



# 2025 Louisiana Dental Survey Report

*Louisiana Department of Health*

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### Introduction

The Louisiana Department of Health (LDH) contracted with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of a Dental Plan Survey administered to adult and child Medicaid members receiving dental benefits through one of LDH’s contracted dental plans.<sup>1</sup> The goal of the survey is to provide performance feedback that is actionable and will aid in improving the dental care and services of adult and child members enrolled in one of the two contracted dental plans. Results presented in this report include four global ratings, three composite measures, and one individual item measure. DentaQuest USA Insurance Company (DQ) and Managed Care North America (MCNA) are the two dental plans that participated in the survey.

### Adult and Child Performance Highlights

The Adult Results and Child Results sections of the report detail the Dental Plan Survey results for adult and child members identified as having a paid or denied dental claim during the last 12 months during the measurement period (i.e., June 1, 2024, to May 31, 2025). The following is a summary of the performance highlights for the Louisiana dental plans. The performance highlights are categorized into four major types of analyses performed on the survey data:

- Dental Plan Comparisons
- Trend Analysis
- Race Comparisons
- Key Drivers of Member Experience

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<sup>1</sup> The Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Dental Plan Survey, currently available for the adult population only, was modified by HSAG for administration to a child population to create a Child Dental Survey. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

### Dental Plan Comparisons and Trend Analysis

HSAG compared DQ’s results to MCNA’s results to determine if the plans’ results were statistically significantly different from each other. Additionally, HSAG compared the 2025 scores to the 2024 scores to determine if the scores were statistically different. Table 1-1 shows the summary of the dental plan comparison and trend analysis with statistically significant results; measures with no statistically significant results are not shown. For the detailed results of the comparative analysis, please refer to the Adult Results and Child Results sections beginning on pages 27 and 50, respectively.

**Table 1-1—Dental Plan Comparisons and Trend Analysis: Statistically Significant Results**

Measures	Dental Program Average	DQ	MCNA
<b>Adult</b>			
<b>Global Ratings</b>			
<i>Rating of All Dental Care</i>	—	▲	—
<i>Rating of Finding a Dentist</i>	—	↓ <sup>+</sup>	↑ <sup>+</sup>
<i>Rating of Dental Plan</i>	—	▲ <sup>+</sup>	—
<b>Composite Measures</b>			
<i>Access to Dental Care</i>	▲	▲ <sup>+</sup>	▲
<i>Dental Plan Information and Services</i>	—	↓ <sup>+</sup>	↑ ▲
<b>Individual Item</b>			
<i>Would Recommend Dental Plan</i>	—	↓ <sup>+</sup>	↑
<b>Child</b>			
<b>Global Ratings</b>			
<i>Rating of Dental Plan</i>	▲	—	—
↑ Indicates the 2025 dental plan’s score is statistically significantly higher than the comparative dental plan’s score. ↓ Indicates the 2025 dental plan’s score is statistically significantly lower than the comparative dental plan’s score. ▲ 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 fewer than 100 respondents. Caution should be exercised when evaluating these results.			

## Race Comparisons

HSAG evaluated the top-box scores to determine if there were significant differences by self-identified race.<sup>2</sup> Race is categorized as White, Black, and Other. For this analysis, the Other category includes Multiracial, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and Other. The top-box scores for Black and Other respondents were compared to the top-box scores of White respondents. HSAG was unable to perform ethnicity comparisons due to an insufficient number of Hispanic responses for each measure.

Table 1-2 shows a summary of the statistically significant results of this analysis for the Dental Program Average. For the detailed results of this analysis, please refer to the Race Comparisons subsections of the Adult Results and Child Results sections beginning on pages 38 and 61, respectively.

**Table 1-2—Race Comparisons Summary—Dental Program Average: Statistically Significant Results**

Measures	Race		
	White	Black	Other
<b>Adult</b>			
<i>Dental Plan Information and Services</i>	77.70% <sup>+</sup>	NS <sup>+</sup>	↓ <sup>+</sup>
<i>Would Recommend Dental Plan</i>	83.66%	↑	NS <sup>+</sup>
<b>Child</b>			
<i>Care from Dentists and Staff</i>	93.89%	↑	NS <sup>+</sup>
↑ Indicates the demographic category score is significantly higher than the score of White. ↓ Indicates the demographic category score is significantly lower than the score of White. NS Indicates the score is not significantly different. + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.			

## Key Drivers of Member Experience Analysis

To determine potential items for quality improvement (QI) efforts, HSAG conducted a key drivers analysis for the Dental Program Average. HSAG focused the key drivers of member experience on three measures: *Rating of All Dental Care*, *Rating of Dental Plan*, and *Would Recommend Dental Plan*. 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.

<sup>2</sup> A top-box score refers to the percentage of survey respondents who selected the most favorable response option(s) for a given item or measure. For more detailed information regarding top box responses, please refer to page 14 of the Reader’s Guide section.

Table 1-3 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 Dental Program Average’s adult and child populations. For the detailed results of this analysis, please refer to the Key Drivers of Member Experience Analysis subsections of the Adult Results and Child Results sections beginning on pages 40 and 63, respectively.

**Table 1-3—Key Drivers of Member Experience Summary—Dental Program Average**

Survey Item	Rating of All Dental Care	Rating of Dental Plan	Would Recommend Dental Plan
<b>Adult</b>			
Q7. Dentist listened carefully to you	✓	NS	NS
Q11. Dentist or dental staff did everything they could to help you feel comfortable during dental work	✓	NS	NS
Q12. Dentist or dental staff explained what they were doing while treating you	✓	NS	NS
Q17. Someone explained delay for spending more than 15 minutes in waiting room before appointment	NS	NS	✓
Q19. Dental plan covered all services you thought were covered	NA	✓	✓
Q20. Dental plan covered what you and your family needed to get done	NA	NS	✓
Q24. Information helped find dentist you are happy with	NA	NS	✓
<b>Child</b>			
Q13. Dentist or dental staff helped child feel comfortable during dental work	✓	NS	NS
Q14. Dentist or dental staff explained during child’s treatment	✓	NS	NS
Q16. Child saw dentist as soon as parent/caretaker wanted	NS	✓	NS
Q22. Child’s dental plan covered what child needed	NA	✓	✓
Q24. 800 number, written materials, or website provided parent/caretaker with wanted information	NA	NS	✓
<p>NA Indicates that this question was not evaluated for this measure.  NS Indicates that the calculated odds ratio estimate is not statistically significantly higher than 1.0; therefore, respondents’ answers for those responses do not significantly affect their rating.</p>			

This section provides a comprehensive overview of the survey administration protocol and analytic methodologies. It is designed to provide supplemental information to the reader that may aid in the interpretation and use of the survey results presented in this report.

### Survey Administration

#### Survey Overview

HSAG administered the adult Consumer Assessment of Healthcare Providers and Systems (CAHPS<sup>®</sup>) Dental Plan Survey (CAHPS Dental Survey) to adult members and a modified version of the adult CAHPS Dental Plan Survey to child members to evaluate the quality of dental services provided to adult and child Medicaid members receiving dental benefits through DQ or MCNA.<sup>3</sup> The adult and child Dental Plan Survey yield eight measures that include four global rating measures, three composite measures, and one individual item measure. The global rating measures reflect overall experience with regular dentists, dental care, ease of finding a dentist, and the dental plan. The composite measures are sets of questions grouped together to assess different aspects of dental care (e.g., *Care from Dentists and Staff* and *Access to Dental Care*). The individual item measure is an individual question that asks whether the member or the parents/caretakers of a child member would recommend the dental plan. Table 2-1 lists the measures included in the survey.

**Table 2-1—Dental Survey Measures**

Survey Measure	Measure Type	Adult Survey Question Number	Child Survey Question Number
<i>Rating of Regular Dentist</i>	Global Rating	10	12
<i>Rating of All Dental Care</i>	Global Rating	18	20
<i>Rating of Finding a Dentist</i>	Global Rating	25	27
<i>Rating of Dental Plan</i>	Global Rating	29	31
<i>Care from Dentists and Staff</i>	Composite Measure	6, 7, 8, 9, 11,12	6, 7, 8, 10, 11, 13, 14
<i>Access to Dental Care</i>	Composite Measure	13, 14, 15, 16, 17	15, 16, 17, 18, 19
<i>Dental Plan Information and Services</i>	Composite Measure	19, 20, 22, 24, 27, 28	21, 22, 24, 26, 29, 30
<i>Would Recommend Dental Plan</i>	Individual Item Measure	30	32

<sup>3</sup> CAHPS<sup>®</sup> is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

Table 2-2 shows the survey language and response options for each measure for the adult survey. The survey includes gate items that instruct respondents to skip specific questions if they are not receiving certain services, which results in fewer responses. The measures that are affected by these gate items are noted within footnotes in Table 2-2.

**Table 2-2—Question Language and Response Options: Adult Survey**

Question Language	Response Options
<b>Global Ratings</b>	
<i>Rating of Regular Dentist<sup>4</sup></i>	
10. Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, what number would you use to rate your regular dentist?	0–10 Scale
<i>Rating of All Dental Care</i>	
18. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of the dental care you personally received in the last 12 months?	0–10 Scale
<i>Rating of Finding a Dentist<sup>5</sup></i>	
25. Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist?	0–10 Scale
<i>Rating of Dental Plan</i>	
29. Using any number from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible, what number would you use to rate your dental plan?	0–10 Scale
<b>Composite Measures</b>	
<i>Care from Dentists and Staff<sup>6</sup></i>	
6. In the last 12 months, how often did your regular dentist explain things in a way that was easy to understand?	Never, Sometimes, Usually, Always
7. In the last 12 months, how often did your regular dentist listen carefully to you?	Never, Sometimes, Usually, Always
8. In the last 12 months, how often did your regular dentist treat you with courtesy and respect?	Never, Sometimes, Usually, Always

<sup>4</sup> For *Rating of Regular Dentist*, the gate questions ask respondents if they have a regular dentist and if they have seen their regular dentist in the last 12 months. If respondents answer “No” to these questions, they are directed to skip the question that comprises the *Rating of Regular Dentist* measure.

<sup>5</sup> For *Rating of Finding a Dentist*, the gate question asks respondents if they used any information from the dental plan to help them find a new dentist in the last 12 months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Finding a Dentist* measure.

<sup>6</sup> For *Care from Dentists and Staff*, the gate questions ask respondents if they have a regular dentist and if they have seen their regular dentist in the last 12 months. If respondents answer “No” to these questions, they are directed to skip the questions that collectively comprise the *Care from Dentists and Staff* measure.

Question Language	Response Options
9. In the last 12 months, how often did your regular dentist spend enough time with you?	Never, Sometimes, Usually, Always
11. In the last 12 months, how often did the dentists or dental staff do everything they could to help you feel as comfortable as possible during your dental work?	Never, Sometimes, Usually, Always
12. In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating you?	Never, Sometimes, Usually, Always
<b>Access to Dental Care<sup>7</sup></b>	
13. In the last 12 months, how often were your dental appointments as soon as you wanted?	Never, Sometimes, Usually, Always
14. If you needed to see a dentist right away because of a dental emergency in the last 12 months, did you get to see a dentist as soon as you wanted?	Definitely yes, Somewhat yes, Somewhat no, Definitely no <sup>8</sup>
15. If you tried to get an appointment for yourself with a dentist who specializes in a particular type of dental care (such as root canals or gum disease) in the last 12 months, how often did you get an appointment as soon as you wanted?	Never, Sometimes, Usually, Always <sup>9</sup>
16. In the last 12 months, how often did you have to spend more than 15 minutes in the waiting room before you saw someone for your dental appointment?	Never, Sometimes, Usually, Always <sup>10</sup>
17. If you had to spend more than 15 minutes in the waiting room before you saw someone for your appointment, how often did someone tell you why there was a delay or how long the delay would be?	Never, Sometimes, Usually, Always
<b>Dental Plan Information and Services<sup>11</sup></b>	
19. In the last 12 months, how often did your dental plan cover all of the services you thought were covered?	Never, Sometimes, Usually, Always
20. In the last 12 months, did your dental plan cover what you and your family needed to get done?	Definitely yes, Somewhat yes, Somewhat no, Definitely no
22. In the last 12 months, how often did the 800 number, written materials, or website provide the information you wanted about your dental plan?	Never, Sometimes, Usually, Always

<sup>7</sup> For *Access to Dental Care*, the gate question asks respondents how often they had to spend more than 15 minutes in the waiting room before they saw someone for their appointment in the last 12 months. If respondents answer “Never” to this question, they are directed to skip one of the questions that comprises the *Access to Dental Care* measure.

<sup>8</sup> “I did not have a dental emergency in the last 12 months” was also a valid response option for this question. However, this response option is not assessed as part of this composite (i.e., this response is treated as missing data).

<sup>9</sup> “I did not try to get an appointment with a specialist dentist for myself in the last 12 months” was also a valid response option for this question. However, this response option is not assessed as part of this composite (i.e., this response is treated as missing data).

<sup>10</sup> The response option scale was reversed so responses of “Sometimes/Never” were considered top-box scores.

<sup>11</sup> For *Dental Plan Information and Services*, the gate questions ask respondents if they tried finding out how their dental plan works by calling their 800 number, visiting their website, or reading printed materials; if they used any information from their dental plan to help them find a new dentist; and if they tried to get information or help from their dental plan’s customer service in the last 12 months. If respondents answer “No” to these questions, they are directed to skip the questions that collectively comprise the *Dental Plan Information and Services* measure.

Question Language	Response Options
24. Did this information help you find a dentist you were happy with?	Definitely yes, Somewhat yes, Somewhat no, Definitely no
27. In the last 12 months, how often did your dental plan's customer service give you the information or help you needed?	Never, Sometimes, Usually, Always
28. In the last 12 months, how often did your dental plan's customer service staff treat you with courtesy and respect?	Never, Sometimes, Usually, Always
<b>Individual Item Measure</b>	
<i>Would Recommend Dental Plan</i>	
30. Would you recommend this dental plan to people who want to join?	Definitely yes, Probably yes, Probably no, Definitely no

Table 2-3 shows the survey language and response options for each measure for the child survey. The survey includes gate items that instruct respondents to skip specific questions if their child is not receiving certain services, which results in fewer responses. The measures that are affected by these gate items are noted within footnotes in Table 2-3.

**Table 2-3—Question Language and Response Options: Child Survey**

Question Language	Response Options
<b>Global Ratings</b>	
<i>Rating of Regular Dentist</i> <sup>12</sup>	
12. Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, what number would you use to rate your child's regular dentist?	0–10 Scale
<i>Rating of All Dental Care</i>	
20. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of the dental care your child received in the last 12 months?	0–10 Scale
<i>Rating of Finding a Dentist</i> <sup>13</sup>	
27. Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist for your child?	0–10 Scale

<sup>12</sup> For *Rating of Regular Dentist*, the gate questions ask respondents if their child has a regular dentist and if their child has seen their regular dentist in the last 12 months. If respondents answer “No” to these questions, they are directed to skip the question that comprises the *Rating of Regular Dentist* measure.

<sup>13</sup> For *Rating of Finding a Dentist*, the gate question asks respondents if they used any information from their child's dental plan to help them find a new dentist for their child in the last 12 months. If respondents answer “No” to this question, they are directed to skip the question that comprises the *Rating of Finding a Dentist* measure.

Question Language	Response Options
<b>Rating of Dental Plan</b>	
31. Using any number from 0 to 10, where 0 is the worst dental plan possible and 10 is the best dental plan possible, what number would you use to rate your child's dental plan?	0–10 Scale
<b>Composite Measures</b>	
<b>Care from Dentists and Staff<sup>14</sup></b>	
6. In the last 12 months, how often did your child's regular dentist explain things about your child's dental health in a way that was easy to understand?	Never, Sometimes, Usually, Always
7. In the last 12 months, how often did your child's regular dentist listen carefully to you?	Never, Sometimes, Usually, Always
8. In the last 12 months, how often did your child's regular dentist treat you with courtesy and respect?	Never, Sometimes, Usually, Always
10. In the last 12 months, how often did your child's regular dentist explain things in a way that was easy for <u>your child</u> to understand?	Never, Sometimes, Usually, Always
11. In the last 12 months, how often did your child's regular dentist spend enough time with your child?	Never, Sometimes, Usually, Always
13. In the last 12 months, how often did the dentists or dental staff do everything they could to help your child feel as comfortable as possible during his or her dental work?	Never, Sometimes, Usually, Always
14. In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating your child?	Never, Sometimes, Usually, Always
<b>Access to Dental Care</b>	
15. In the last 12 months, how often were your child's dental appointments as soon as you wanted?	Never, Sometimes, Usually, Always
16. If your child needed to see a dentist right away because of a dental emergency in the last 12 months, did your child get to see a dentist as soon as you wanted?	Definitely yes, Somewhat yes, Somewhat no, Definitely no <sup>15</sup>
17. If you tried to get an appointment for your child with a dentist who specializes in a particular type of dental care (such as an oral or dental surgeon) in the last 12 months, how often did you get an appointment for your child as soon as you wanted?	Never, Sometimes, Usually, Always <sup>16</sup>

<sup>14</sup> For *Care from Dentists and Staff*, the gate questions ask respondents if their child has a regular dentist, if their child has seen their regular dentist in the last 12 months, and if their child is able to talk with his or her regular dentist about his or her dental care. If respondents answer “No” to these questions, they are directed to skip the questions that collectively comprise the *Care from Dentists and Staff* measure.

<sup>15</sup> “My child did not have a dental emergency in the last 12 months” was also a valid response option for this question. However, this response option is not assessed as part of this question (i.e., this response is treated as missing data).

<sup>16</sup> “I did not try to get an appointment with a specialist dentist for my child in the last 12 months” was also a valid response option for this question. However, this response option is not assessed as part of this question (i.e., this response is treated as missing data).

Question Language	Response Options
18. In the last 12 months, how often did you have to spend more than 15 minutes in the waiting room before your child saw someone for his or her dental appointment? <sup>17</sup>	Never, Sometimes, Usually, Always <sup>18</sup>
19. If you had to spend more than 15 minutes in the waiting room before your child saw someone for his or her appointment, how often did someone tell you why there was a delay or how long the delay would be?	Never, Sometimes, Usually, Always
<b><i>Dental Plan Information and Services</i></b> <sup>19</sup>	
21. In the last 12 months, how often did your child's dental plan cover all of the services you thought were covered?	Never, Sometimes, Usually, Always
22. In the last 12 months, did your child's dental plan cover what your child needed to get done?	Definitely yes, Somewhat yes, Somewhat no, Definitely no
24. In the last 12 months, how often did the 800 number, website, or written materials provide the information you wanted about your child's dental plan?	Never, Sometimes, Usually, Always
26. Did this information help you find a dentist for your child that you were happy with?	Definitely yes, Somewhat yes, Somewhat no, Definitely no
29. In the last 12 months, how often did customer service at your child's dental plan give you the information or help you needed?	Never, Sometimes, Usually, Always
30. In the last 12 months, how often did customer service staff at your child's dental plan treat you with courtesy and respect?	Never, Sometimes, Usually, Always
<b>Individual Item Measure</b>	
<b><i>Would Recommend Dental Plan</i></b>	
32. Would you recommend your child's dental plan to other parents or people who want to join?	Definitely yes, Probably yes, Probably no, Definitely no

<sup>17</sup> For *Access to Dental Care*, if respondents answer “Never” to question 18, they are directed to skip one of the questions that comprises the *Access to Dental Care* measure.

<sup>18</sup> The response option scale was reversed so responses of “Sometimes/Never” were considered top-box scores.

<sup>19</sup> For *Dental Plan Information and Services*, the gate questions ask respondents if they tried finding out how their child's dental plan works by calling their toll-free number, visiting their website, or reading printed materials; if they used any information from their child's dental plan to help them find a new dentist for their child; and if they tried to get information or help from customer service at their child's dental plan in the last 12 months. If respondents answer “No” to these questions, they are directed to skip the questions that collectively comprise the *Dental Plan Information and Services* measure.

## Sampling Procedures

The dental plans provided HSAG with a list of eligible members for the sampling frame.<sup>20</sup> HSAG reviewed the file records to check for any apparent problems with the files, such as missing address elements. HSAG sampled members who met the following criteria:

- Adult Survey: were 21 years or older as of May 31, 2025.
- Child Survey: were 20 years or younger as of May 31, 2025.
- Were continuously enrolled in the dental plan during the 12-month measurement period (June 1, 2024, to May 31, 2025), with no more than one gap in enrollment of up to 45 days. To determine continuous enrollment for a member for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., the member must be enrolled for 11 of the last 12 months).
- Had a paid or denied dental claim during the last 12 months of the measurement year.
- Were currently enrolled in the dental plan at the time the sample frame was created.

A total of 1,755 adult members and a total of 2,145 child members were sampled for each of the dental plans, for a total of 3,900 sampled adult and child members. For the adult sample, a simple random sampling approach was used to select 585 adult members from the eligible population of each adult dental program (i.e., Adult Denture Program, Adult Waiver Dental Program, Adult Intermediate Care Facilities for Individuals with Intellectual Disability [ICF/IDD] Dental Program) for each dental plan. If an adult population was unable to meet the minimum sample size criteria, the entire eligible adult population was used, and the rest of the samples were pulled from the other adult population programs to meet a total of 1,755 samples per plan.

Additionally, for the child survey, the survey questionnaire was addressed to the parent/caretaker of the child member and instructions were provided for the parent/caretaker to complete the survey on behalf of the child member.

## Survey Protocol

The survey administration protocol employed was a mixed-mode methodology, which allowed for three methods by which adult members and parents/caretakers of sampled child members could complete a survey: (1) mail, (2) Internet, or (3) telephone. A cover letter was mailed to all adult members and parents/caretakers of child members that provided two options to complete the survey: (1) complete the paper-based survey in English and return it using the pre-addressed, postage-paid return envelope; or (2) complete the web-based survey, which was provided in both English and Spanish, via a URL or quick response (QR) code and designated username. The first and second cover letters were printed in English

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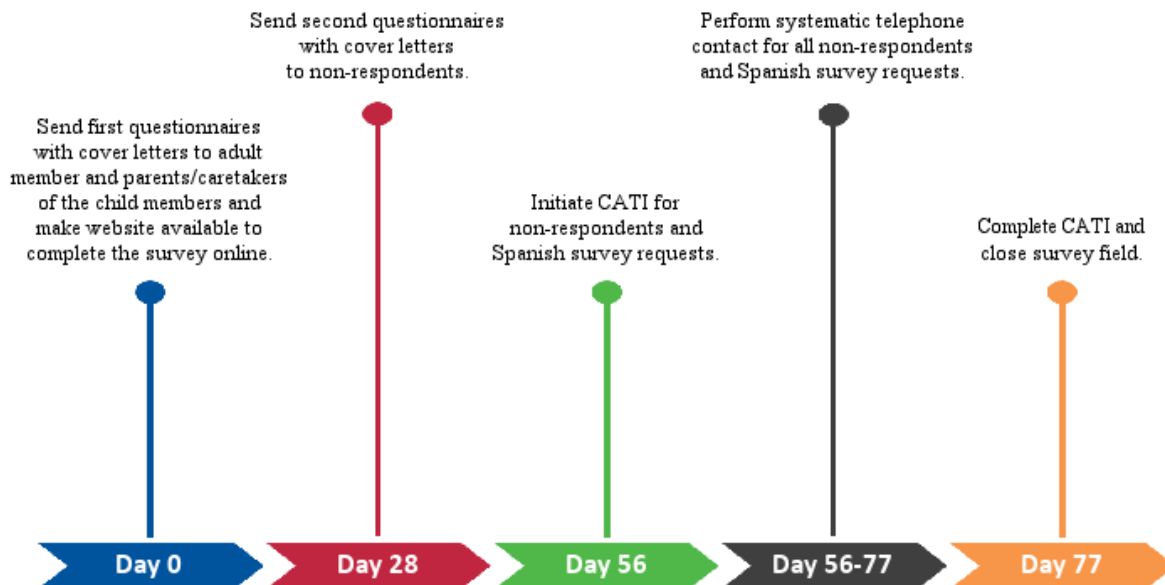
<sup>20</sup> By submitting data, records, documents, and information to HSAG as required by LDH and in support of this external quality review (EQR) activity, the dental plan attests, based on best knowledge, information, and belief as to the accuracy, completeness and truthfulness of the documents and data it submits to HSAG.

on one side and Spanish on the reverse side. HSAG tried to obtain new addresses for members selected for the sample by processing sampled members' addresses through the United States Postal Service's National Change of Address (NCOA) system. Non-respondents received a second survey mailing.

Computer assisted telephone interviewing (CATI) was conducted for respondents who did not complete a survey. HSAG followed a staggered method of up to three CATI call attempts to each non-respondent at different times of the day, on different days of the week, and in different weeks.

Survey administration started in September 2025, and the survey field remained open until closing in December 2025. Figure 2-1 shows the timeline used for the survey administration.

**Figure 2-1—Dental Survey Timeline**



## Methodology

Several analyses were performed to comprehensively assess member satisfaction. This section provides an overview of each analysis.

### Response Rates

The response rate is the total number of completed surveys divided by all eligible members of the sample. A member's survey was assigned a disposition code of "completed" if at least one question was answered. Eligible members included the entire sample minus ineligible members. Ineligible members of the sample met one or more of the following criteria: they were deceased, did not meet the eligible

criteria on page 11, were mentally or physically incapacitated with no proxy available (adult only), or had a language barrier (the survey was made available in English and Spanish).

$$\text{Response Rate} = \frac{\text{Number of Completed Surveys}}{\text{Sample} - \text{Ineligibles}}$$

### Demographic Analysis

The demographics analysis evaluated self-reported demographic information for the following:

- Adult members who completed the adult survey: age, gender, education level, race, ethnicity, and dental health status.
- Child members for whom a parent/caretaker completed a survey: age, gender, race, ethnicity, and dental health status.
- Child survey respondents (i.e., parent/caretaker): respondent age, respondent gender, respondent education level, and respondent relationship to the child.

Given that the demographics of a response group can influence overall experience scores, it is important to evaluate all results in the context of the actual respondent population. Table 2-4 shows the survey question numbers that are associated with the respective demographic categories that were analyzed.

**Table 2-4—Demographic Items Analyzed**

Demographic Category	Adult Survey Question Number	Child Survey Question Number
Member Age	32	34
Member Gender	33	35
Member Education Level	34	NA
Member Race	36	37
Member Ethnicity	35	36
Member Dental Health Status	31	33
Respondent Age	NA	38
Respondent Gender	NA	39
Respondent Education Level	NA	40
Respondent Relationship to Child	NA	41
NA Indicates the demographic category is not applicable to the specific survey.		

### Respondent Analysis

HSAG evaluated the demographic characteristics (i.e., age, gender, and race) of members as part of the respondent analysis file. HSAG performed a *t* test to determine whether demographic characteristics of survey respondents (i.e., respondent percentages) were significantly different from demographic

characteristics of members in the sample frame (i.e., sample frame percentages).<sup>21</sup> Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics section, which uses responses from the survey as the data source. A difference was considered significant if the two-sided  $p$  value of the  $t$  test was less than 0.05. The two-sided  $p$  value of the  $t$  test is the probability of observing a test statistic as extreme as or more extreme than the one actually observed by chance. Respondent percentages that were statistically significantly higher than the sample frame percentages are denoted with black upward arrows (↑). Respondent percentages that were statistically significantly lower than the sample frame percentages are denoted with black downward arrows (↓). Respondent percentages that were not statistically significantly higher or lower are not denoted with arrows. Caution should be exercised when extrapolating the results to the entire population if the respondent population differs significantly from the actual population of members.

### Top-Box Scores

HSAG calculated top-box scores for each measure.<sup>22</sup> The scoring of the measures involved assigning top-box responses a score of one, with all other responses receiving a score of zero. After applying this scoring methodology, the percentage of top-box responses was calculated in order to determine the top-box scores. A “top-box” response is defined as follows:

- “9” or “10” for *Rating of Regular Dentist, Rating of All Dental Care, Rating of Finding a Dentist, and Rating of Dental Plan*.
- “Usually/Always” or “Somewhat Yes/Definitely Yes” for *Care From Dentists and Staff, Access to Dental Care, and Dental Plan Information and Services* composite measures.
  - The exception to this is Question 16 and Question 18 in the *Access to Dental Care* composite measure for the adult and child surveys, respectively, where the response option scale is reversed so responses of “Sometimes/Never” are considered top-box responses.
- “Probably Yes/Definitely Yes” for the *Would Recommend Dental Plan* individual item measure.

After applying this scoring methodology, the proportion (i.e., percentage) of top-box responses was calculated to determine the top-box scores. For the global ratings and the individual item, top-box scores were defined as the proportion of responses with a score value of one over all responses. For the composite measures, first a separate top-box score was calculated for each question within the composite measure. The final composite measure score was determined by calculating the average score across all questions within the composite measure (i.e., mean of the composite items’ top-box scores).

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<sup>21</sup> A  $t$  test refers to a statistical test used to determine whether there is a significant difference between the means of two groups (i.e., survey respondents vs members in the sample frame). This analysis helps identify potential nonresponse bias and assess the representativeness of the survey data. Statistically significant differences may indicate that the survey results could be skewed if certain groups were under- or overrepresented among respondents.

<sup>22</sup> Top-box score refers to the percentage of survey respondents who selected the most favorable response option(s) for a given item or measure.

Results were reported regardless of the number of responses. Therefore, caution should be exercised when evaluating measures' results with fewer than 100 respondents, which are denoted with a cross (+).

## Comparative Analyses

### Dental Plan Comparisons

The scores of the dental plans were compared to each other to determine if the scores were statistically significantly different. A *t* test was performed to determine whether DQ's scores were statistically significantly different from MCNA's scores. A difference was considered statistically significant if the two-sided *p* value of the *t* test was less than 0.05. An upward arrow (↑) indicates a score that was statistically significantly higher than the comparative plan. A downward arrow (↓) indicates a score that was statistically significantly lower than the comparative plan. Dental plan scores that were not statistically significantly different are not denoted with arrows.

### Trend Analysis

HSAG performed a *t* test to determine whether scores in 2025 were statistically significantly different (i.e., *p* value < 0.05) from the 2024 scores. Scores that were statistically significantly higher in 2025 than in 2024 are denoted with upward triangles (▲). Scores that were statistically significantly lower in 2025 than in 2024 are denoted with downward triangles (▼). Scores in 2025 that were not statistically significantly different from 2024 are not denoted with triangles.

### Race Comparisons

The results for each measure were stratified by race for the Dental Program Average. No weighting or case-mix adjustment was performed on the results. The data source for this analysis was based on responses to the race questions (i.e., Question 36 in the adult survey and Question 37 in the child survey). For the race comparisons, a *t* test was performed to determine if there were significant differences (i.e., *p* value < 0.05) between scores for Black and Other respondents compared to scores for White respondents. The Other category includes Multiracial, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and Other. HSAG was unable to present results for each race category due to low response rates. An upward arrow (↑) indicates the demographic category score was statistically significantly higher than the score of White respondents. A downward arrow (↓) indicates the demographic category score was statistically significantly lower than the score of White respondents. Demographic category scores that were not statistically significantly higher or lower are not denoted with arrows. Additionally, HSAG was unable to perform ethnicity comparisons due to the insufficient number of Hispanic responses for each measure.

### Key Drivers of Member Experience Analysis

HSAG performed an analysis of key drivers of member experience for three measures: *Rating of All Dental Care*, *Rating of Dental Plan*, and *Would Recommend Dental Plan*. The purpose of the key

drivers of member experience analysis is to help decision makers identify specific aspects of care that will most benefit from QI activities. Table 2-5 shows the survey items (i.e., questions) that were analyzed for each measure in the key drivers of member experience analysis as indicated by a checkmark (✓), as well as each survey item's baseline response that was used in the statistical calculation.

**Table 2-5—Potential Key Drivers**

Survey Item	Rating of All Dental Care	Rating of Dental Plan	Would Recommend Dental Plan	Baseline Response
<b>Adult</b>				
Q6. Dentist explained things in understandable way	✓	✓	✓	Always
Q7. Dentist listened carefully to you	✓	✓	✓	Always
Q8. Dentist treated you with courtesy and respect	✓	✓	✓	Always
Q9. Dentist spent enough time with you	✓	✓	✓	Always
Q11. Dentist or dental staff did everything they could to help you feel comfortable during dental work	✓	✓	✓	Always
Q12. Dentist or dental staff explained what they were doing while treating you	✓	✓	✓	Always
Q13. Received dental appointments as soon as wanted	✓	✓	✓	Always
Q14. Got to see dentist as soon as wanted because of dental emergency	✓	✓	✓	Definitely Yes
Q15. Got appointment with dentist who specializes in particular type of dental care as soon as wanted	✓	✓	✓	Always
Q16. Spent more than 15 minutes in waiting room before appointment	✓	✓	✓	Never
Q17. Someone explained delay for spending more than 15 minutes in waiting room before appointment	✓	✓	✓	Always
Q19. Dental plan covered all services you thought were covered	NA	✓	✓	Always
Q20. Dental plan covered what you and your family needed to get done	NA	✓	✓	Definitely Yes
Q22. 800 number, written materials, or website provided you with wanted information	NA	✓	✓	Always
Q24. Information helped find dentist you are happy with	NA	✓	✓	Definitely Yes

Survey Item	Rating of All Dental Care	Rating of Dental Plan	Would Recommend Dental Plan	Baseline Response
Q27. Dental plan's customer service staff gave you the information or help needed	NA	✓	✓	Always
Q28. Dental plan's customer service staff treated you with courtesy and respect	NA	✓	✓	Always
<b>Child</b>				
Q6. Child's dentist explained things in understandable way	✓	✓	✓	Always
Q7. Child's dentist listened carefully to parent/caretaker	✓	✓	✓	Always
Q8. Child's dentist treated parent/caretaker with courtesy and respect	✓	✓	✓	Always
Q10. Child's dentist explained things in understandable way for child	✓	✓	✓	Always
Q11. Child's dentist spent enough time with child	✓	✓	✓	Always
Q13. Dentists or dental staff helped child feel comfortable during dental work	✓	✓	✓	Always
Q14. Dentists or dental staff explained during child's treatment	✓	✓	✓	Always
Q15. Received appointment as soon as wanted	✓	✓	✓	Always
Q16. Child saw dentist as soon as parent/caretaker wanted	✓	✓	✓	Definitely Yes
Q17. Parent/caretaker received appointment for child as soon as wanted for specialized dentist and dental care	✓	✓	✓	Always
Q18. Spent more than 15 minutes in waiting room before child's appointment	✓	✓	✓	Never
Q19. Someone explained delay for spending more than 15 minutes in waiting room before appointment	✓	✓	✓	Always
Q21. Child's dental plan covered all services parent/caretaker thought covered	NA	✓	✓	Always
Q22. Child's dental plan covered what child needed	NA	✓	✓	Definitely Yes
Q24. 800 number, written materials, or website provided parent/caretaker with wanted information	NA	✓	✓	Always
Q26. Information helped find dentist for child that parent/caretaker is happy with	NA	✓	✓	Definitely Yes

Survey Item	Rating of All Dental Care	Rating of Dental Plan	Would Recommend Dental Plan	Baseline Response
Q29. Child's dental plan's customer service staff gave parent/caretaker the information or help needed	NA	✓	✓	Always
Q30. Child's dental plan's customer service staff treated parent/caretaker with courtesy and respect	NA	✓	✓	Always
NA Indicates that this question was not evaluated for this measure.				

HSAG assessed each measure's performance by assigning the responses into a three-point scale as follows:

- 0 to 6/Definitely No = 1 (Dissatisfied)
- 7 to 8/Probably Yes or Probably No = 2 (Neutral)
- 9 to 10/Definitely Yes = 3 (Satisfied)

### Correlation Analysis

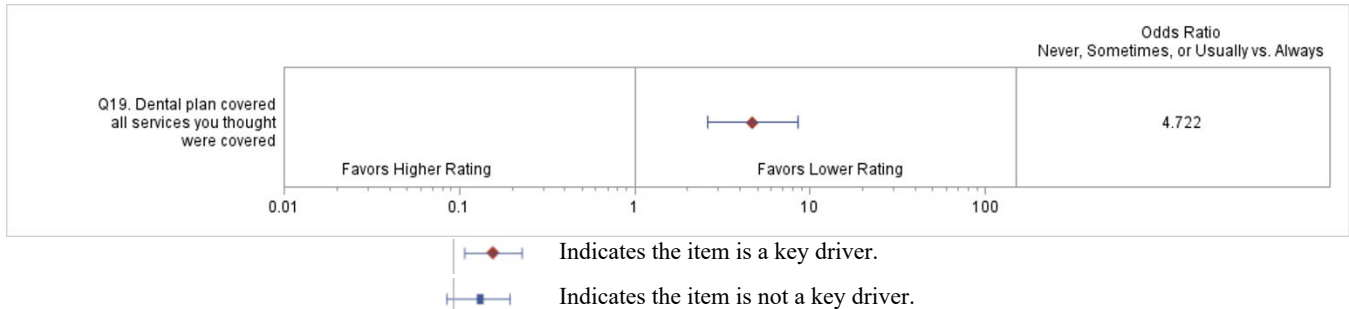
For each item evaluated, HSAG assigned 2 (Satisfied) to each item's baseline response and 1 (Neutral/Dissatisfied) to each item's other responses. HSAG calculated the relationship between the item's (i.e., questions) response and performance on each of the three measures (i.e., *Rating of All Dental Care*, *Rating of Dental Plan*, and *Would Recommend Dental Plan*) using a polychoric correlation, which is used to estimate the correlation between two theorized normally distributed continuous latent variables, which are unobserved or hidden variables that cannot be measured directly, from two observed ordinal (i.e., ranked) variables, which are data that can be measured. HSAG then prioritized items based on their correlation to each measure.

The correlation can range from -1 to 1, with negative values indicating a negative relationship between overall member experience and a particular survey item. However, the correlation analysis conducted is not focused on the direction of the correlation, but rather on the degree of correlation. Therefore, the absolute value of the correlation is used in the analysis, and the range is 0 to 1. A zero indicates no correlation between the response to a question and the respondent's experience. As the value of correlation increases, the importance of the question to the respondent's overall experience increases.

After prioritizing items, HSAG estimated the odds ratio, which is used to quantify respondents' tendency to choose a lower rating over a higher rating based on their responses to the evaluated items. The odds ratio can range from 0 to infinity. Key drivers are those items for which the odds ratio is statistically significantly greater than 1. If a response to an item has an odds ratio value that is statistically significantly greater than 1, then a respondent who provides a response other than the baseline (e.g., "Always") is more likely to provide a lower rating on the measure than respondents who provide the baseline response. As the odds ratio value increases, the tendency for a respondent who provides a non-baseline response to choose a lower rating increases.

In Figure 2-2, the results indicate that respondents who answered “Never,” “Sometimes,” or “Usually” to Question 19 are 4.722 times more likely to provide a lower rating for their dental plan than respondents who answered “Always.” The items identified as key drivers are indicated with a red diamond. For the detailed results of the key drivers of member experience analysis, please refer to pages 38 and 63 in the Adult Results and Child Results sections, respectively.

**Figure 2-2—Key Drivers of Member Experience: Rating of Dental Plan**



## Limitations and Cautions

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

### Causal Inferences

Although this report examines whether respondents report differences with various aspects of dental care, these differences may not be completely attributable to the dental plans. These analyses identify whether respondents give different ratings of experience with their or their child’s dental plan. The survey by itself does not necessarily reveal the exact cause of these differences; therefore, caution should be exercised when interpreting these results.

### Child Survey Instrument

The survey instrument used for the child population was a modified version of the CAHPS Dental Survey developed by the Agency for Healthcare Research and Quality (AHRQ). The CAHPS Dental Survey, currently available for the adult population only, was customized for administration to a child population.

### ***Lack of National Data for Comparisons***

Currently, AHRQ does not collect survey results from the CAHPS Dental Survey and has not established a child dental survey; therefore, national benchmark data were not available for comparisons.

### ***Non-Response Bias***

The experiences of the survey respondent population may be different than that of non-respondents with respect to their dental care services and may vary by dental plan. 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 at the state-level, HSAG compared the scores from late respondents to early respondents (i.e., respondents who submitted a survey during the first mailing/round) for each measure. The 2025 results indicate that early respondents were not statistically significantly more likely to provide a higher or lower response than late respondents for any measure.

## 3. Adult Results

The following section presents the adult results for the dental plans and Dental Program Average.

### 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 survey dispositions and the response rates. For additional information on the calculation of response rates, please refer to page 12 of the Reader’s Guide section.

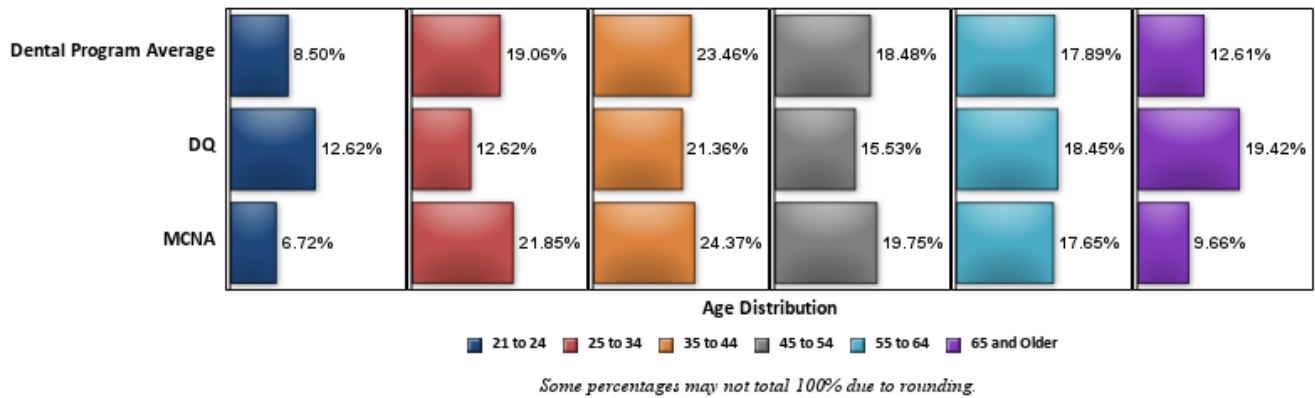
**Table 3-1—Distribution of Adult Survey Dispositions and Response Rates**

	Sample Size	Ineligible Records	Eligible Sample	Completed Surveys	Response Rate
<b>Dental Program Average</b>	<b>3,510</b>	<b>194</b>	<b>3,316</b>	<b>478</b>	<b>14.41%</b>
DQ	1,755	112	1,643	163	9.92%
MCNA	1,755	82	1,673	315	18.83%

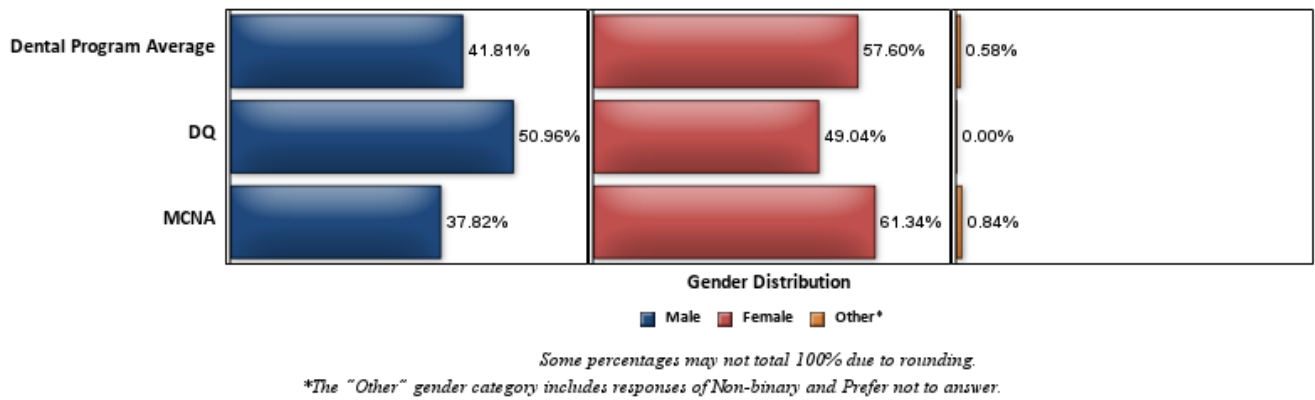
## Respondent Demographics

Figure 3-1 through Figure 3-6 show the self-reported age, gender, education level, race, ethnicity, and dental health status of members who completed the survey. For additional information on the demographics analysis, please refer to page 13 of the Reader’s Guide section.

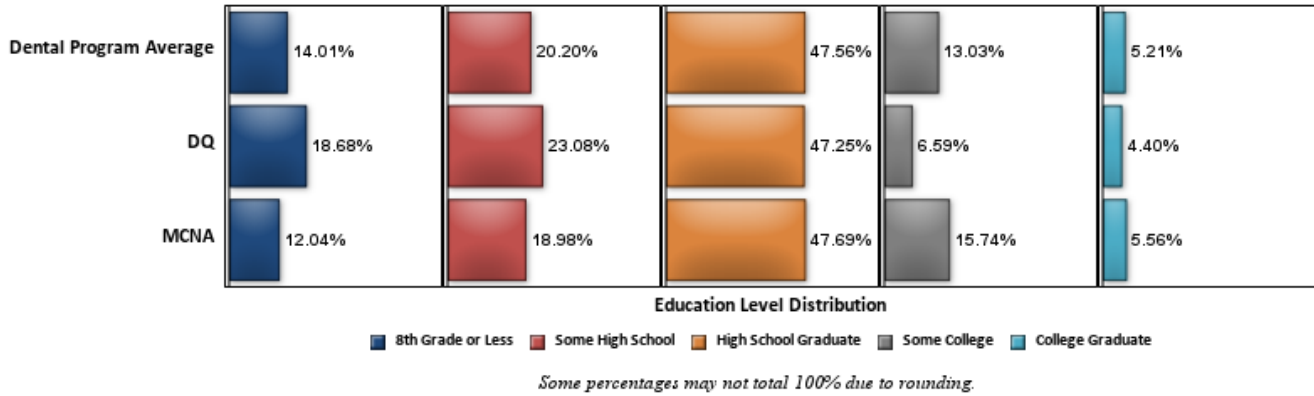
**Figure 3-1—Adult Member Demographics: Age**



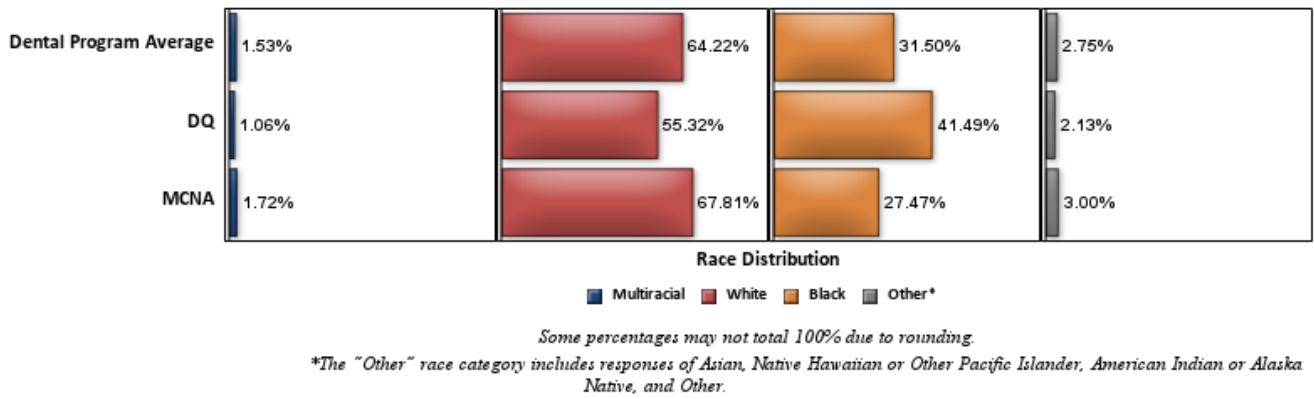
**Figure 3-2—Adult Member Demographics: Gender**



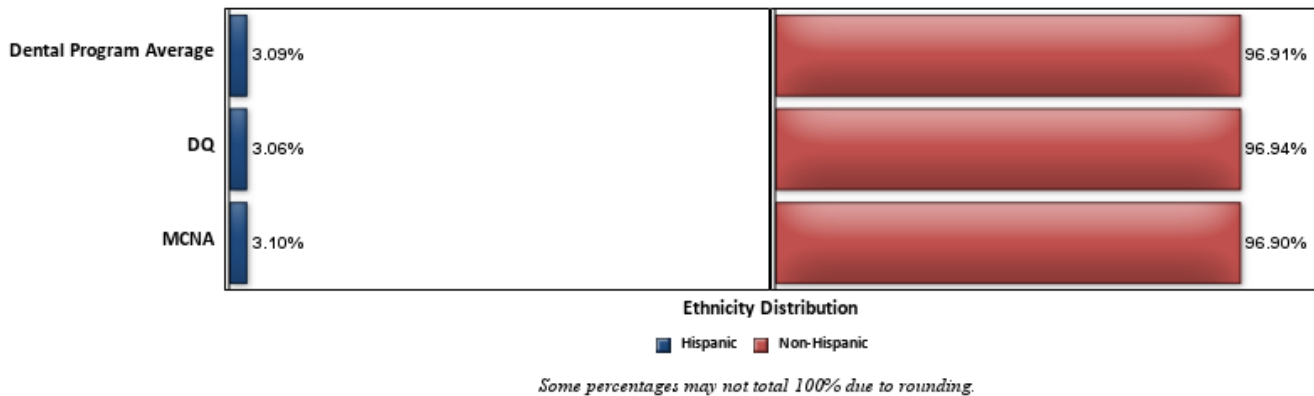
**Figure 3-3—Adult Member Demographics: Education Level**



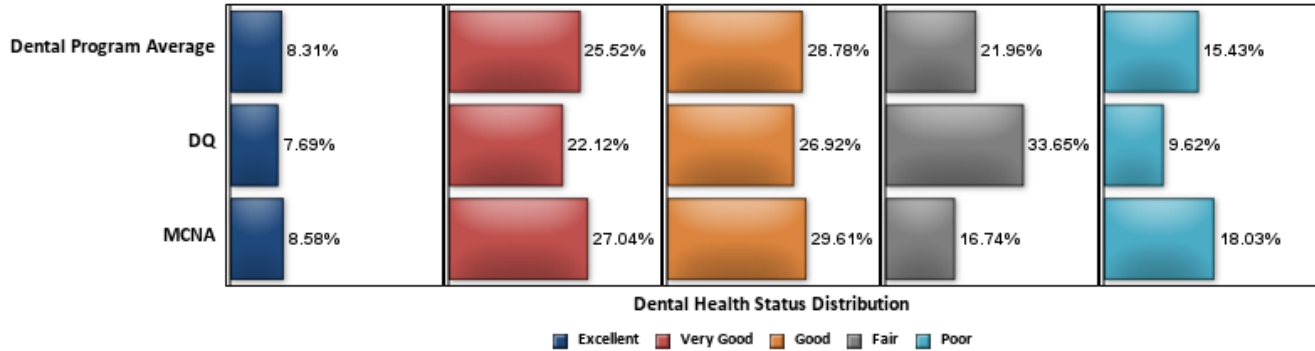
**Figure 3-4—Adult Member Demographics: Race**



**Figure 3-5—Adult Member Demographics: Ethnicity**



**Figure 3-6—Adult Member Demographics: Dental Health Status**



*Some percentages may not total 100% due to rounding.*

## Respondent Analysis

HSAG compared the demographic characteristics of members who responded to the survey (i.e., respondent percentages) to the demographic characteristics of members in the sample frame (i.e., sample frame percentages) for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, and race. Please note that variables from the sample frame were used as the data source for this analysis; 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 through Table 3-4 present the results of the respondent analysis for the Dental Program Average and each dental plan. For additional information on the respondent analysis, please refer to page 13 of the Reader’s Guide section.

**Table 3-2—Respondent Analysis: Age**

		21 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 or older
<b>Dental Program Average</b>	<b>R</b>	<b>8.16%↓</b>	<b>19.87%↓</b>	<b>21.76%</b>	<b>18.83%</b>	<b>21.13%↑</b>	<b>10.25%</b>
	<b>SF</b>	<b>11.34%</b>	<b>25.87%</b>	<b>21.91%</b>	<b>15.72%</b>	<b>15.40%</b>	<b>9.76%</b>
DQ	R	10.43%	16.56%↓	22.09%	16.56%	21.47%	12.88%
	SF	11.41%	26.01%	21.94%	15.64%	15.25%	9.76%
MCNA	R	6.98%	21.59%↑	21.59%	20.00%	20.95%↓	8.89%
	SF	6.12%	14.20%	19.83%	21.96%	28.57%	9.31%

An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage.  
 ↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.  
 ↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.  
 Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

**Table 3-3—Respondent Analysis: Gender**

		Male	Female
<b>Dental Program Average</b>	<b>R</b>	<b>39.96%</b>	<b>60.04%</b>
	<b>SF</b>	<b>38.11%</b>	<b>61.89%</b>
DQ	R	48.47%↑	51.53%↓
	SF	38.15%	61.85%
MCNA	R	35.56%	64.44%
	SF	34.82%	65.18%

An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage.  
 ↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.  
 ↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.  
 Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.

**Table 3-4—Respondent Analysis: Race**

		White	Black	Other
<b>Dental Program Average</b>	<b>R</b> <b>SF</b>	<b>56.03%↑</b> <b>42.62%</b>	<b>32.54%↓</b> <b>51.00%</b>	<b>11.42%↑</b> <b>6.38%</b>
DQ	R SF	50.00% 42.51%	39.10%↓ 51.11%	10.90% 6.39%
MCNA	R SF	59.09%↑ 51.55%	29.22%↓ 42.39%	11.69%↑ 6.06%
<p><i>An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage.</i>            ↑ <i>Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.</i>            ↓ <i>Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.</i>  <i>Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.</i></p>				

## Comparative Analyses

HSAG calculated top-box scores for each measure. For additional information on the calculation of the measures, please refer to page 14 of the Reader's Guide section. For additional information on the survey language and response options for the measures, please refer to page 5 of the Reader's Guide section.

### *Dental Plan Comparisons*

HSAG compared the dental plans' results to each other to determine if the results were statistically significantly different. Statistically significant results are denoted with directional arrows (↑ or ↓). For additional information on the dental plan comparisons, please refer to page 15 of the Reader's Guide section.

### *Trend Analysis*

HSAG compared the dental plans' and Dental Program Average's 2025 scores to the 2024 scores to determine whether there were statistically significant differences. Statistically significant results are denoted with directional triangles (▲ or ▼). For additional information on the trend analysis, please refer to page 15 of the Reader's Guide section.

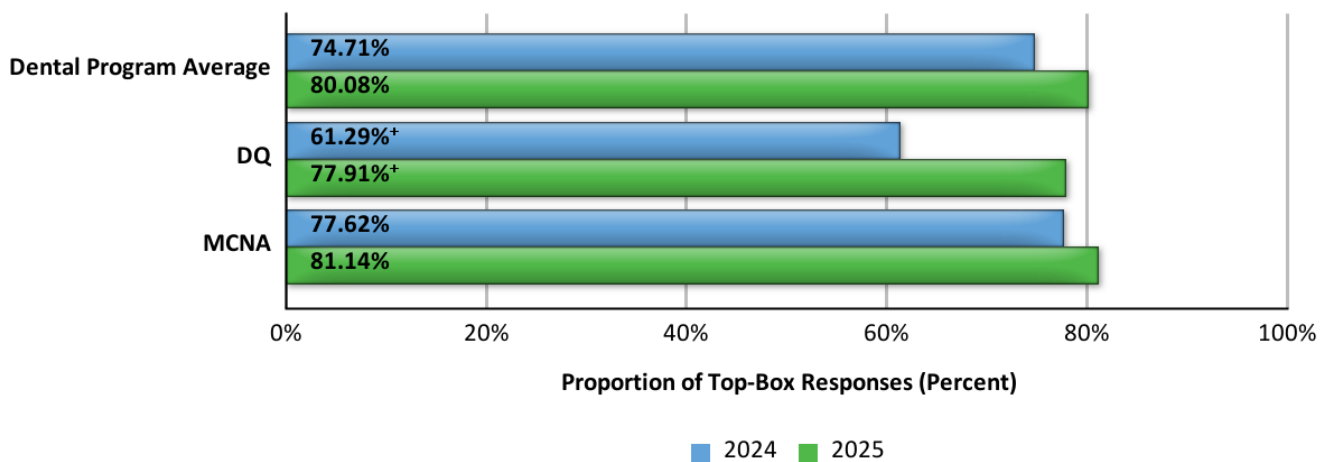
Figure 3-7 through Figure 3-14 show the results of the dental plan comparisons and trend analysis.

## Global Ratings

### Rating of Regular Dentist

Respondents were asked to rate their regular dentist on a scale of 0 to 10, with 0 being the “worst regular dentist possible” and 10 being the “best regular dentist possible.” Ratings scoring a 9 or 10 are considered top-box scores. Figure 3-7 shows the adult scores, including the dental plan comparisons and trend analysis, for the *Rating of Regular Dentist* global rating.

**Figure 3-7—Comparative Analyses: Rating of Regular Dentist**



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the comparative dental plan’s score.

↓ Indicates the score is statistically significantly lower than the comparative dental plan’s score.

▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.

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

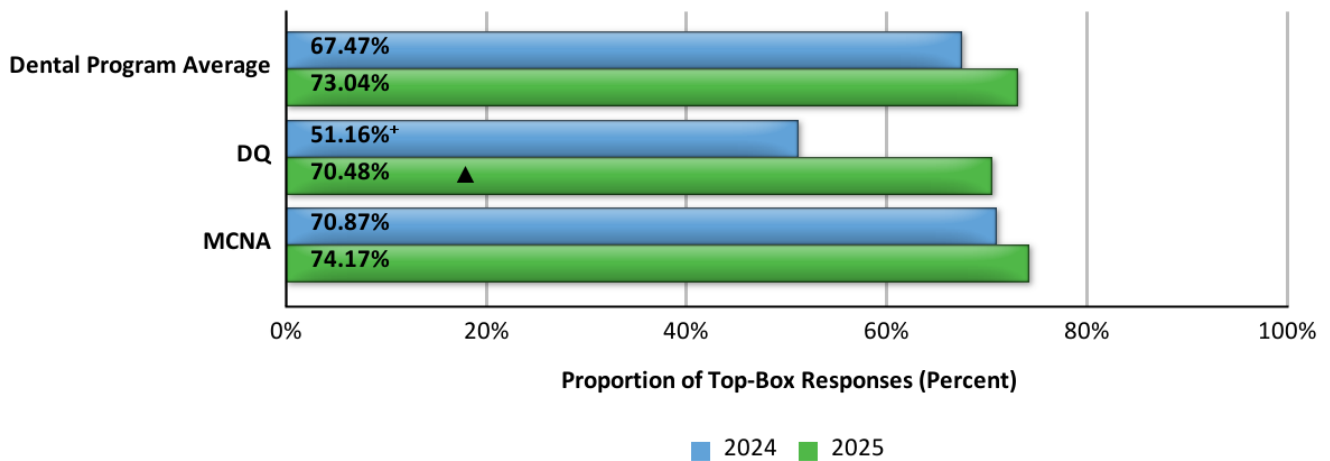
If no statistically significant differences were found, no indicators (↑, ↓ or ▲, ▼) appear on the figure.

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

### Rating of All Dental Care

Respondents were asked to rate their dental care on a scale of 0 to 10, with 0 being the “worst dental care possible” and 10 being the “best dental care possible.” Ratings scoring a 9 or 10 are considered top-box scores. Figure 3-8 shows the adult scores, including the dental plan comparisons and trend analysis, for the *Rating of All Dental Care* global rating.

**Figure 3-8—Comparative Analyses: Rating of All Dental Care**

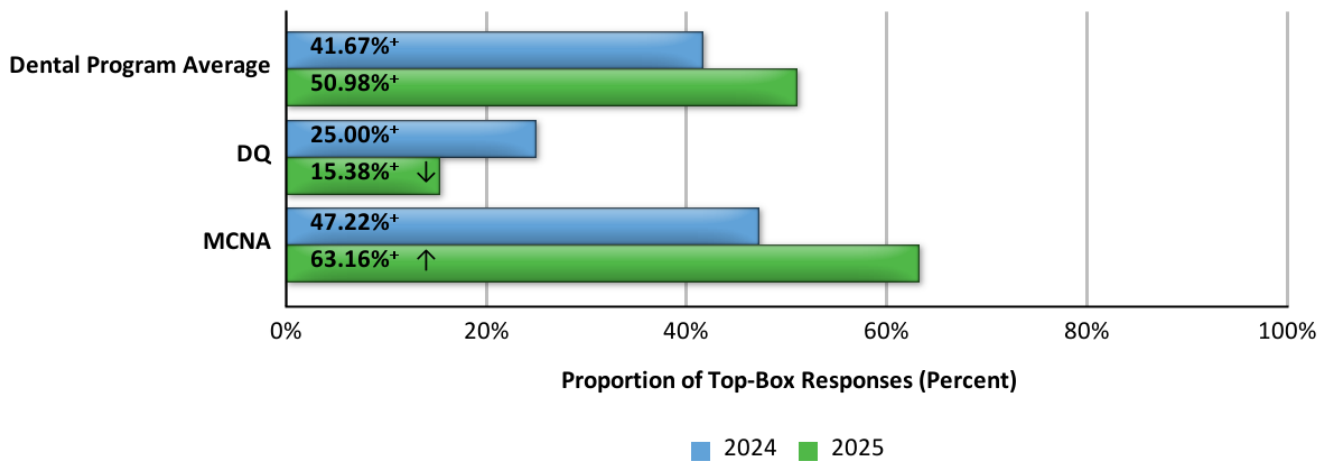


Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the comparative dental plan’s score.  
 ↓ Indicates the score is statistically significantly lower than the comparative dental plan’s score.  
 ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.  
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.  
 If no statistically significant differences were found, no indicators (↑, ↓ or ▲, ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

### Rating of Finding a Dentist

Respondents were asked to rate how easy it was to find a dentist on a scale of 0 to 10, with 0 being “extremely difficult” and 10 being “extremely easy.” Ratings scoring a 9 or 10 are considered top-box scores. Figure 3-9 shows the adult scores, including the dental plan comparisons and trend analysis, for the *Rating of Finding a Dentist* global rating.

**Figure 3-9—Comparative Analyses: Rating of Finding a Dentist**

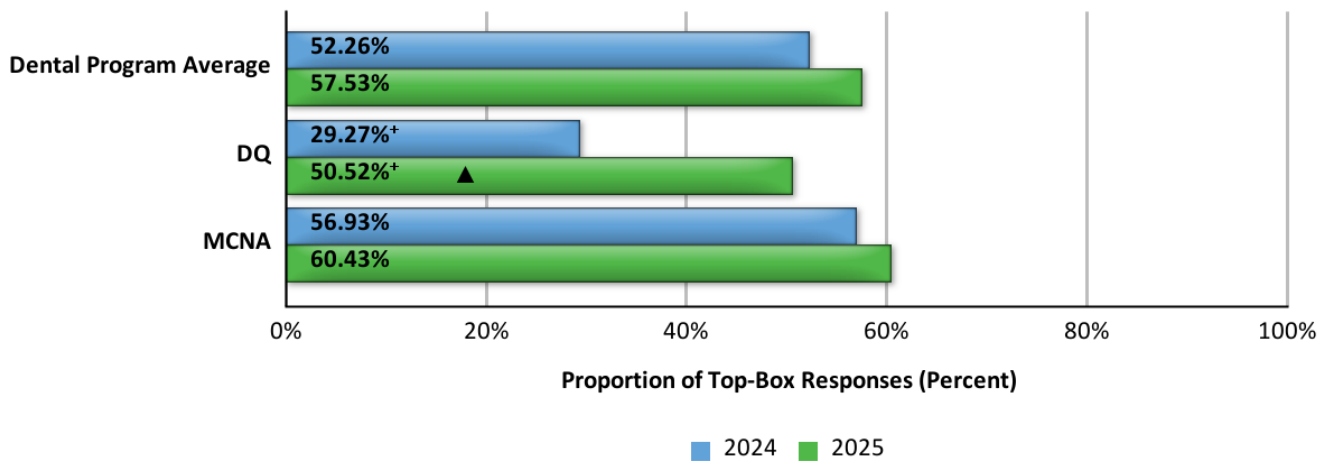


Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the comparative dental plan’s score.  
 ↓ Indicates the score is statistically significantly lower than the comparative dental plan’s score.  
 ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.  
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.  
 If no statistically significant differences were found, no indicators (↑, ↓ or ▲, ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

### Rating of Dental Plan

Respondents were asked to rate their dental plan on a scale of 0 to 10, with 0 being the “worst dental plan possible” and 10 being the “best dental plan possible.” Ratings scoring a 9 or 10 are considered top-box scores. Figure 3-10 shows the adult scores, including the dental plan comparisons and trend analysis, for the *Rating of Dental Plan* global rating.

**Figure 3-10—Comparative Analyses: Rating of Dental Plan**



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the comparative dental plan’s score.  
 ↓ Indicates the score is statistically significantly lower than the comparative dental plan’s score.  
 ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.  
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.  
 If no statistically significant differences were found, no indicators (↑, ↓ or ▲, ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

## Composite Measures

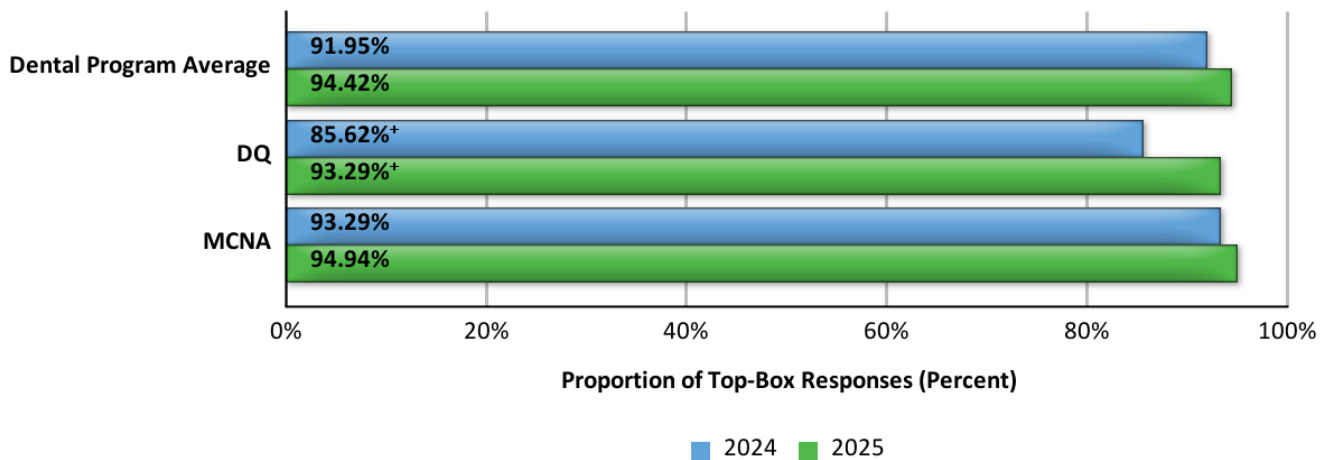
### Care from Dentists and Staff

Respondents were asked to assess how often (never, sometimes, usually, or always) their dentists and staff communicated well with them:

- In the last 12 months, how often did you regular dentist explain things in a way that was easy to understand?
- In the last 12 months, how often did your regular dentist listen carefully to you?
- In the last 12 months, how often did your regular dentist treat you with courtesy and respect?
- In the last 12 months, how often did your regular dentist spend enough time with you?
- In the last 12 months, how often did the dentists or dental staff do everything they could to help you feel as comfortable as possible during your dental work?
- In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating you?

Response options of Usually and Always were considered top-box scores. Figure 3-11 shows the adult scores, including the dental plan comparisons and trend analysis, for the *Care from Dentists and Staff* composite measure.

**Figure 3-11—Comparative Analyses: Care from Dentists and Staff**



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the comparative dental plan’s score.  
 ↓ Indicates the score is statistically significantly lower than the comparative dental plan’s score.  
 ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.  
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.  
 If no statistically significant differences were found, no indicators (↑, ↓ or ▲, ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

## Access to Dental Care

Respondents were asked to assess how easy (never, sometimes, usually, or always) it was to access their dental care:

- In the last 12 months, how often were your dental appointments as soon as you wanted?
- If you needed to see a dentist right away because of a dental emergency in the last 12 months, did you get to see a dentist as soon as you wanted?<sup>23</sup>
- If you tried to get an appointment for yourself with a dentist who specializes in a particular type of dental care (such as root canals or gum disease) in the last 12 months, how often did you get an appointment as soon as you wanted?
- In the last 12 months, how often did you have to spend more than 15 minutes in the waiting room before you saw someone for your dental appointment?<sup>24</sup>
- If you had to spend more than 15 minutes in the waiting room before you saw someone for your appointment, how often did someone tell you why there was a delay or how long the delay would be?

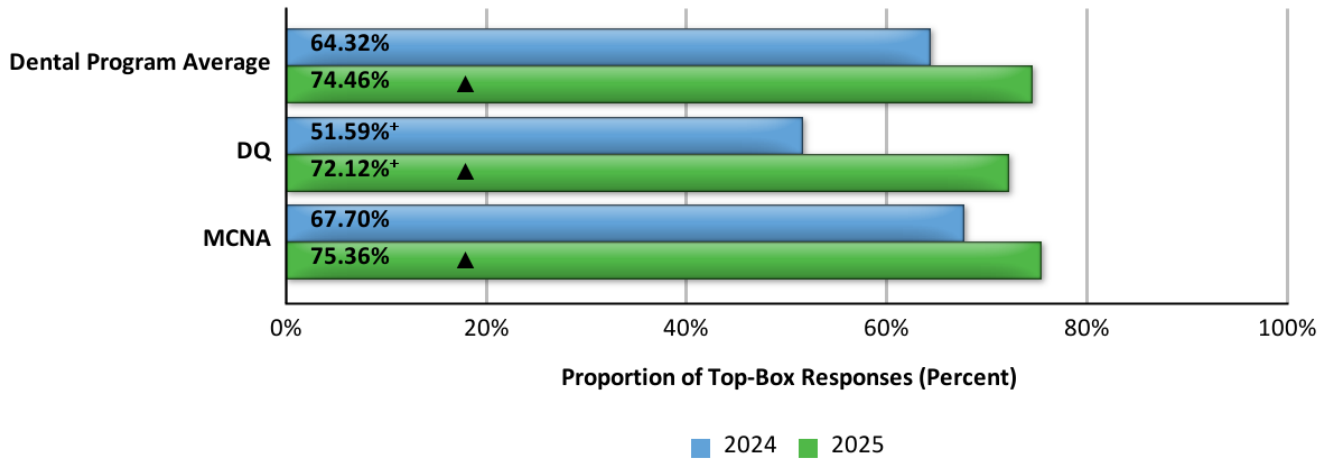
Response options of Usually and Always were considered top-box scores. Figure 3-12 shows the adult scores, including the dental plan comparisons and trend analysis, for the *Access to Dental Care* composite measure.

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<sup>23</sup> The response options were Definitely yes, Somewhat yes, Somewhat no, and Definitely no. Response options of “Definitely yes and Somewhat yes” were considered top-box scores.

<sup>24</sup> The response option scale was reversed so responses of “Sometimes and Never” were considered top-box scores.

**Figure 3-12—Comparative Analyses: Access to Dental Care**



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the comparative dental plan's score.  
 ↓ Indicates the score is statistically significantly lower than the comparative dental plan's score.  
 ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.  
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.  
 If no statistically significant differences were found, no indicators (↑, ↓ or ▲, ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

## Dental Plan Information and Services

Respondents were asked to assess how often (never, sometimes, usually, or always) they had a positive experience with their plan's information and services:

- In the last 12 months, how often did your dental plan cover all of the services you thought were covered?
- In the last 12 months, did your dental plan cover what you and your family needed to get done?<sup>25</sup>
- In the last 12 months, how often did the 800 number, written materials, or website provide the information you wanted about your dental plan?
- Did this information help you find a dentist you were happy with?<sup>26</sup>
- In the last 12 months, how often did your dental plan's customer service give you the information or help you needed?
- In the last 12 months, how often did your dental plan's customer service staff treat you with courtesy and respect?

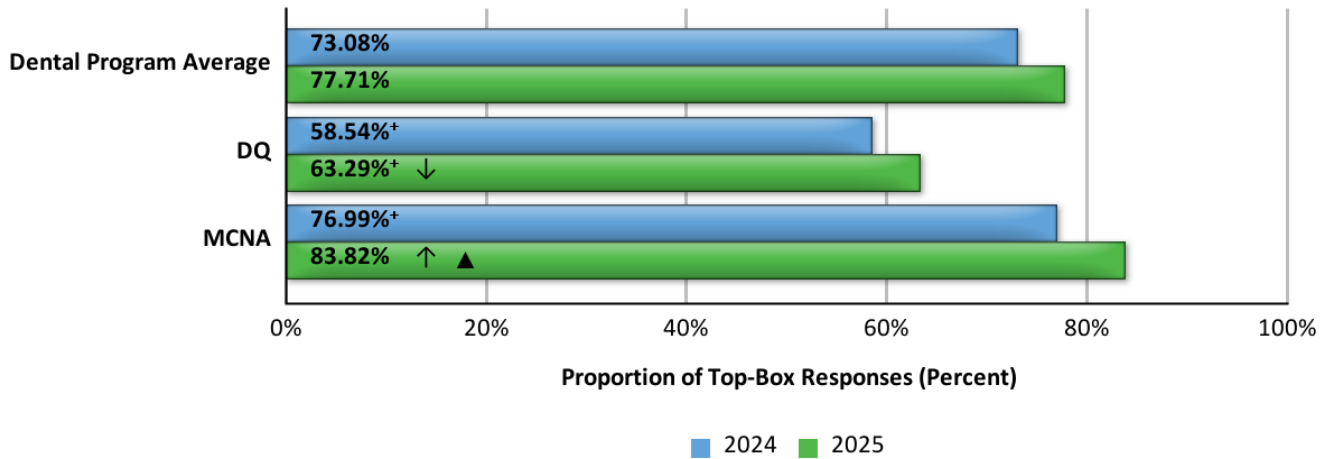
Response options of Usually and Always were considered top-box scores. Figure 3-13 shows the adult scores, including the dental plan comparisons and trend analysis, for the *Dental Plan Information and Services* composite measure.

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<sup>25</sup> The response options were Definitely yes, Somewhat yes, Somewhat no, and Definitely no. Response options of "Definitely yes and Somewhat yes" were considered top-box scores.

<sup>26</sup> Ibid.

**Figure 3-13—Comparative Analyses: Dental Plan Information and Services**



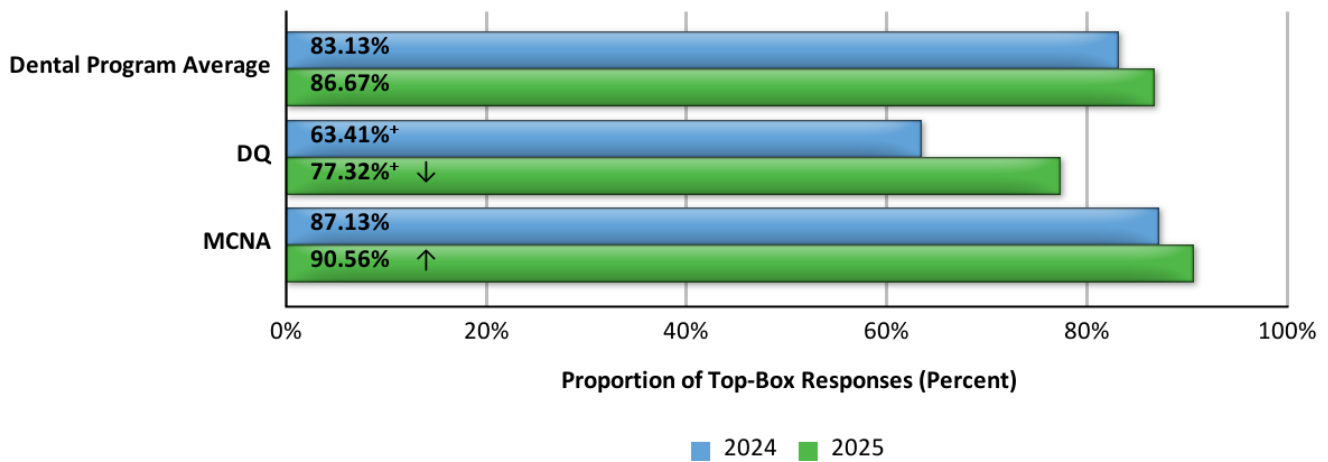
Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the comparative dental plan’s score.  
 ↓ Indicates the score is statistically significantly lower than the comparative dental plan’s score.  
 ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.  
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.  
 If no statistically significant differences were found, no indicators (↑, ↓ or ▲, ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

### Individual Item Measure

#### Would Recommend Dental Plan

Respondents were asked (definitely yes, probably yes, probably no, or definitely no) if they would recommend their dental plan to other people who want to join. A response of Definitely yes and Probably yes are considered a top-box score. Figure 3-14 shows the adult scores, including the dental plan comparisons and trend analysis, for the *Would Recommend Dental Plan* individual item measure.

**Figure 3-14—Comparative Analyses: Would Recommend Dental Plan**

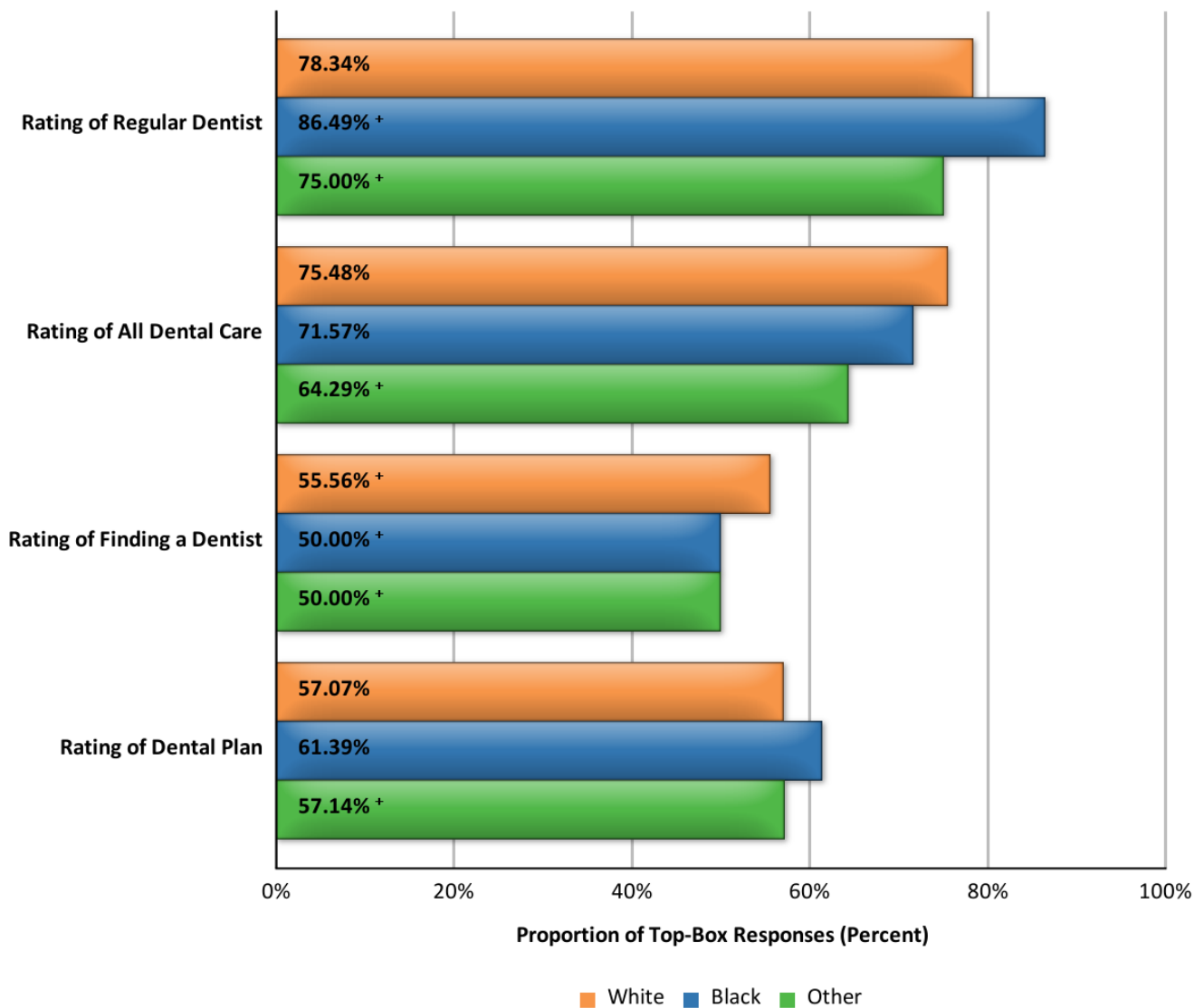


Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the comparative dental plan’s score.  
 ↓ Indicates the score is statistically significantly lower than the comparative dental plan’s score.  
 ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.  
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.  
 If no statistically significant differences were found, no indicators (↑, ↓ or ▲, ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

## Race Comparisons

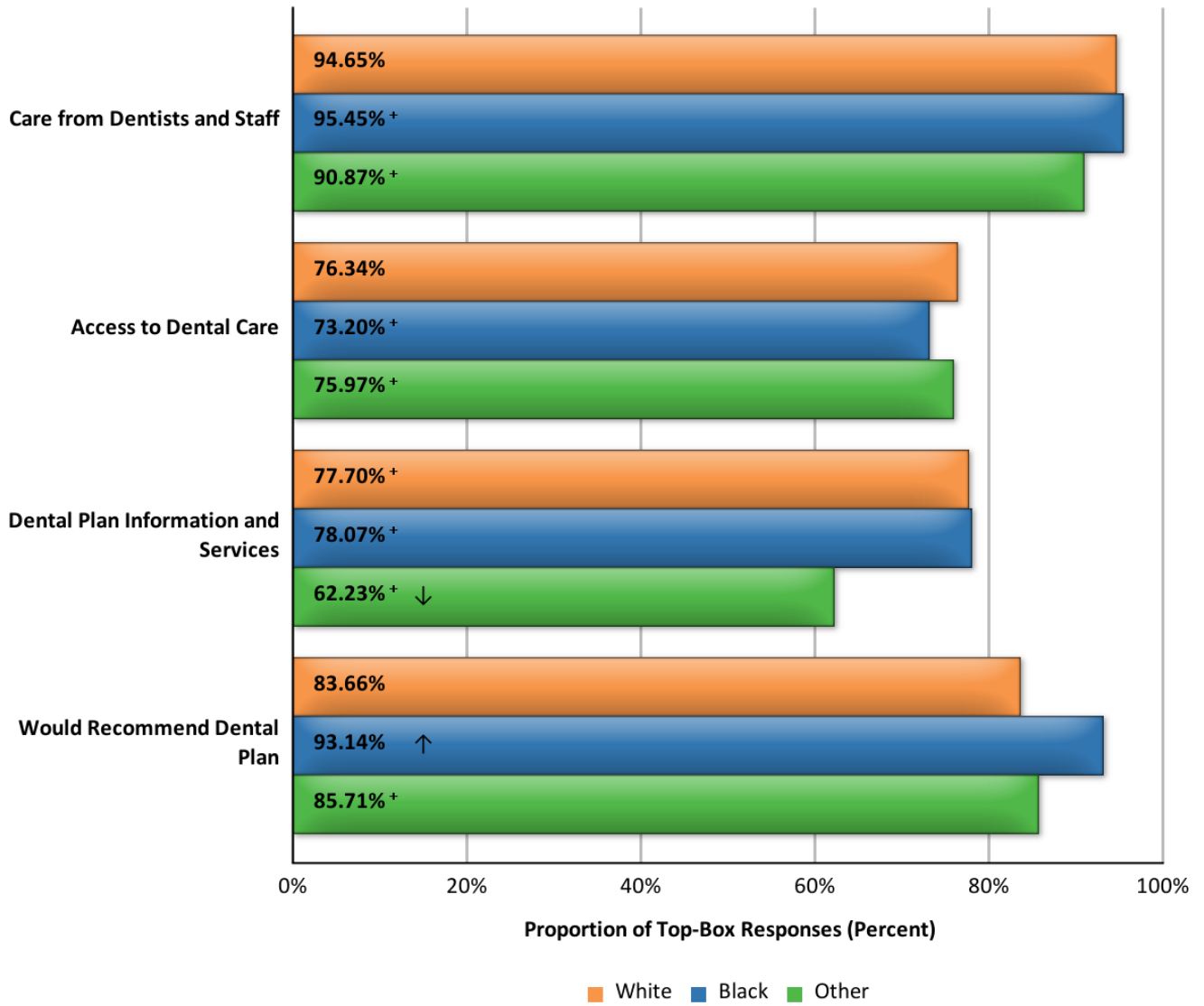
HSAG stratified the top-box scores by race for the Dental Program Average for each measure. The race comparisons determined if there were significant differences between top-box scores for Black and Other respondents compared to top-box scores for White respondents. For this analysis, the Other category includes Multiracial, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and Other. HSAG used directional arrows (↑ or ↓) next to the scores in the figures to note significant differences. Figure 3-15 and Figure 3-16 show the top-box scores of adult respondents by race.

**Figure 3-15—Global Ratings: Race Comparisons**



↑ Indicates the demographic category score is significantly higher than the score of White.  
 ↓ Indicates the demographic category score is significantly lower than the score of White.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

**Figure 3-16—Composite and Individual Item Measures: Race Comparisons**



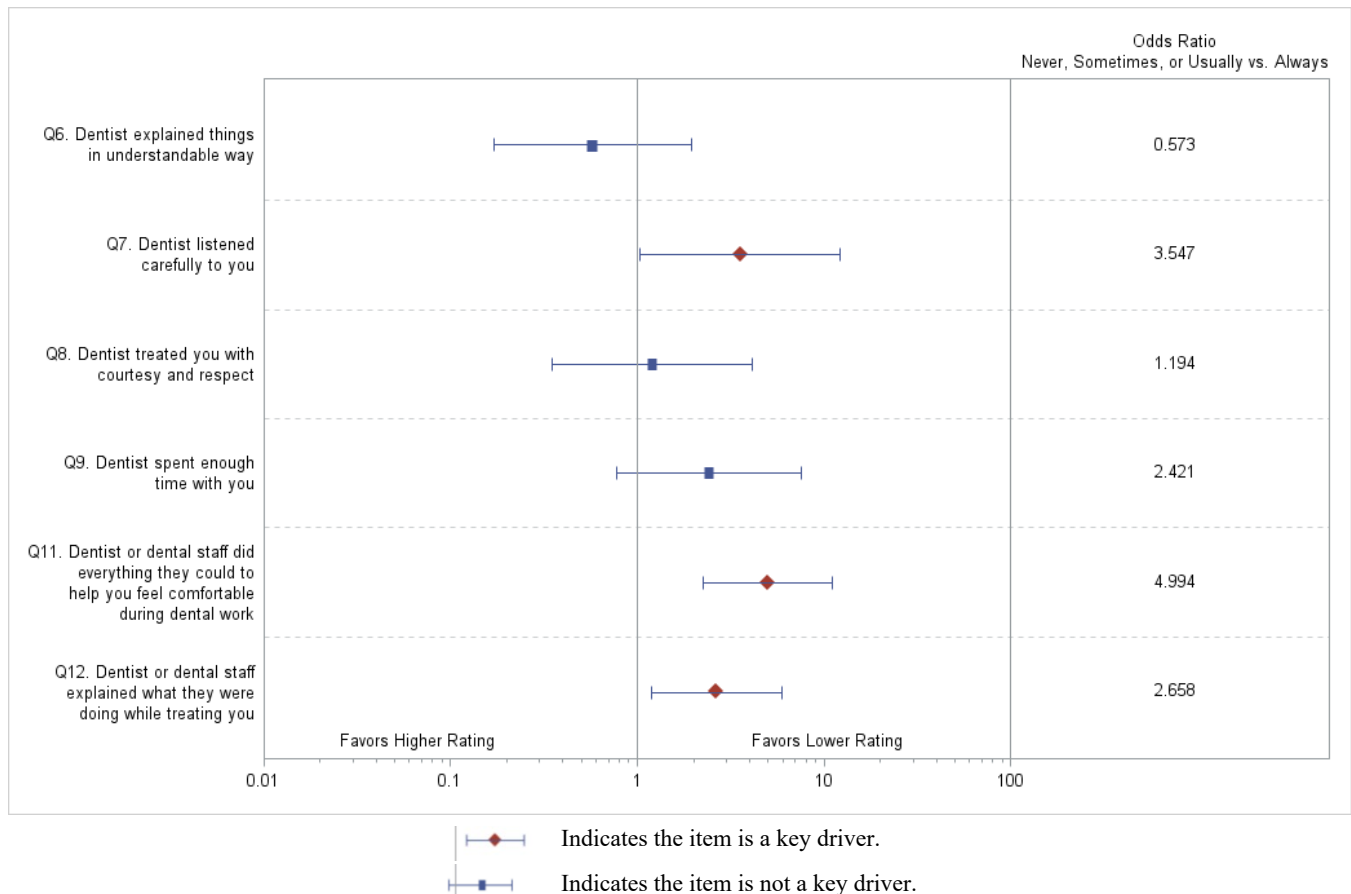
↑ Indicates the demographic category score is significantly higher than the score of White.  
 ↓ Indicates the demographic category score is significantly lower than the score of White.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

## Key Drivers of Member Experience Analysis

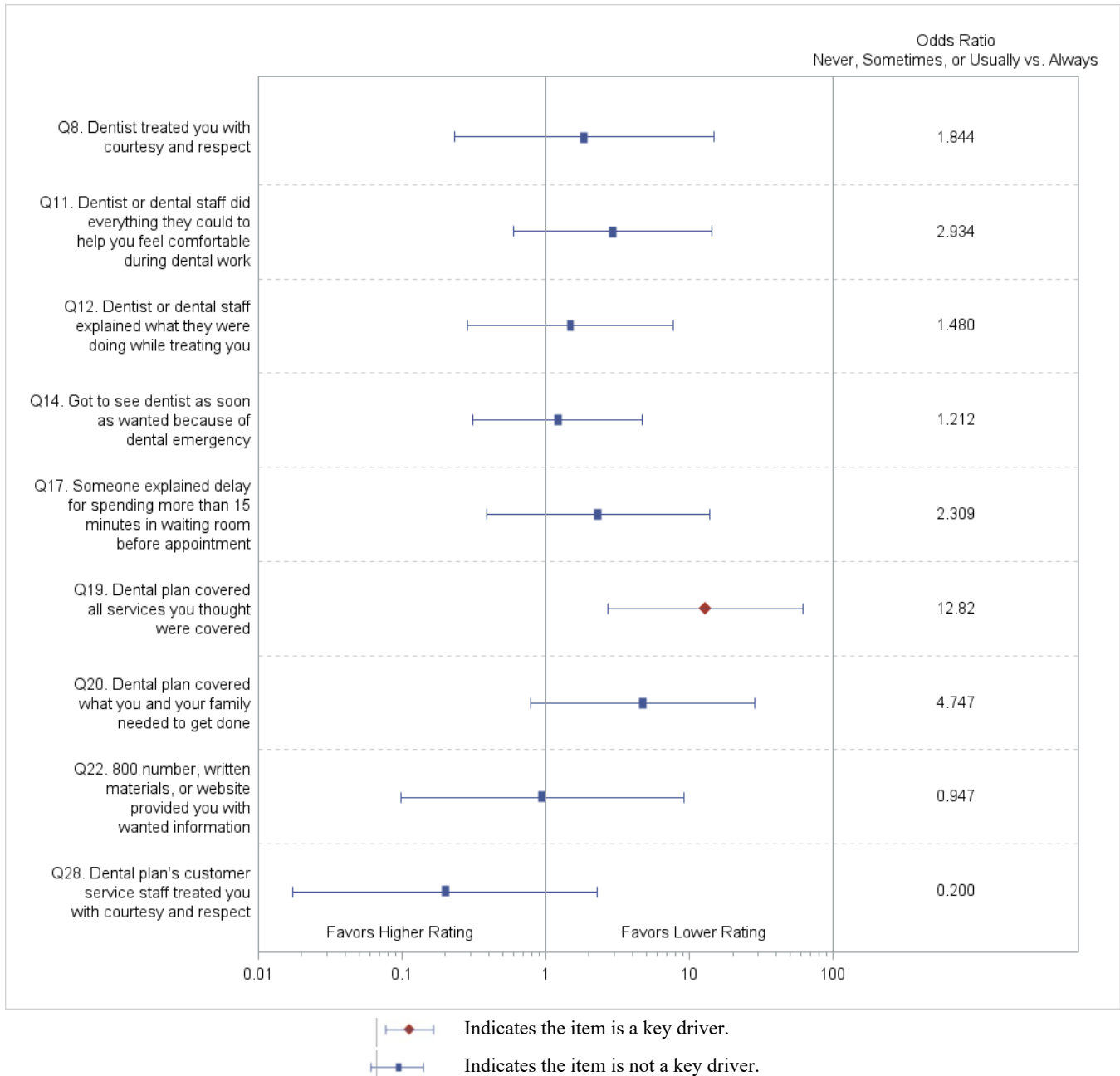
HSAG performed an analysis of key drivers for three measures: *Rating of All Dental Care*, *Rating of Dental Plan*, and *Would Recommend Dental Plan*. Key drivers of member experience are defined as those items for which the odds ratio is statistically significantly greater than 1. For additional information on the statistical calculation, please refer to page 15 the Reader’s Guide section.

Figure 3-17 through Figure 3-19 show the key drivers of member experience analysis results for each of the three measures for the Dental Program Average. The items identified as key drivers are indicated with a red diamond.

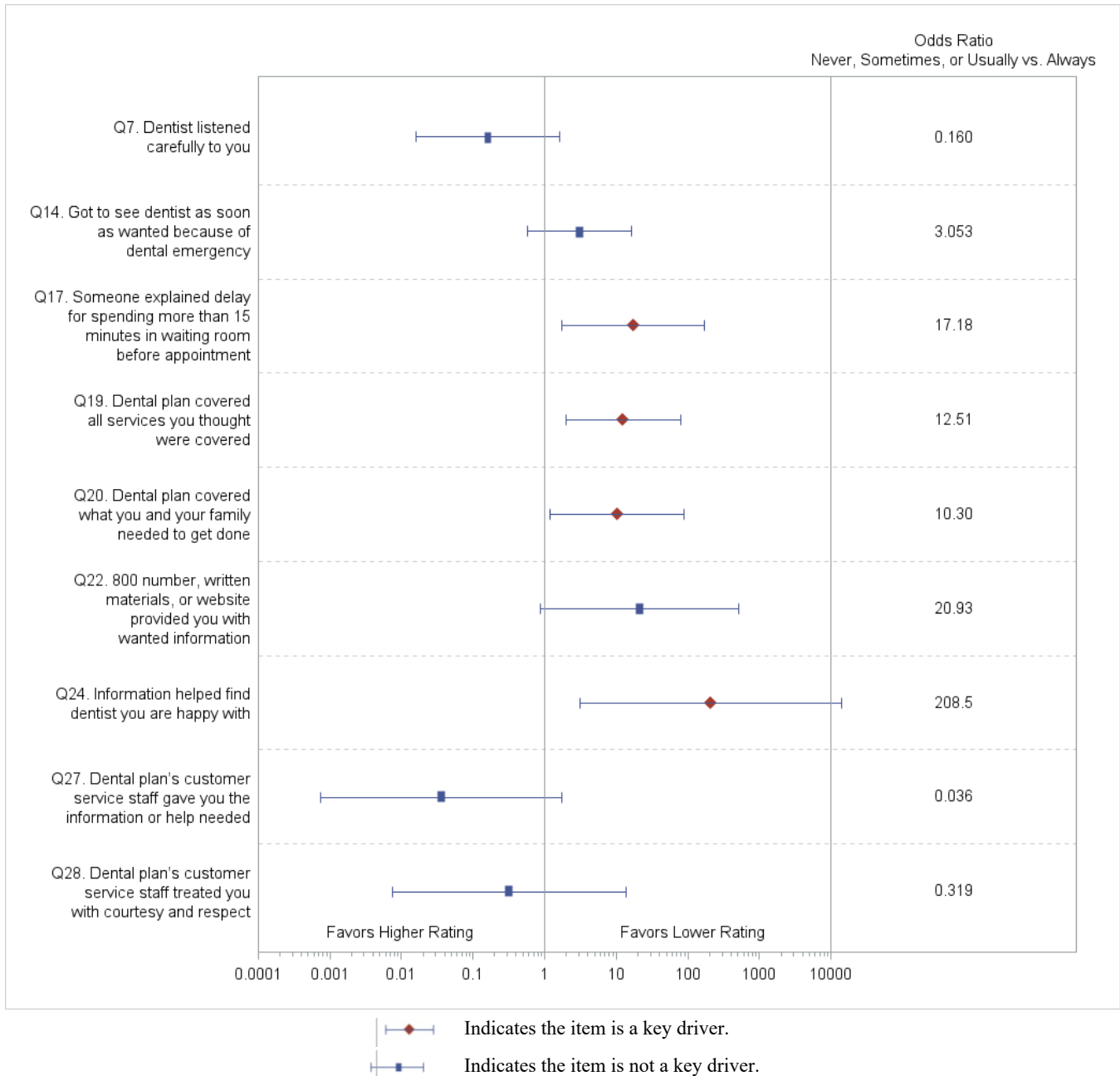
**Figure 3-17—Key Drivers of Member Experience: Rating of All Dental Care—Dental Program Average**



**Figure 3-18—Key Drivers of Member Experience: Rating of Dental Plan—Dental Program Average**



**Figure 3-19—Key Drivers of Member Experience: Would Recommend Dental Plan—Dental Program Average**



## 4. Child Results

The following section presents the child results for the dental plans and Dental Program Average.

### Response Rates

The response rate is the total number of completed surveys divided by all eligible members of the sample. Table 4-1 shows the distribution of survey dispositions and the response rates. For additional information on the calculation of response rates, please refer to page 12 of the Reader’s Guide section

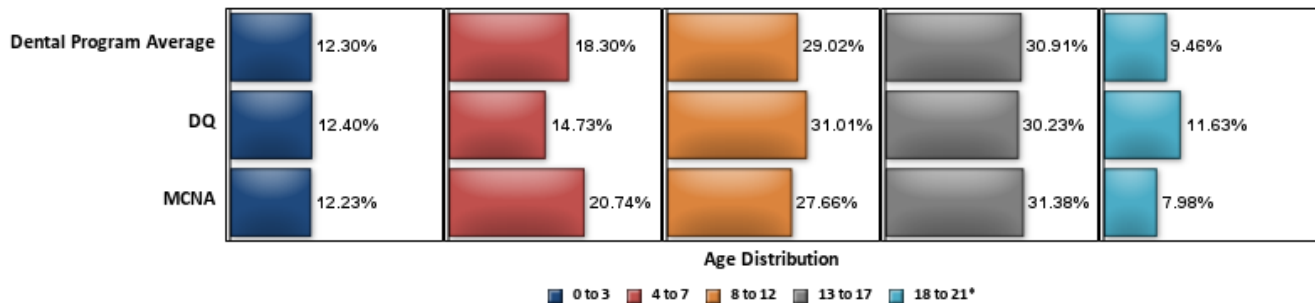
**Table 4-1—Child Survey Dispositions**

	Sample Size	Ineligible Records	Eligible Sample	Completed Surveys	Response Rate
<b>Dental Program Average</b>	<b>4,290</b>	<b>35</b>	<b>4,255</b>	<b>501</b>	<b>11.77%</b>
DQ	2,145	19	2,126	229	10.77%
MCNA	2,145	16	2,129	272	12.78%

## Respondent Demographics

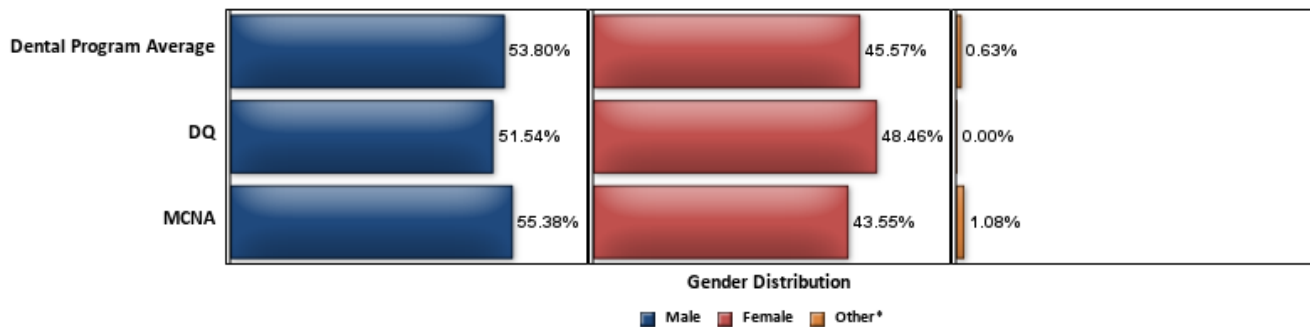
Figure 4-1 through Figure 4-5 show the age, gender, race, ethnicity, and dental health status of child members whose parent/caretaker completed the survey, as reported by the respondent. Figure 4-6 through Figure 4-9 show the self-reported age, gender, education level, and relationship to child for the parent/caretaker respondents who completed the survey. For additional information on the demographics analysis, please refer to page 13 of the Reader’s Guide section.

**Figure 4-1—Child Member Demographics: Age**



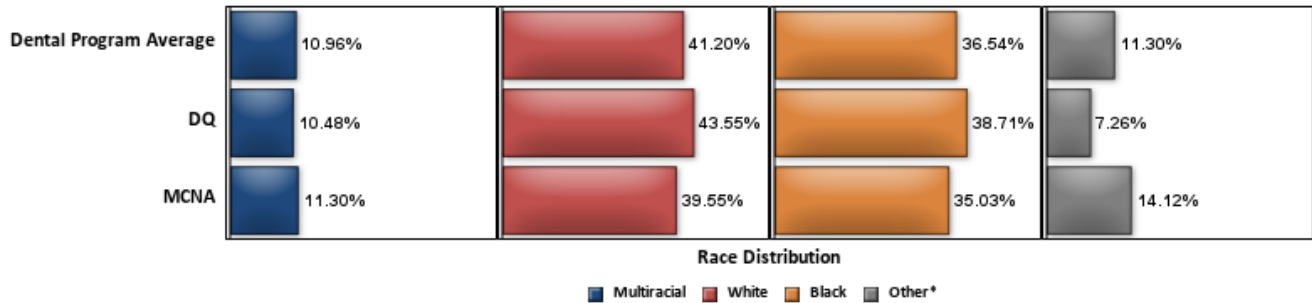
*Some percentages may not total 100% due to rounding.*  
 \*Children were eligible for inclusion in the Child Dental Survey results if they were age 20 or younger as of May 31, 2025. Some children eligible for the survey turned age 21 between June 1, 2025, and the time of survey administration.

**Figure 4-2—Child Member Demographics: Gender**



*Some percentages may not total 100% due to rounding.*  
 \*The "Other" gender category includes responses of Non-binary and Prefer not to answer.

**Figure 4-3—Child Member Demographics: Race**



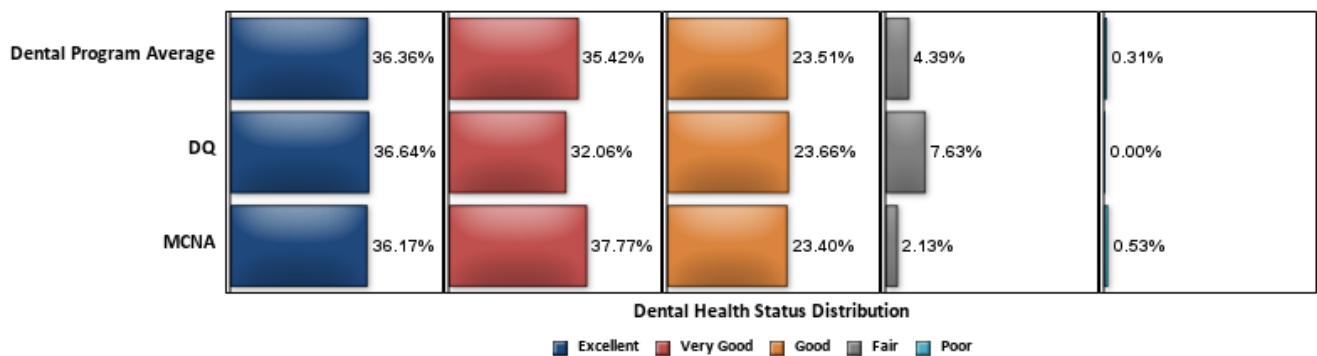
*Some percentages may not total 100% due to rounding.  
\*The "Other" race category includes responses of Asian, Native Hawaiian or Other Pacific Islander, American Indian or Alaska Native, and Other.*

**Figure 4-4—Child Member Demographics: Ethnicity**



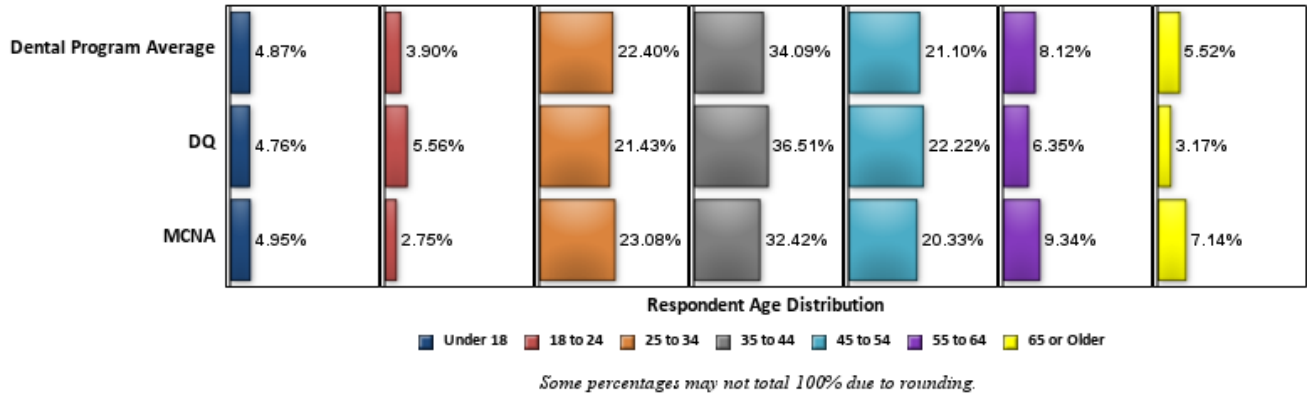
*Some percentages may not total 100% due to rounding.*

**Figure 4-5—Child Member Demographics: Dental Health Status**

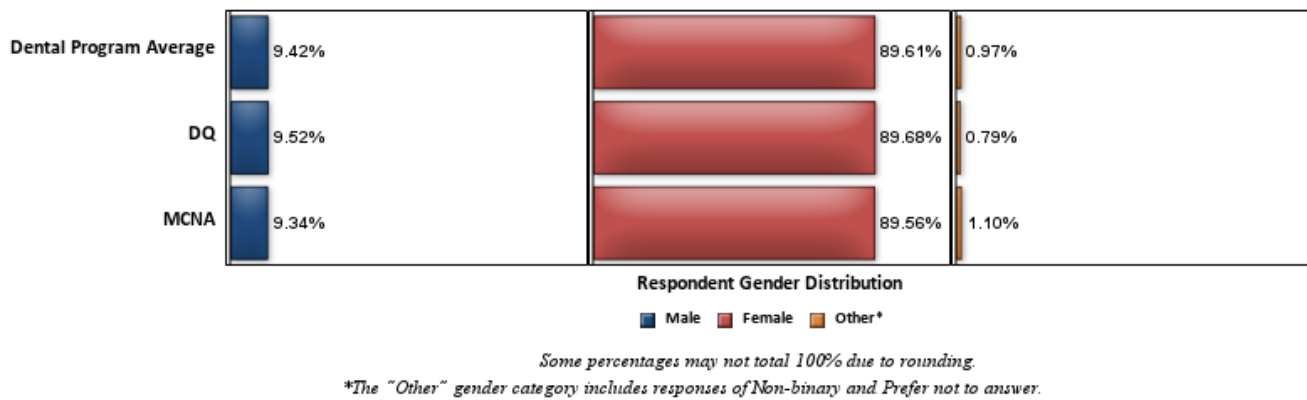


*Some percentages may not total 100% due to rounding.*

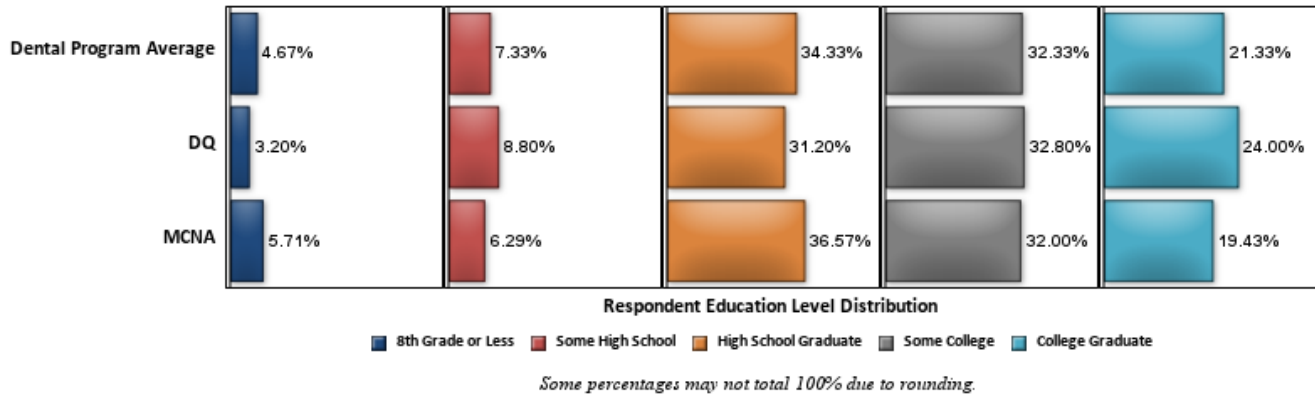
**Figure 4-6—Respondent Demographics: Age**



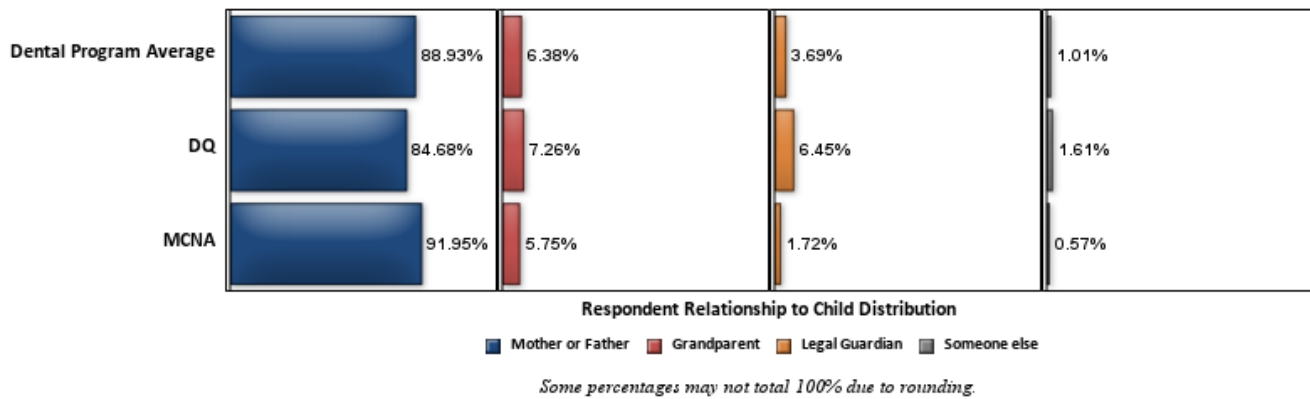
**Figure 4-7—Respondent Demographics: Gender**



**Figure 4-8—Respondent Demographics: Education Level**



**Figure 4-9—Respondent Demographics: Relationship to Child**



## Respondent Analysis

HSAG compared the demographic characteristics of child members whose parents/caretakers responded to the survey (i.e., respondent percentage) to the demographic characteristics of child members in the sample frame (i.e., sample frame percentages) for statistically significant differences. The demographic characteristics evaluated as part of the respondent analysis included age, gender, and race. Please note that variables from the sample frame were used as the data source for this analysis; therefore, these results will differ from those presented in the demographics subsection, which uses responses from the survey as the data source.

Table 4-2 through Table 4-4 present the results of the respondent analysis for the Dental Program Average and each dental plan. For additional information on the respondent analysis, please refer to page 13 of the Reader’s Guide section.

**Table 4-2—Respondent Analysis: Age**

		0 to 3	4 to 7	8 to 12	13 to 17	18 to 20
<b>Dental Program Average</b>	<b>R</b>	<b>16.57%</b>	<b>21.36%</b>	<b>26.95%</b>	<b>25.15%</b>	<b>9.98%</b>
	<b>SF</b>	<b>14.92%</b>	<b>21.64%</b>	<b>27.12%</b>	<b>25.33%</b>	<b>10.99%</b>
DQ	R	17.47%	20.09%	24.45%	26.20%	11.79%
	SF	16.76%	20.24%	25.37%	25.23%	12.39%
MCNA	R	15.81%↑	22.43%	29.04%	24.26%	8.46%
	SF	11.08%	24.56%	30.76%	25.55%	8.06%

*An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage.  
 ↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.  
 ↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.  
 Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.*

**Table 4-3—Respondent Analysis: Gender**

		Male	Female
<b>Dental Program Average</b>	<b>R</b>	<b>53.69%</b>	<b>46.31%</b>
	<b>SF</b>	<b>49.98%</b>	<b>50.02%</b>
DQ	R	48.91%	51.09%
	SF	50.27%	49.73%
MCNA	R	57.72%↑	42.28%↓
	SF	49.36%	50.64%

*An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage.  
 ↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.  
 ↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.  
 Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.*

**Table 4-4—Respondent Analysis: Race**

		White	Black	Other
<b>Dental Program Average</b>	<b>R</b>	<b>41.27%</b>	<b>46.93%↓</b>	<b>11.79%↑</b>
	<b>SF</b>	<b>37.81%</b>	<b>54.26%</b>	<b>7.94%</b>
DQ	R	44.85%↑	45.36%↓	9.79%
	SF	37.08%	54.95%	7.97%
MCNA	R	38.26%	48.26%	13.48%↑
	SF	39.32%	52.81%	7.87%
<p><i>An “R” indicates respondent percentage, and an “SF” indicates sample frame percentage.            ↑ Indicates the respondent percentage is statistically significantly higher than the sample frame percentage.            ↓ Indicates the respondent percentage is statistically significantly lower than the sample frame percentage.            Respondent percentages that are not statistically significantly different than the sample frame percentages are not noted with arrows.</i></p>				

## Comparative Analyses

HSAG calculated top-box scores for each measure. For additional information on the calculation of the measures, please refer to page 14 of the Reader's Guide section. For additional information on the survey language and response options for the measures, please refer to page 5 of the Reader's Guide section.

### *Dental Plan Comparisons*

HSAG compared the dental plans' results to each other to determine if the results were statistically significantly different. Statistically significant results are denoted with directional arrows (↑ or ↓). For additional information on the program comparisons, please refer to page 15 of the Reader's Guide section.

### *Trend Analysis*

HSAG compared the dental plans' and Dental Program Average's 2025 scores to the 2024 scores to determine whether there were statistically significant differences. Statistically significant results are denoted with directional triangles (▲ or ▼). For additional information on the trend analysis, please refer to page 15 of the Reader's Guide section.

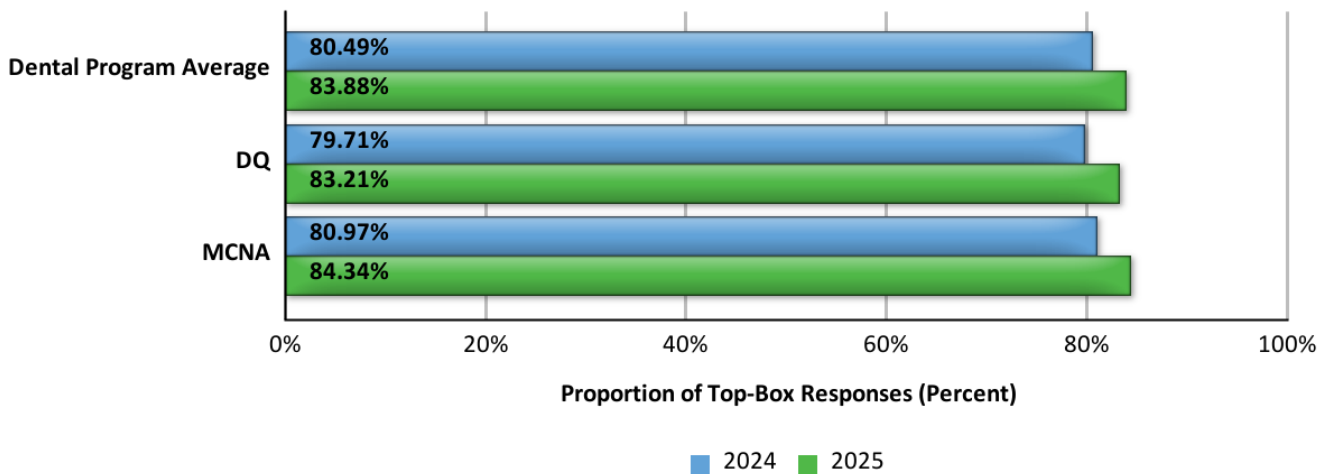
Figure 4-10 through Figure 4-17 show the results of the dental plan comparisons and trend analysis.

## Global Ratings

### Rating of Regular Dentist

Respondents were asked to rate their child’s regular dentist on a scale of 0 to 10, with 0 being the “worst regular dentist possible” and 10 being the “best regular dentist possible.” Ratings scoring a 9 or 10 are considered top-box scores. Figure 4-10 shows the child scores, including the dental plan comparisons and trend analysis, for the *Rating of Regular Dentist* global rating.

**Figure 4-10—Comparative Analyses: Rating of Regular Dentist**

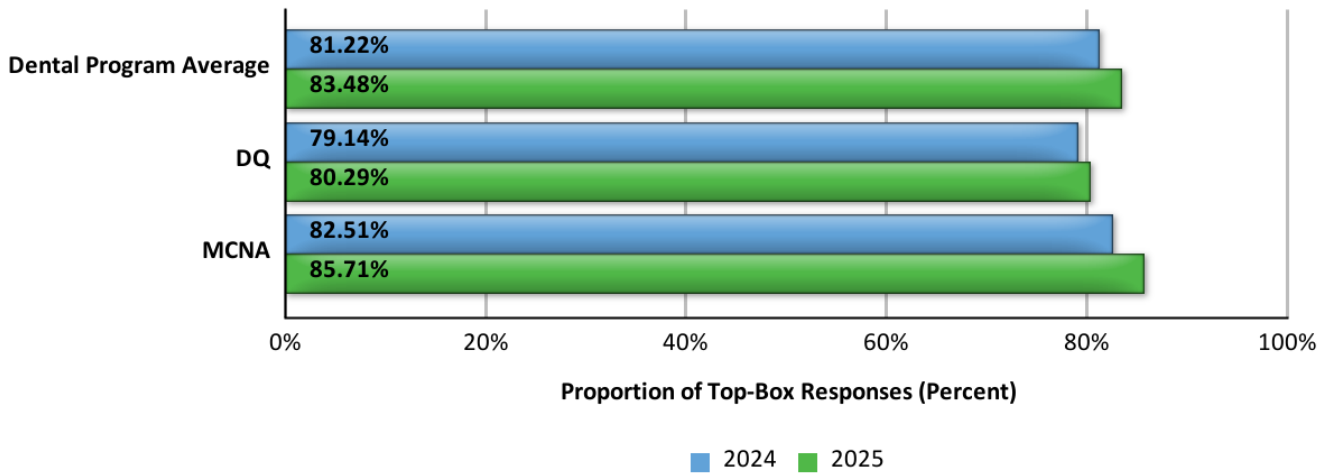


Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the comparative dental plan’s score.  
 ↓ Indicates the score is statistically significantly lower than the comparative dental plan’s score.  
 ▲ Indicates the 2025 score is statistically significantly higher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

### Rating of All Dental Care

Respondents were asked to rate their child’s dental care on a scale of 0 to 10, with 0 being the “worst dental care possible” and 10 being the “best dental care possible.” Ratings scoring a 9 or 10 are considered top-box scores. Figure 4-11 shows the child scores, including the dental plan comparisons and trend analysis, for the *Rating of All Dental Care* global rating.

**Figure 4-11—Comparative Analyses: Rating of All Dental Care**

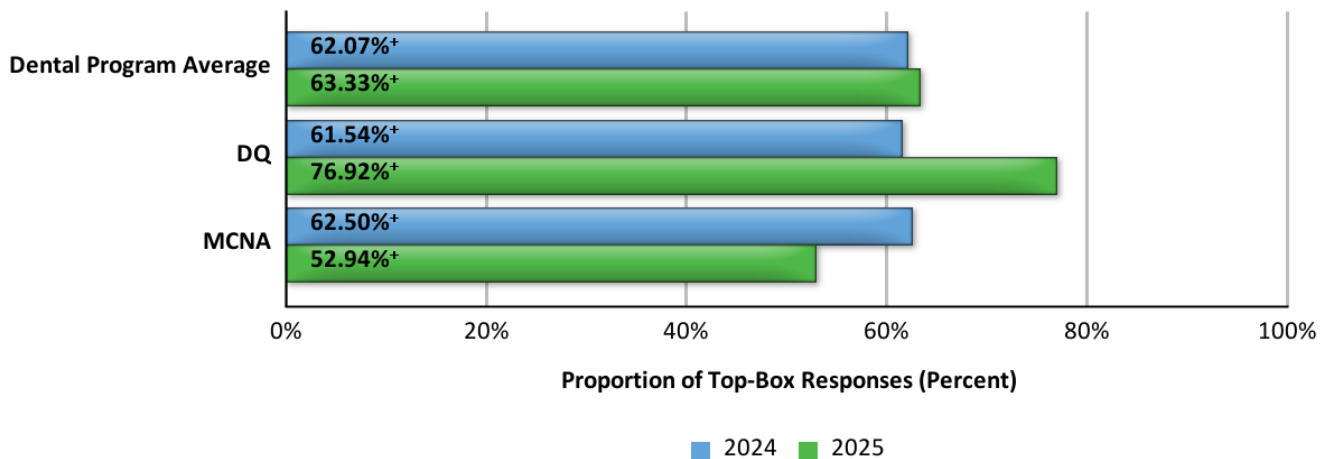


Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the comparative dental plan’s score.  
 ↓ Indicates the score is statistically significantly lower than the comparative dental plan’s score.  
 ▲ Indicates the 2025 score is statistically significantly higher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

### Rating of Finding a Dentist

Respondents were asked to rate how easy it was for them to find a dentist for their child on a scale of 0 to 10, with 0 being “extremely difficult” and 10 being “extremely easy.” Ratings scoring a 9 or 10 are considered top-box scores. Figure 4-12 shows the child scores, including the dental plan comparisons and trend analysis, for the *Rating of Finding a Dentist* global rating.

**Figure 4-12—Comparative Analyses: Rating of Finding a Dentist**

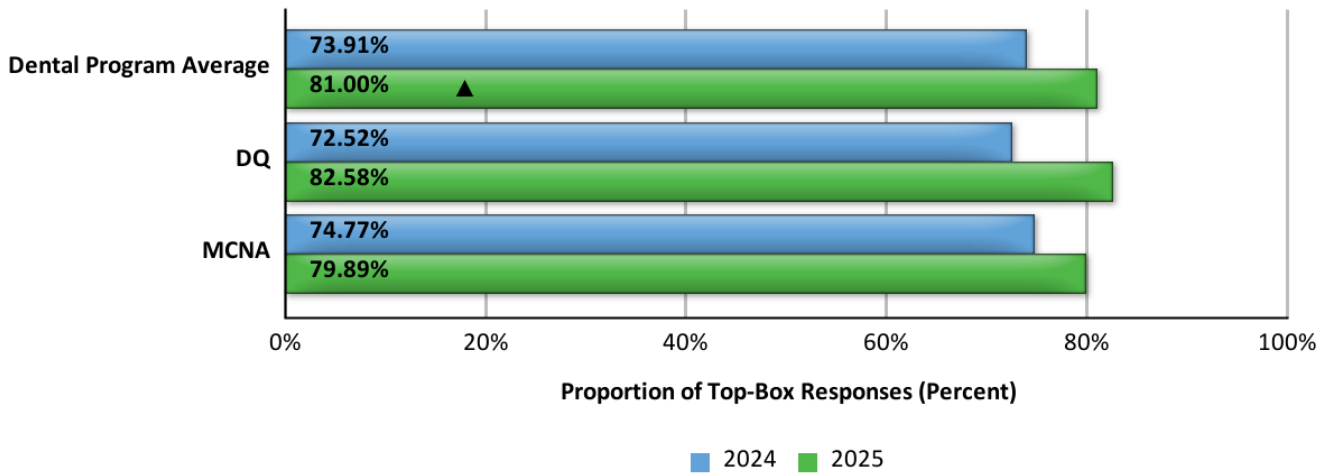


Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the comparative dental plan’s score.  
 ↓ Indicates the score is statistically significantly lower than the comparative dental plan’s score.  
 ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.  
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.  
 If no statistically significant differences were found, no indicators (↑, ↓ or ▲, ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

### Rating of Dental Plan

Respondents were asked to rate their child’s dental plan on a scale of 0 to 10, with 0 being the “worst dental plan possible” and 10 being the “best dental plan possible.” Ratings scoring a 9 or 10 are considered top-box scores. Figure 4-13 shows the child scores, including the dental plan comparisons and trend analysis, for the *Rating of Dental Plan* global rating.

**Figure 4-13—Comparative Analyses: Rating of Dental Plan**



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

## Composite Measures

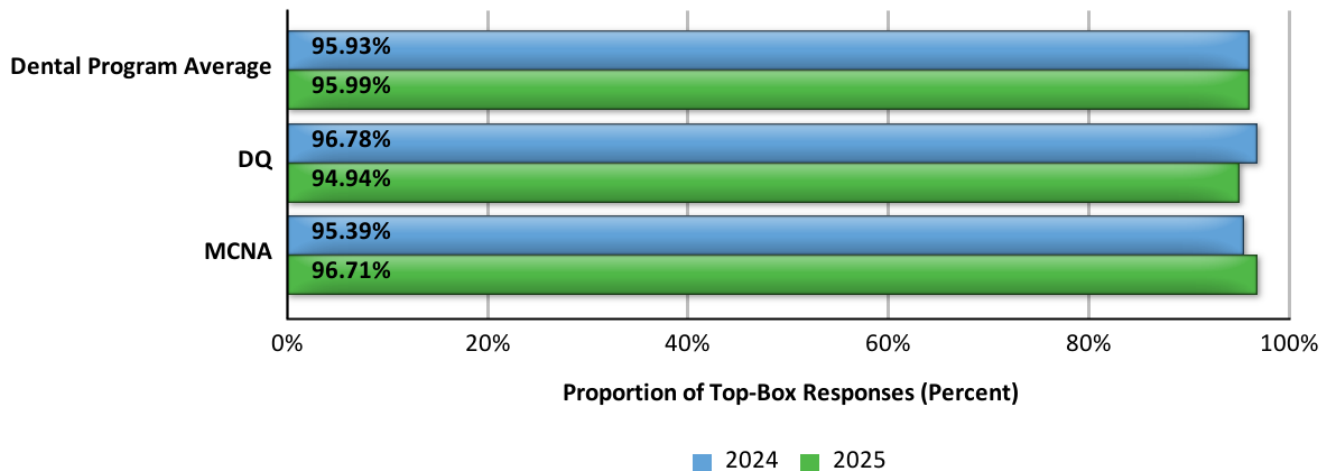
### Care from Dentists and Staff

Respondents were asked to assess how often (never, sometimes, usually, or always) their child’s dentists and staff communicated well with them:

- In the last 12 months, how often did your child’s regular dentist explain things about your child’s dental health in a way that was easy to understand?
- In the last 12 months, how often did your child’s regular dentist listen carefully to you?
- In the last 12 months, how often did your child’s regular dentist treat you with courtesy and respect?
- In the last 12 months, how often did your child’s regular dentist explain things in a way that was easy for your child to understand?
- In the last 12 months, how often did your child’s regular dentist spend enough time with your child?
- In the last 12 months, how often did the dentists or dental staff do everything they could to help your child feel as comfortable as possible during his or her dental work?
- In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating your child?

Response options of Usually and Always were considered top-box scores. Figure 4-14 shows the child scores, including the dental plan comparisons and trend analysis, for the *Care from Dentists and Staff* composite measure.

**Figure 4-14—Comparative Analyses: Care from Dentists and Staff**



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

## Access to Dental Care

Respondents were asked to assess how easy (never, sometimes, usually, or always) it was to access their child's dental care:

- In the last 12 months, how often were your child's dental appointments as soon as you wanted?
- If your child needed to see a dentist right away because of a dental emergency in the last 12 months, did your child get to see a dentist as soon as you wanted?<sup>27</sup>
- If you tried to get an appointment for your child with a dentist who specializes in a particular type of dental care (such as an oral or dental surgeon) in the last 12 months, how often did you get an appointment for your child as soon as you wanted?
- In the last 12 months, how often did you have to spend more than 15 minutes in the waiting room before your child saw someone for his or her dental appointment?<sup>28</sup>
- If you had to spend more than 15 minutes in the waiting room before your child saw someone for his or her appointment, how often did someone tell you why there was a delay or how long the delay would be?

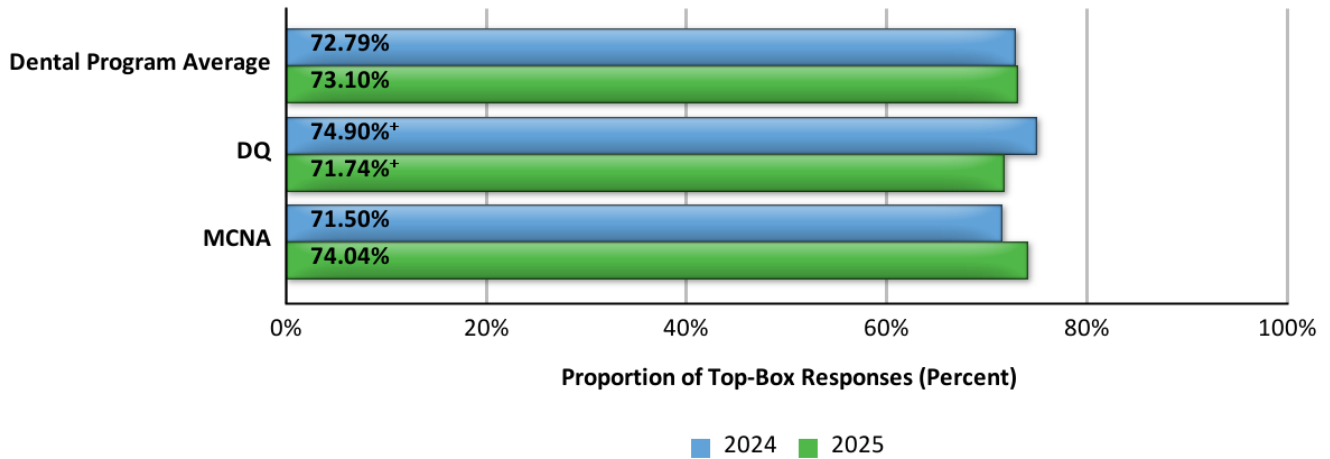
Response options of Usually and Always were considered top-box scores. Figure 4-15 shows the child scores, including the dental plan comparisons and trend analysis, for the *Access to Dental Care* composite measure.

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<sup>27</sup> The response options were Definitely yes, Somewhat yes, Somewhat no, and Definitely no. Response options of "Definitely yes and Somewhat yes" were considered top-box scores.

<sup>28</sup> The response option scale was reversed so responses of "Sometimes and Never" were considered top-box scores.

**Figure 4-15—Comparative Analyses: Access to Dental Care**



Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the comparative dental plan’s score.  
 ↓ Indicates the score is statistically significantly lower than the comparative dental plan’s score.  
 ▲ Indicates the 2025 score is statistically significantly higher than the 2024 score.  
 ▼ Indicates the 2025 score is statistically significantly lower than the 2024 score.  
 If no statistically significant differences were found, no indicators (↑, ↓ or ▲, ▼) appear on the figure.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

## Dental Plan Information and Services

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

- In the last 12 months, how often did your child’s dental plan cover all of the services you thought were covered?
- In the last 12 months, did your child’s dental plan cover what your child needed to get done?<sup>29</sup>
- In the last 12 months, how often did the 800 number, website, or written materials provide the information you wanted about your child’s dental plan?
- Did this information help you find a dentist for your child that you were happy with?<sup>30</sup>
- In the last 12 months, how often did customer service at your child’s dental plan give you the information or help you needed?
- In the last 12 months, how often did customer service staff at your child’s dental plan treat you with courtesy and respect?

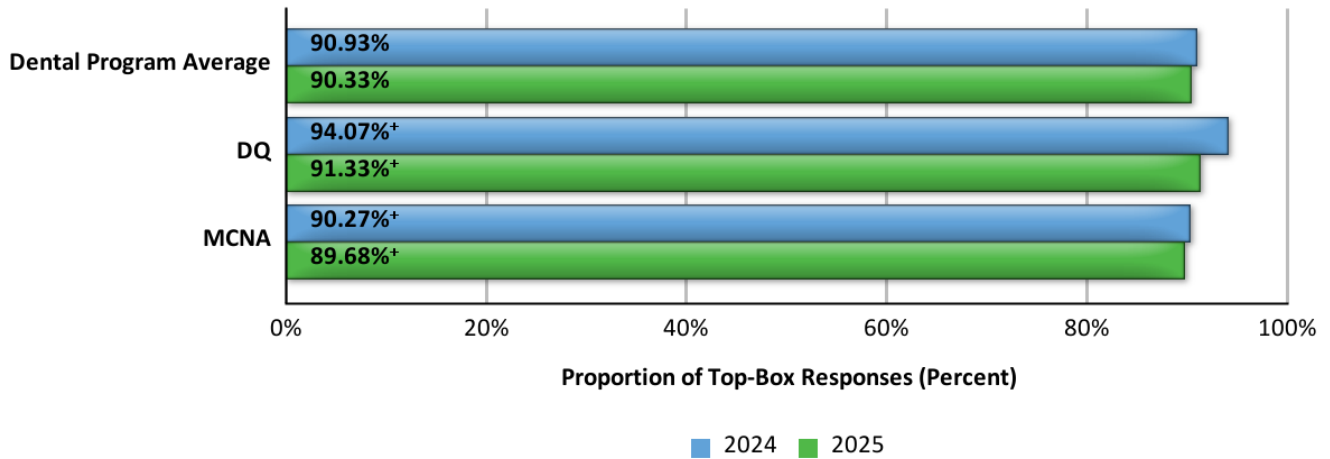
Response options of Usually and Always were considered top-box scores. Figure 4-16 shows the child scores, including the dental plan comparisons and trend analysis, for the *Dental Plan Information and Services* composite measure.

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<sup>29</sup> The response options were Definitely yes, Somewhat yes, Somewhat no, and Definitely no. Response options of “Definitely yes and Somewhat yes” were considered top-box scores.

<sup>30</sup> Ibid.

**Figure 4-16—Comparative Analyses: Dental Plan Information and Services**



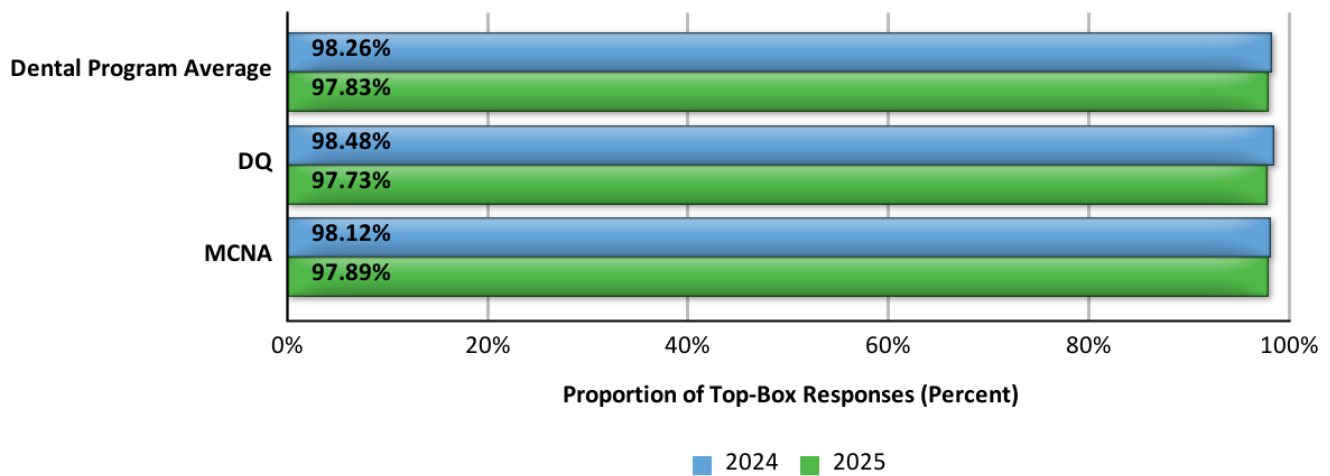
Statistical Significance Note: <sup>↑</sup> Indicates the score is statistically significantly higher than the comparative dental plan's score.  
<sup>↓</sup> Indicates the score is statistically significantly lower than the comparative dental plan's score.  
<sup>▲</sup> Indicates the 2025 score is statistically significantly higher than the 2024 score.  
<sup>▼</sup> Indicates the 2025 score is statistically significantly lower than the 2024 score.  
If no statistically significant differences were found, no indicators (<sup>↑</sup>, <sup>↓</sup> or <sup>▲</sup>, <sup>▼</sup>) appear on the figure.  
<sup>+</sup> Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

## Individual Item Measure

### Would Recommend Dental Plan

Respondents were asked (definitely yes, probably yes, probably no, or definitely no) if they would recommend their child’s dental plan to other families or people who want to join. A response of Definitely yes and Probably yes are considered a top-box score. Figure 4-17 shows the child scores, including the dental plan comparisons and trend analysis, for the *Would Recommend Dental Plan* individual item measure.

**Figure 4-17—Comparative Analyses: Would Recommend Dental Plan**

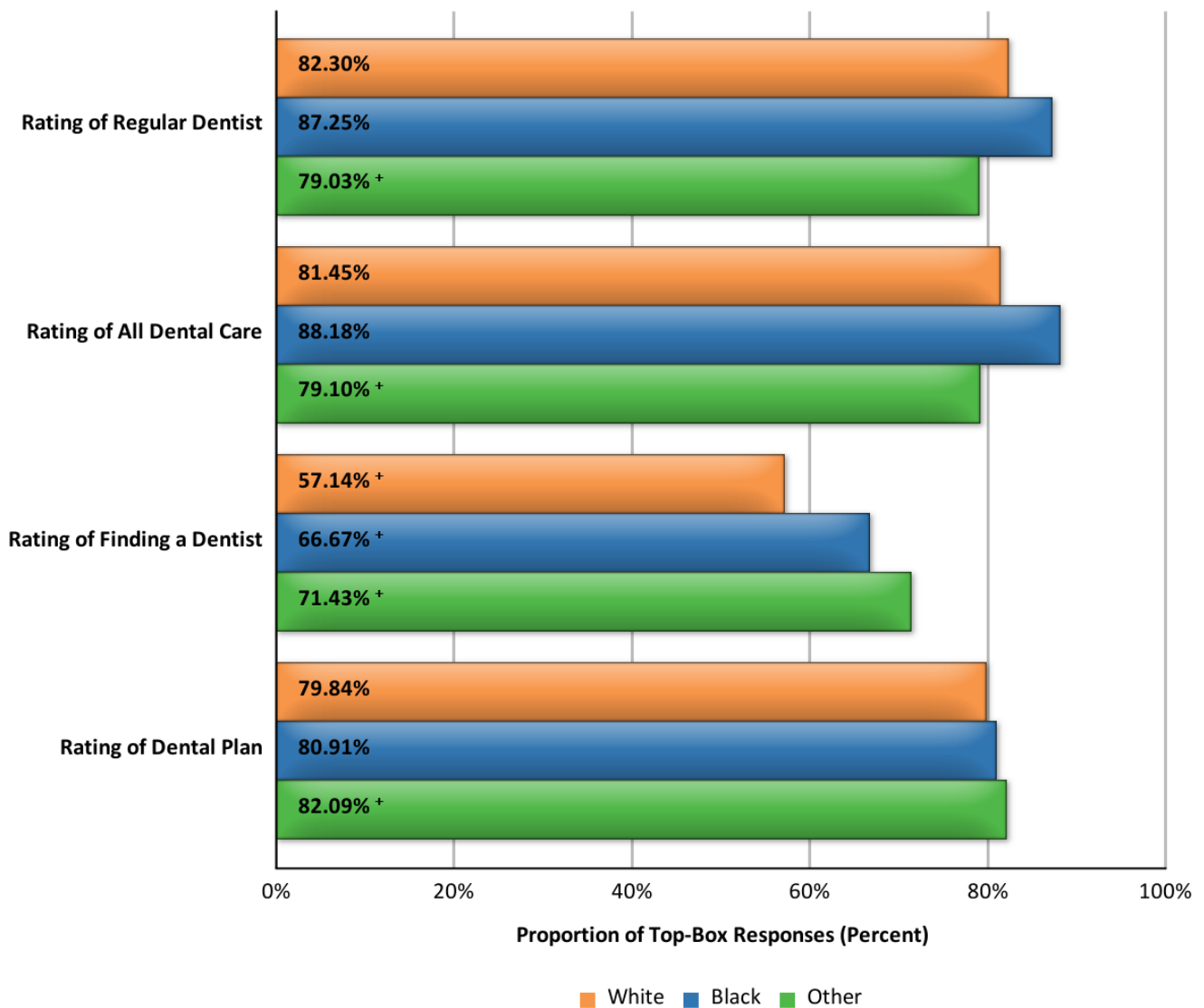


Statistical Significance Note: ↑ Indicates the score is statistically significantly higher than the comparative dental plan’s score.  
 ↓ Indicates the score is statistically significantly lower than the comparative dental plan’s score.  
 ▲ Indicates the 2025 score is statistically significantly higher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

## Race Comparisons

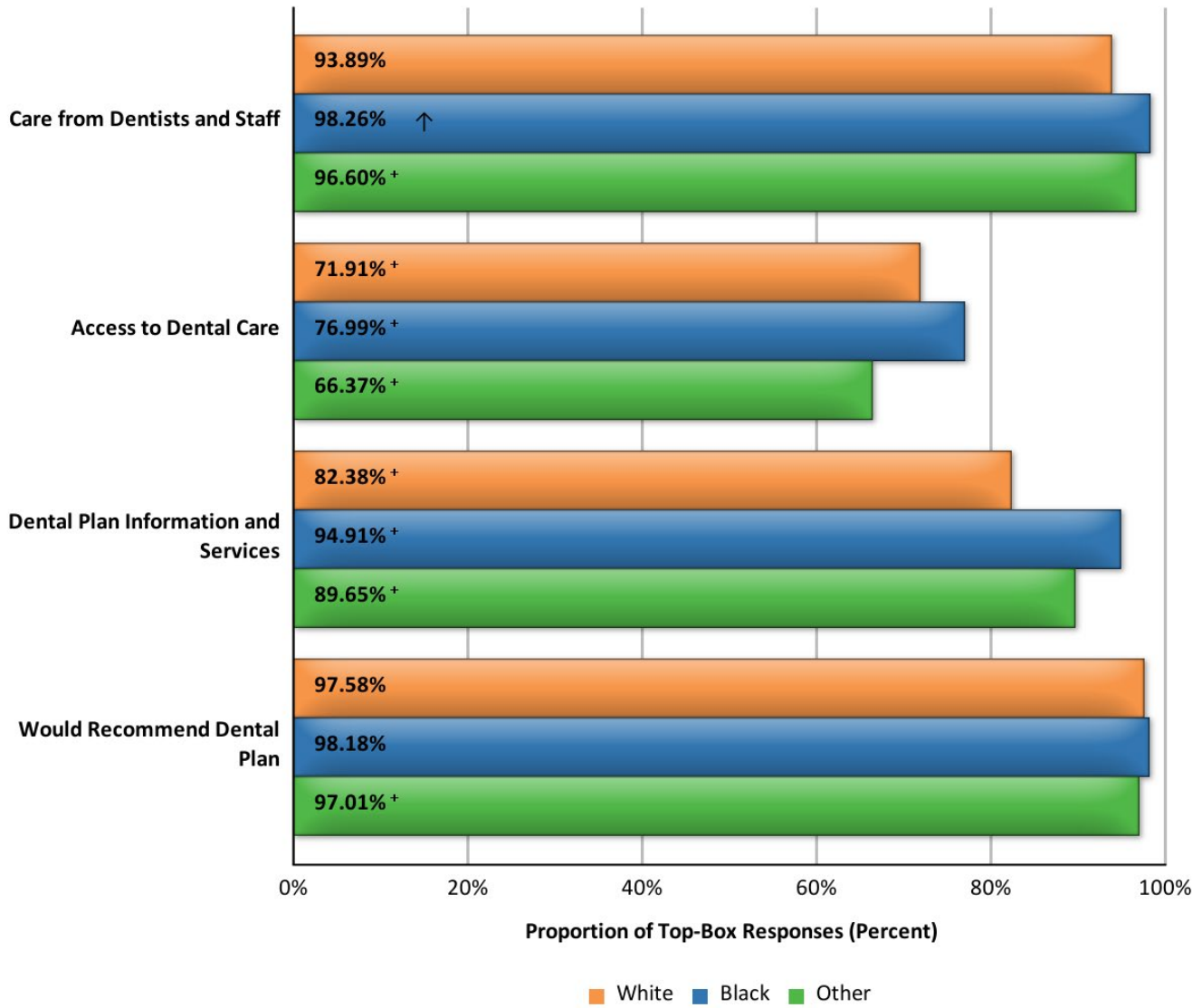
HSAG stratified the top-box scores by race for the Dental Program Average for each measure. The race comparisons determined if there were significant differences between top-box scores for Black and Other respondents compared to top-box scores for White respondents. For this analysis, the Other category includes Multiracial, Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, and Other. HSAG used directional arrows (↑ or ↓) next to the scores in the figures to note significant differences. Figure 4-18 and Figure 4-19 show the top-box scores of child members by race.

**Figure 4-18—Global Ratings: Race Comparisons**



↑ Indicates the demographic category score is significantly higher than the score of White.  
 ↓ Indicates the demographic category score is significantly lower than the score of White.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

**Figure 4-19—Composite and Individual Item Measures: Race Comparisons**



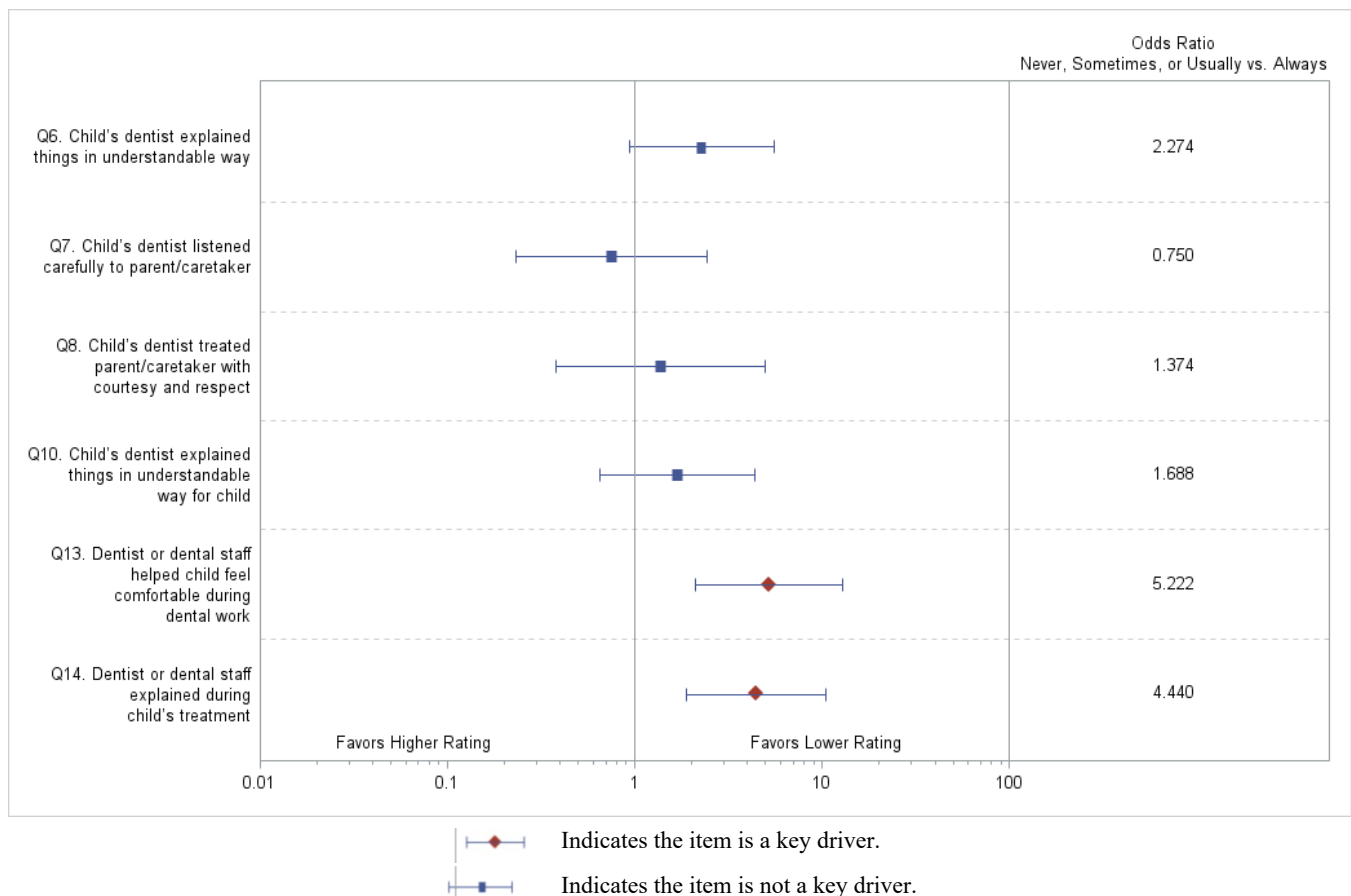
↑ Indicates the demographic category score is significantly higher than the score of White.  
 ↓ Indicates the demographic category score is significantly lower than the score of White.  
 + Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.

## Key Drivers of Member Experience Analysis

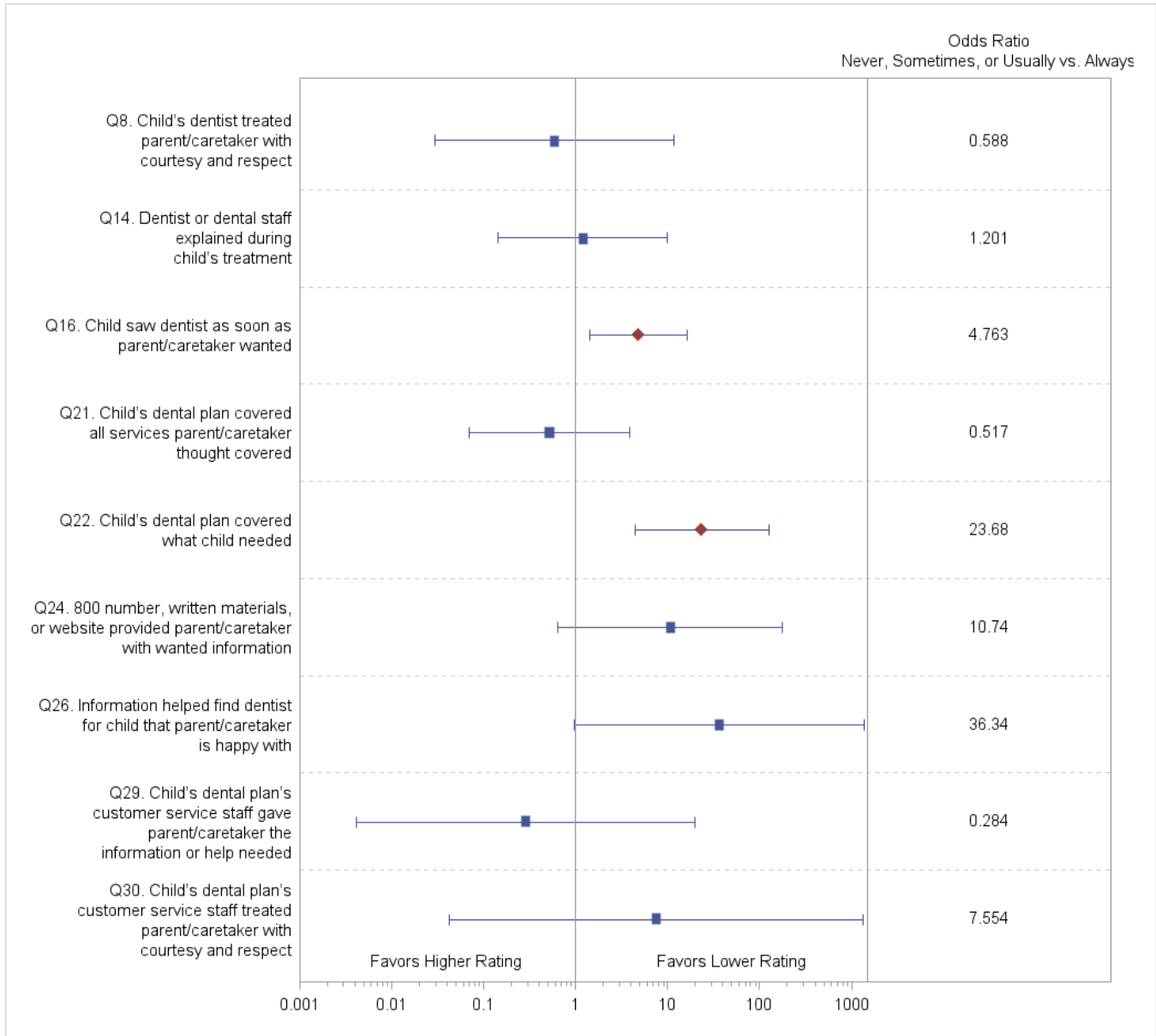
HSAG performed an analysis of key drivers of for three measures: *Rating of All Dental Care*, *Rating of Dental Plan*, and *Would Recommend Dental Plan*. Key drivers of member experience are defined as those items for which the odds ratio is statistically significantly greater than 1. For additional information on the statistical calculation, please refer to page 15 of the Reader’s Guide section.



Figure 4-20 through Figure 4-22 show the key drivers of member experience analysis results for each of the three measures for the Dental Program Average. The items identified as key drivers are indicated with a red diamond.

**Figure 4-20—Key Drivers of Member Experience: Rating of All Dental Care—Dental Program Average**

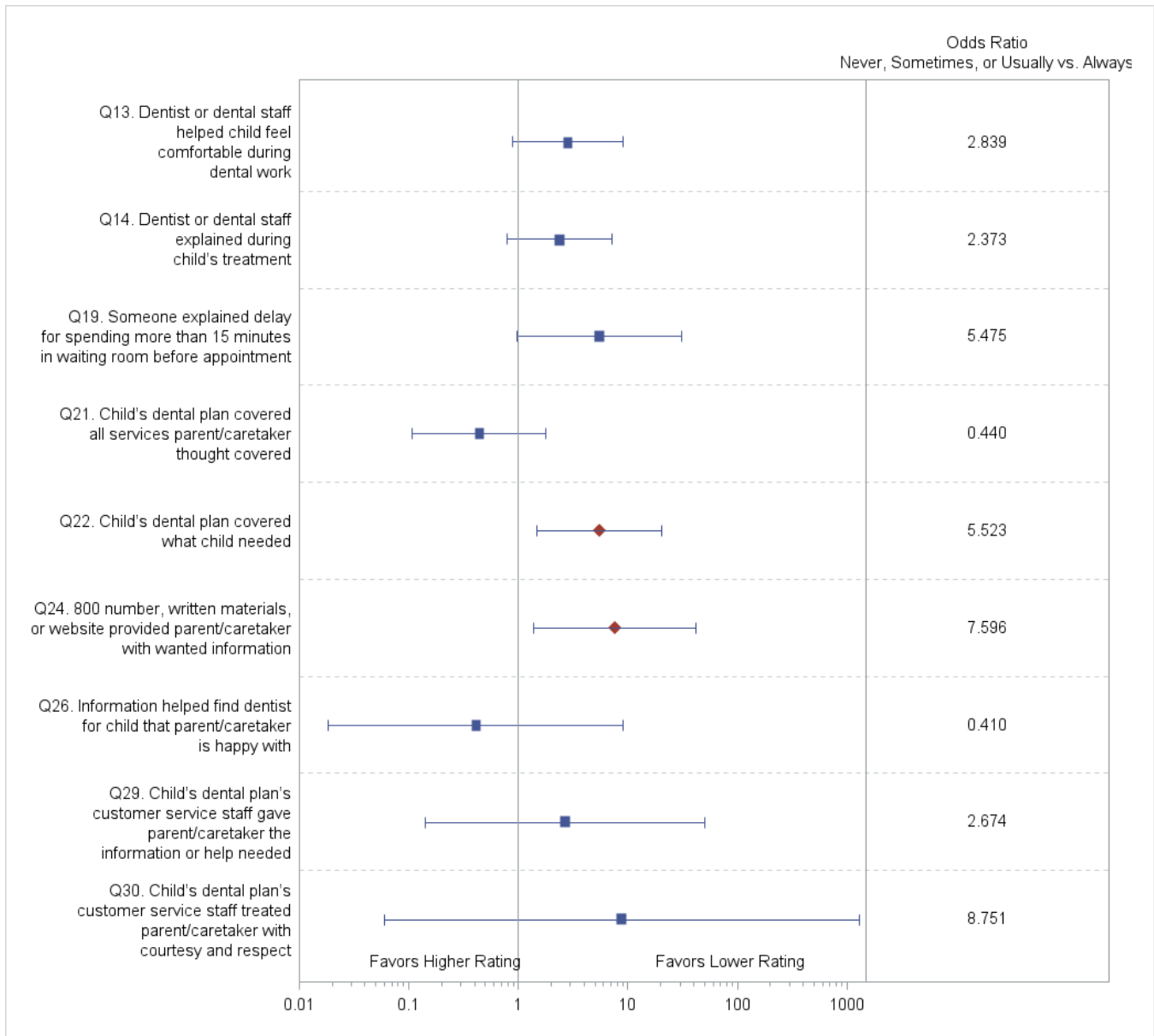


**Figure 4-21—Key Drivers of Member Experience: Rating of Dental Plan—Dental Program Average**



 Indicates the item is a key driver.  
 Indicates the item is not a key driver.

**Figure 4-22—Key Drivers of Member Experience: Would Recommend Dental Plan—Dental Program Average**



Indicates the item is a key driver.  
 Indicates the item is not a key driver.

## 5. Conclusions and Recommendations

### Conclusions

#### Adult Results

When the 2025 top-box scores for the two dental plans were compared to one another, MCNA's top-box scores were statistically significantly higher than DQ's top-box scores for *Rating of Finding a Dentist*, *Dental Plan Information and Services*, and *Would Recommend Dental Plan*.

When the 2025 top-box scores for the Dental Program Average were compared to the 2024 top-box scores, the 2025 top-box score for the *Access to Dental Care* composite measure was statistically significantly higher than the 2024 top-box score.

For the race comparisons, the Dental Program Average top-box score for Other respondents was statistically significantly lower than the top-box score for White respondents for the *Dental Plan Information and Services* composite measure. However, the Dental Program Average top-box score for Black respondents was statistically significantly higher than the top-box score for White respondents for the *Would Recommend Dental Plan* individual item measure.

Based on the Dental Program Average results from the key drivers analysis, respondents may rate their dental care and dental plan higher or recommend their dental plan if the following key areas were improved:

- Their dentist listened carefully to them.
- Their dentist or dental staff did everything they could to help them feel comfortable during dental work.
- Their dentist or dental staff explained what they were doing while treating them.
- Someone explained the delay for spending more than 15 minutes in the waiting room before their appointment.
- Their dental plan covered all services they thought were covered.
- Their dental plan covered what they or their family needed to get done.
- The information they received helped them find a dentist they are happy with.

#### Child Results

When the 2025 top-box scores for the two dental plans were compared to one another, the dental plans' 2025 top-box scores were not statistically significantly different.

When the 2025 top-box scores for the Dental Program Average were compared to the 2024 top-box scores, the 2025 top-box score for the *Rating of Dental Plan* global rating was statistically significantly higher than the 2024 top-box score.

For the race comparisons, the Dental Program Average top-box score for Black respondents was statistically significantly higher than the top-box scores for White respondents for the *Care from Dentists and Staff* composite measure.

Based on the Dental Program Average results from the key drivers analysis, parent/caretaker respondents may rate their child's dental plan and dental care higher or recommend their child's dental plan if the following key areas were improved:

- Their child's dentist or dental staff helped their child feel comfortable during dental work.
- Their child's dentist or dental staff explained what they were doing during their child's treatment.
- Their child saw the dentist as soon as they wanted.
- Their child's dental plan covered what the child needed.
- Their child's dental plan's 800 number, written materials, or website provided them with the information they wanted.

## Recommendations

HSAG recommends that LDH use the 2025 Dental Plan Survey data and findings to guide targeted QI initiatives and performance monitoring activities in collaboration with contracted dental plans. LDH and the dental plans should consider implementing provider training initiatives, such as webinars or workshops, to strengthen communication skills with an emphasis on empathic and cross-cultural communication.

HSAG further recommends that dental plans develop tools to support effective member-provider communication during dental visits, including encouraging members to prepare questions and actively participate in care decisions. In addition, LDH and the dental plans should routinely review provider complaints, appeals, and grievances to identify provider-specific trends and inform targeted improvement efforts.

To improve timely access to care, HSAG recommends encouraging same-day scheduling to reduce delays in dental services. Finally, LDH and the dental plans should implement standardized processes to educate members upfront about plan benefits, policies, and procedures, including coverage limitations and referral requirements, to support informed use of benefits and manage member expectations.

## Appendix A: Survey Instruments

This section provides a copy of the survey instruments administered to adult members and parents/ caretakers of child members receiving dental services through LDH's contracted dental plans.

All information that would identify you or your family will be kept private. The research staff will not share personally identifiable information with anyone without your permission. You may choose whether to answer this survey or not. If you choose not to, this will not affect your benefits.

The barcode on the front of this survey is used **ONLY** to let us know the survey was returned, so we do not send you reminders.

If you want to know more about this study, please call 1-800-643-2516.

## SURVEY INSTRUCTIONS

- Please be sure to fill in the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct  
Mark 

Incorrect  
Marks



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → *Go to Question 1*
- No



**START HERE**



1. Our records show you are now in **[insert dental plan name]**. Is that right?

- Yes → *Go to Question 3*
- No

2. What is the name of your dental plan? (Please print.)

\_\_\_\_\_



3. In the last 12 months, did you go to a dentist's office or clinic for care?
- Yes → *Go to Question 4*
  - No → *Please stop and return this survey in the postage-paid envelope. Thank you.*

**Your Regular Dentist**

4. A regular dentist is one you would go to for check-ups and cleanings or when you have a cavity or tooth pain. Do you have a regular dentist?
- Yes
  - No → *Go to Question 11*
5. Have you seen your regular dentist in the last 12 months?
- Yes
  - No, I've seen someone else → *Go to Question 11*
6. In the last 12 months, how often did your regular dentist explain things in a way that was easy to understand?
- Never
  - Sometimes
  - Usually
  - Always
7. In the last 12 months, how often did your regular dentist listen carefully to you?
- Never
  - Sometimes
  - Usually
  - Always

8. In the last 12 months, how often did your regular dentist treat you with courtesy and respect?
- Never
  - Sometimes
  - Usually
  - Always
9. In the last 12 months, how often did your regular dentist spend enough time with you?
- Never
  - Sometimes
  - Usually
  - Always
10. Using any number from 0 to 10, where 0 is the worst regular dentist possible and 10 is the best regular dentist possible, what number would you use to rate your regular dentist?

0   1   2   3   4   5   6   7   8   9   10

Worst Best

Regular Dentist Regular Dentist

Possible Possible



## Your Dental Care In The Last 12 Months

So far, the questions on this survey have been about your regular dentist. The next set of questions asks about any dental care you had in the last 12 months, including dental care with your regular dentist or with someone else.

11. In the last 12 months, how often did the dentists or dental staff do everything they could to help you feel as comfortable as possible during your dental work?
- Never
  - Sometimes
  - Usually
  - Always
12. In the last 12 months, how often did the dentists or dental staff explain what they were doing while treating you?
- Never
  - Sometimes
  - Usually
  - Always
13. In the last 12 months, how often were your dental appointments as soon as you wanted?
- Never
  - Sometimes
  - Usually
  - Always

14. If you needed to see a dentist right away because of a dental emergency in the last 12 months, did you get to see a dentist as soon as you wanted?
- I did not have a dental emergency in the last 12 months
  - Definitely yes
  - Somewhat yes
  - Somewhat no
  - Definitely no
15. If you tried to get an appointment for yourself with a dentist who specializes in a particular type of dental care (such as root canals or gum disease) in the last 12 months, how often did you get an appointment as soon as you wanted?
- I did not try to get an appointment with a specialist dentist for myself in the last 12 months
  - Never
  - Sometimes
  - Usually
  - Always
16. In the last 12 months, how often did you have to spend more than 15 minutes in the waiting room before you saw someone for your dental appointment?
- Never → *Go to Question 18*
  - Sometimes
  - Usually
  - Always
17. If you had to spend more than 15 minutes in the waiting room before you saw someone for your appointment, how often did someone tell you why there was a delay or how long the delay would be?
- Never
  - Sometimes
  - Usually
  - Always







**36. What is your race? Mark one or more.**

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

**37. Did someone help you complete this survey?**

- Yes → *Go to Question 38*
- No → *Thank you. Please return the completed survey in the postage-paid envelope.*

**38. How did that person help you? Mark one or more.**

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

**Thank you for taking the time to complete this survey! Please return the completed survey in the postage-paid envelope.**



INSERT HEALTH PLAN  
LOGO HERE

All information that would identify you or your family will be kept private. The research staff will not share personally identifiable information with anyone without your permission. You may choose whether to answer this survey or not. If you choose not to, this will not affect your child's benefits.

The barcode on the front of this survey is used ONLY to let us know the survey was returned, so we do not send you reminders.

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## SURVEY INSTRUCTIONS

- Please be sure to fill in the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct  
Mark 

Incorrect  
Marks



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

- Yes → *Go to Question 1*
- No



START HERE



1. Our records show that your child is now in **[insert dental plan name]**. Is that right?

- Yes → *Go to Question 3*
- No

2. What is the name of your child's dental plan? (Please print.)

\_\_\_\_\_



3. In the last 12 months, did your child go to a dentist's office or clinic for care?

- Yes → *Go to Question 4*
- No → *Please stop and return this survey in the postage-paid envelope. Thank you.*

### Your Child's Regular Dentist

4. A regular dentist is one your child would go to for check-ups and cleanings or when he or she has a cavity or tooth pain. Does your child have a regular dentist?

- Yes
- No → *Go to Question 13*

5. Has your child seen his or her regular dentist in the last 12 months?

- Yes
- No, my child has seen someone else → *Go to Question 13*

6. In the last 12 months, how often did your child's regular dentist explain things about your child's dental health in a way that was easy to understand?

- Never
- Sometimes
- Usually
- Always

7. In the last 12 months, how often did your child's regular dentist listen carefully to you?

- Never
- Sometimes
- Usually
- Always

8. In the last 12 months, how often did your child's regular dentist treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

9. Is your child able to talk with his or her regular dentist about his or her dental care?

- Yes
- No → *Go to Question 11*

10. In the last 12 months, how often did your child's regular dentist explain things in a way that was easy for your child to understand?

- Never
- Sometimes
- Usually
- Always

11. In the last 12 months, how often did your child's regular dentist spend enough time with your child?

- Never
- Sometimes
- Usually
- Always





18. In the last 12 months, how often did you have to spend more than 15 minutes in the waiting room before your child saw someone for his or her dental appointment?

- Never → *Go to Question 20*
- Sometimes
- Usually
- Always

19. If you had to spend more than 15 minutes in the waiting room before your child saw someone for his or her appointment, how often did someone tell you why there was a delay or how long the delay would be?

- Never
- Sometimes
- Usually
- Always

20. Using any number from 0 to 10, where 0 is the worst dental care possible and 10 is the best dental care possible, what number would you use to rate all of the dental care your child received in the last 12 months?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| Worst                 |                       |                       |                       |                       | Best                  |                       |                       |                       |                       |                       |
| Dental Care           |                       |                       |                       |                       | Dental Care           |                       |                       |                       |                       |                       |
| Possible              |                       |                       |                       |                       | Possible              |                       |                       |                       |                       |                       |

**Your Child's Dental Plan**

The next set of questions asks about your child's dental plan. For these questions, answer only about your child's dental plan.

21. In the last 12 months, how often did your child's dental plan cover all of the services you thought were covered?

- Never
- Sometimes
- Usually
- Always

22. In the last 12 months, did your child's dental plan cover what your child needed to get done?

- Definitely yes
- Somewhat yes
- Somewhat no
- Definitely no

23. In the last 12 months, did you try to find out how your child's dental plan works by calling their 800 number, visiting their website, or reading printed materials?

- Yes
- No → *Go to Question 25*





## About Your Child And You

**33. In general, how would you rate the overall condition of your child's teeth and gums?**

- Excellent
- Very good
- Good
- Fair
- Poor

**34. What is your child's age?**

- Less than 1 year old

YEARS OLD (write in)

**35. What is your child's gender?**

- Male
- Female
- Non-binary
- Prefer not to answer

**36. Is your child of Hispanic or Latino origin or descent?**

- Yes, Hispanic or Latino
- No, not Hispanic or Latino

**37. What is your child's race? Mark one or more.**

- White
- Black or African-American
- Asian
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Other

**38. What is your age?**

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

**39. What is your gender?**

- Male
- Female
- Non-binary
- Prefer not to answer

**40. What is the highest grade or level of school that you have completed?**

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than a 4-year college degree

**41. How are you related to the child?**

- Mother or father
- Grandparent
- Legal guardian
- Someone else

**42. Did someone help you complete this survey?**

- Yes → **Go to Question 43**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**



**43. How did that person help you? Mark one or more.**

- Read the questions to me
- Wrote down the answers I gave
- Answered the questions for me
- Translated the questions into my language
- Helped in some other way

**Thank you for taking the time to complete this survey! Please return the completed survey in the postage-paid envelope.**

