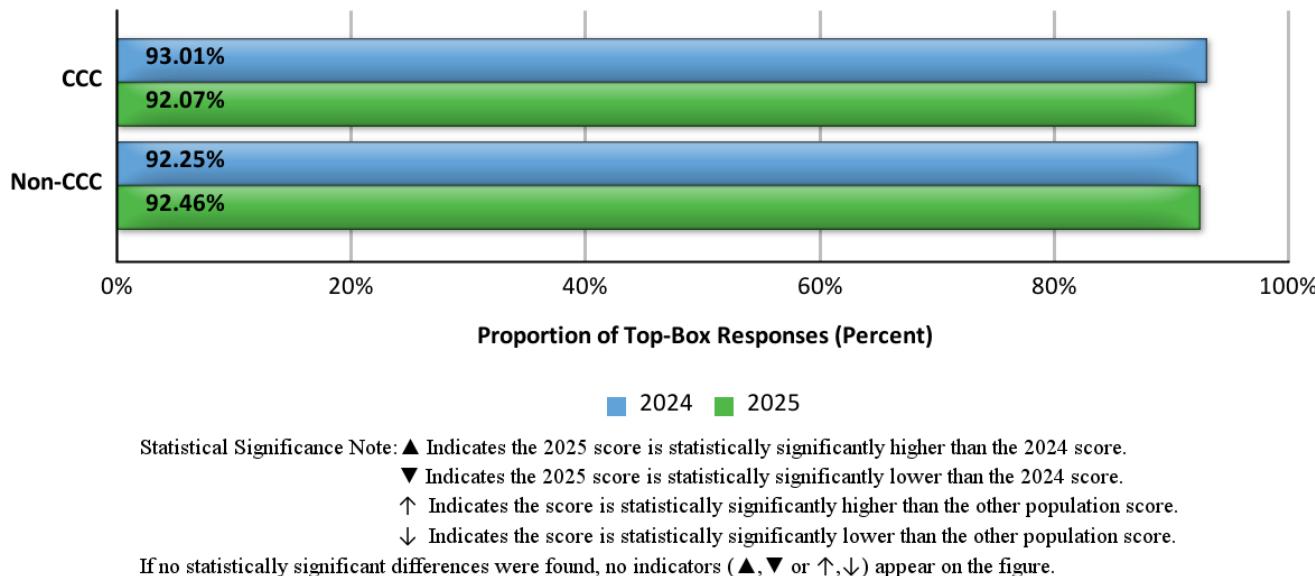


Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
 ↑ Indicates the score is statistically significantly higher than the other population score.
 ↓ Indicates the score is statistically significantly lower than the other population score.
 If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓) appear on the figure.

FCC: Personal Doctor Who Knows Child

Figure 4-11 shows the achievement scores, including the trend analysis and CCC and non-CCC comparisons, for the *FCC: Personal Doctor Who Knows Child* composite measure.

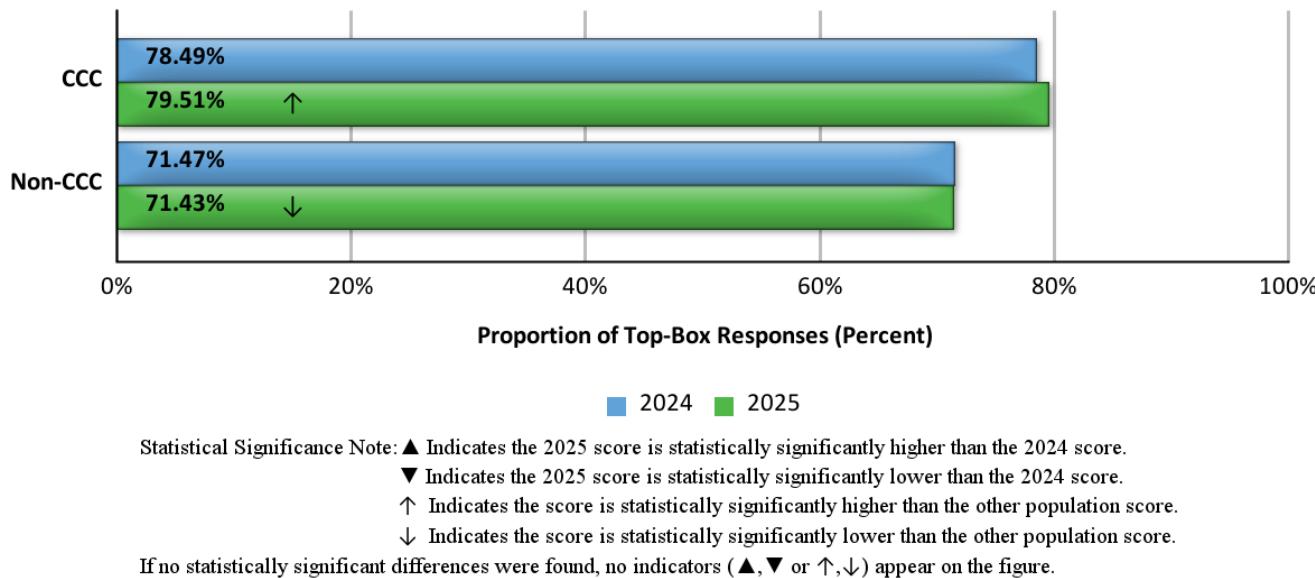
Figure 4-11—Comparative Analyses: FCC: Personal Doctor Who Knows Child



Coordination of Care for Children with Chronic Conditions

Figure 4-12 shows the achievement scores, including the trend analysis and CCC and non-CCC comparisons, for the *Coordination of Care for Children with Chronic Conditions* composite measure.

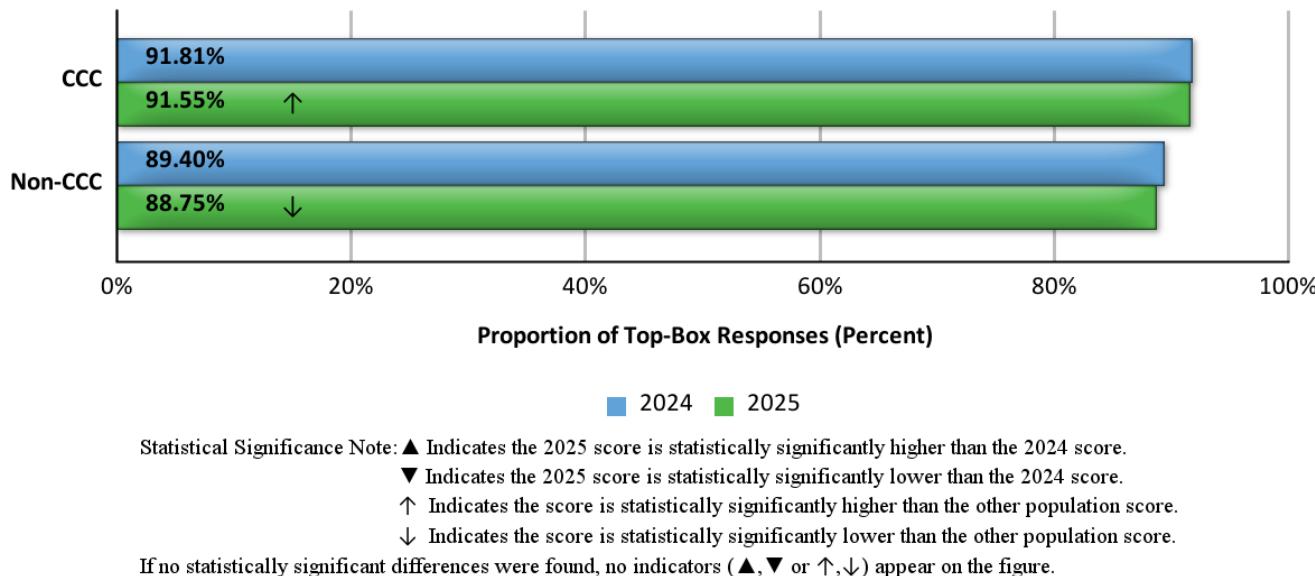
Figure 4-12—Comparative Analyses: Coordination of Care for Children with Chronic Conditions



FCC: Getting Needed Information

Figure 4-13 shows the achievement scores, including the trend analysis and CCC and non-CCC comparisons, for the *FCC: Getting Needed Information* individual item measure.

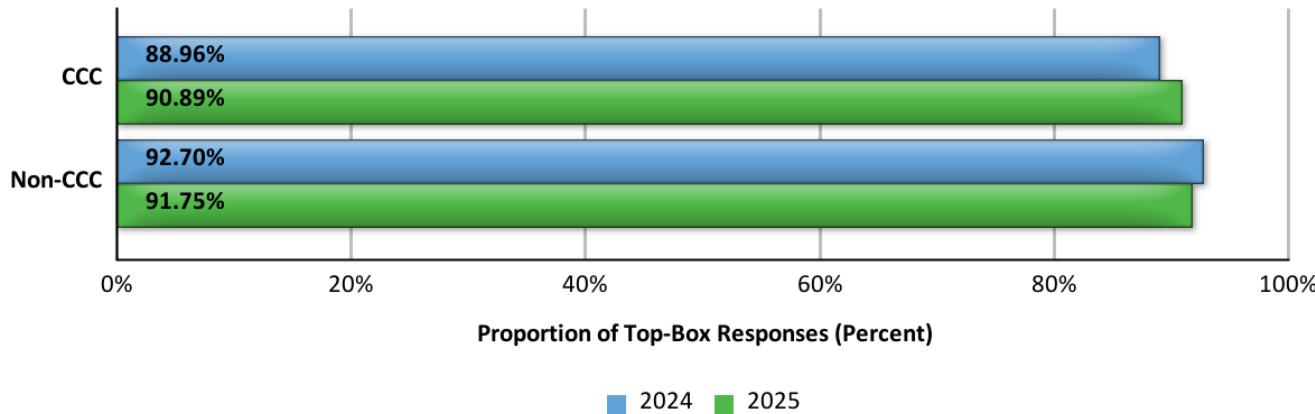
Figure 4-13—Comparative Analyses: FCC: Getting Needed Information



Access to Prescription Medicines

Figure 4-14 shows the achievement scores, including the trend analysis and CCC and non-CCC comparisons, for the *Access to Prescription Medicines* individual item measure.

Figure 4-14—Comparative Analyses: Access to Prescription Medicines



Statistical Significance Note: ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
 ↑ Indicates the score is statistically significantly higher than the other population score.
 ↓ Indicates the score is statistically significantly lower than the other population score.
 If no statistically significant differences were found, no indicators (▲, ▼ or ↑, ↓) appear on the figure.

5. Conclusions and Recommendations

Conclusions

Adult Results

When results for the adult population were compared to the 2025 national Medicaid percentiles, the Healthy Louisiana Statewide Average's performance was at or above the 50th percentile for all measures except *Customer Service, Advising Smokers and Tobacco Users to Quit, Discussing Cessation Medications, and Discussing Cessation Strategies*. The achievement scores for *Rating of All Health Care* and *Rating of Personal Doctor* were at or between the 75th and 89th percentiles. No measures were at or above the 90th percentile.

For the adult population, HBL and HUM had the highest results when compared to national percentiles (i.e., six measures were at or above the 75th percentile). UHC had the lowest results when compared to national percentiles (i.e., seven measures were below the 50th percentile).

Table 5-1 shows the statistically significant results for the trend analysis and national average comparisons for the adult population.

Table 5-1—Adult Trend Analysis and National Average Comparisons: Statistically Significant Results

Measures	ABH	ACLA	HBL	HUM
<i>Rating of Health Plan</i>	▲	—	—	—
<i>Rating of All Health Care</i>	▲ H	—	—	—
<i>Rating of Personal Doctor</i>	—	▲ H	—	—
<i>Getting Needed Care</i>	—	—	H	—
<i>Advising Smokers and Tobacco Users to Quit</i>	—	—	L	L
<i>Discussing Cessation Medications</i>	—	—	↓L	L

▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
 ↑ Indicates the 2025 score is statistically significantly higher than the Healthy Louisiana Statewide Average.
 ↓ Indicates the 2025 score is statistically significantly lower than the Healthy Louisiana Statewide Average.
 H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
 L Indicates the 2025 score is statistically significantly lower than the NCQA national average.
 — Indicates that there are no statistically significant differences.

Based on the Healthy Louisiana Statewide Average results, respondents may rate their health plan, overall health care, and personal doctor higher if the following key areas were improved:

- The care, test, or treatments that they needed were easier to get.
- Their personal doctor explained things in an understandable way.

- Their personal doctor listened carefully to them.
- Their personal doctor showed respect for what was said.
- Their personal doctor spent enough time with them.
- Their personal doctor seemed informed and up-to-date about the care they received from other doctors or health providers.
- Their health plan's customer service gave the information or help they needed.

General Child Results

When results for the general child population were compared to the 2025 national Medicaid percentiles, the Healthy Louisiana Statewide Average's performance was at or above the 50th percentile for all measures except *Rating of Health Plan* and *Coordination of Care*. The achievement scores for *Getting Needed Care* and *Customer Service* were at or between the 75th and 89th percentiles. No measures were at or above the 90th percentile.

For the general child population, HBL had the highest results when compared to national percentiles (i.e., five measures were at or above the 75th percentile). ABH had the lowest results when compared to national percentiles (i.e., eight measures were below the 75th percentile).

Table 5-2 shows the statistically significant results for the trend analysis and national average comparisons for the general child population.

Table 5-2—General Child Trend Analysis and National Average Comparisons: Statistically Significant Results

Measures	ABH	ACLA	HBL	HUM	LHCC	UHC
<i>Rating of Health Plan</i>	↓	—	—	↑▲H	—	—
<i>Rating of Personal Doctor</i>	—	H	—	—	—	—
<i>Getting Needed Care</i>	—	—	H	—	H	—
<i>Getting Care Quickly</i>	—	▼	H	—	H	—
<i>How Well Doctors Communicate</i>	—	—	—	—	—	H
<i>Customer Service</i>	—	H	—	—	—	—

▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.
 ↑ Indicates the 2025 score is statistically significantly higher than the Healthy Louisiana Statewide Average.
 ↓ Indicates the 2025 score is statistically significantly lower than the Healthy Louisiana Statewide Average.
 H Indicates the 2025 score is statistically significantly higher than the NCQA national average.
 L Indicates the 2025 score is statistically significantly lower than the NCQA national average.
 — Indicates that there are no statistically significant differences.

Based on the Healthy Louisiana Statewide Average results, parent/caretaker respondents may rate their child's health plan, overall health care, and personal doctor higher if the following key areas were improved:

- The care, test, or treatments that their child needed were easier to get.
- Their child's personal doctor listened carefully to them.
- Their child's personal doctor spent enough time with their child.
- Their child's personal doctor seemed informed and up-to-date about the care their child received from other doctors or health providers.
- Their child's health plan's customer service staff treated the parent/caretaker with courtesy and respect.

CCC and Non-CCC Results

When results for the CCC population were compared to the 2025 national Medicaid percentiles, the Healthy Louisiana Statewide Average's performance was at or above the 50th percentile for all measures except *Rating of Specialist Seen Most Often*. The achievement score for *Coordination of Care for Children with Chronic Conditions* was at or above the 90th percentile.

The Healthy Louisiana Statewide Average achievement score for *Getting Needed Care* was statistically significantly higher in 2025 than 2024 for the CCC population. Conversely, the Healthy Louisiana Statewide Average achievement score for *Getting Care Quickly* was statistically significantly lower in 2025 than 2024 for the non-CCC population.

The CCC and non-CCC comparison revealed significant differences between the CCC and non-CCC populations. The achievement scores for *Getting Care Quickly*, *Coordination of Care for Children with Chronic Conditions*, and *FCC: Getting Needed Information* were statistically significantly higher for the CCC population, and the achievement scores for *Rating of Health Plan* and *Rating of All Health Care* were statistically significantly higher for the non-CCC population.

Recommendations

HSAG recommends that LDH and the MCOs continue to analyze CAHPS data to help identify potential health disparities among key demographics to uncover barriers to care. HSAG also recommends that MCOs conduct root cause analyses or focus studies to understand respondents report lower scores related to their or their child's overall quality of care. These analyses should also explore whether disparities exist within specific age or gender groups. Based on these findings, LDH and MCOs can implement appropriate interventions, education, and actions to improve performance. Initiatives may include enhancing providers' ability to effectively communicate with and listen to members and providing clear informational materials to members regarding available services. MCOs can also consider reviewing and updating call center policies to implement standardized scripts that accurately explain what health care services or treatments members are eligible to receive when they call. Additionally, MCOs should train call center staff to communicate with members in a culturally appropriate manner to ensure respectful and effective interactions. These combined efforts aim to improve members' overall experience, address access barriers, and strengthen quality of care.

Appendix A: Composite Measure Ratings

This section highlights the results of respondents who answered “Always” for the four composite measures (i.e., *Getting Needed Care*, *Getting Care Quickly*, *How Well Doctors Communicate*, and *Customer Service*) for the adult, general child, CCC, and non-CCC populations.

Table A-1—Composite Measure Ratings: Responses of “Always”: Adult Results

Composite Measures	ABH	ACLA	HBL	HUM	LHCC	UHC	Healthy Louisiana Statewide Average
<i>Getting Needed Care</i>	57.58%	57.92%	62.86% ⁺	62.95% ⁺	63.45%	59.04% ⁺	61.18%
<i>Getting Care Quickly</i>	60.61% ⁺	57.29%	66.55% ⁺	63.79% ⁺	64.09%	61.42% ⁺	62.97%
<i>How Well Doctors Communicate</i>	82.32%	80.99%	86.11% ⁺	82.61% ⁺	82.64%	80.07%	82.61%
<i>Customer Service</i>	76.88% ⁺	70.87% ⁺	74.44% ⁺	87.26% ⁺	78.68% ⁺	64.72% ⁺	74.37%

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Table A-2—Composite Measure Ratings: Responses of “Always”: General Child Results

Composite Measures	ABH	ACLA	HBL	HUM	LHCC	UHC	Healthy Louisiana Statewide Average
<i>Getting Needed Care</i>	66.43%	71.00%	71.43%	59.46% ⁺	74.04%	62.58% ⁺	68.78%
<i>Getting Care Quickly</i>	76.14%	73.82%	80.67%	69.49% ⁺	79.46%	75.25% ⁺	76.96%
<i>How Well Doctors Communicate</i>	83.89%	81.36%	82.11%	79.45% ⁺	84.94%	88.01%	84.30%
<i>Customer Service</i>	74.52%	81.60% ⁺	75.93% ⁺	64.29% ⁺	71.37% ⁺	83.33% ⁺	75.80%

+ Indicates fewer than 100 responses. Caution should be exercised when evaluating these results.

Table A-3—Composite Measure Ratings: Responses of “Always”: CCC and Non-CCC Results

Composite Measures	CCC	Non-CCC
<i>Getting Needed Care</i>	67.70%	67.62%
<i>Getting Care Quickly</i>	78.36%	75.41%
<i>How Well Doctors Communicate</i>	83.49%	84.21%
<i>Customer Service</i>	76.16%	74.67%

Appendix B: Reader's Guide

This section discusses limitations and cautions related to survey design, analysis, and interpretations that should be considered when interpreting or generalizing the findings. It is designed to provide supplemental information to the reader that may aid in the interpretation and use of the CAHPS results presented in this report.¹²

Limitations and Cautions

The findings presented in this report are subject to some limitations in the survey design, analysis, and interpretation. These limitations discussed below should be considered carefully when interpreting or generalizing the findings.

Case-Mix Adjustment

The demographics of adult members or parents/caretakers and their children (i.e., response group) may impact respondents' experiences. Therefore, differences in the demographics of the response group may impact CAHPS results. NCQA does not case-mix adjust Medicaid CAHPS results to account for these differences.

Causal Inferences

Although this report examines whether respondents report differences with various aspects of their or their child's health care, these differences may not be completely attributable to the MCOs. These analyses identify whether respondents give different ratings of experience with their or their child's health plan. The survey by itself does not necessarily reveal the exact cause of these differences.

Non-Response Bias

The experiences of the survey respondent population may be different than that of non-respondents with respect to their health care services and may vary by MCO. Late respondents (i.e., respondents who submitted a survey later than the first mailing/round) could potentially be non-respondents if the survey had ended earlier. To identify potential non-response bias, HSAG compared the scores of early respondents (i.e., respondents who submitted a survey during the first mailing/round) to late respondents

¹² By submitting data, records, documents, and information to HSAG as required by LDH and in support of this external quality review (EQR) activity, the MCO attests, based on best knowledge, information, and belief as to the accuracy, completeness and truthfulness of the documents and data it submits to HSAG.

for each measure. Table B-1 presents the results of the non-response bias analysis. LDH should consider that potential non-response bias may exist when interpreting CAHPS results.

Table B-1—Non-Response Bias Analysis

Measure	2024			2025		
	Adult	General Child	CCC	Adult	General Child	CCC
<i>Rating of Specialist Seen Most Often</i>	—	↑	—	—	—	—
<i>Getting Needed Care</i>	—	—	↑	—	—	—
<i>Discussing Cessation Medications</i>	—	NA	NA	↑	NA	NA

↑ Indicates that early respondents are statistically significantly more likely to provide a higher response for the measure (i.e., potential non-response bias).
 ↓ Indicates that early respondents are statistically significantly more likely to provide a lower response for the measure (i.e., potential non-response bias).
 — Indicates that early respondents are not statistically significantly more likely to provide a higher or lower response for the measure.
 NA Indicates that this measure is not applicable for the population.