



Network Statistics

MEDICAL NETWORK

2,012
PARTICIPANTS

300,140
BENEFICIARIES

11
HOSPITALS

17
RURAL HEALTH CENTERS

BEHAVIORAL HEALTH NETWORK

3,841
PARTICIPANTS

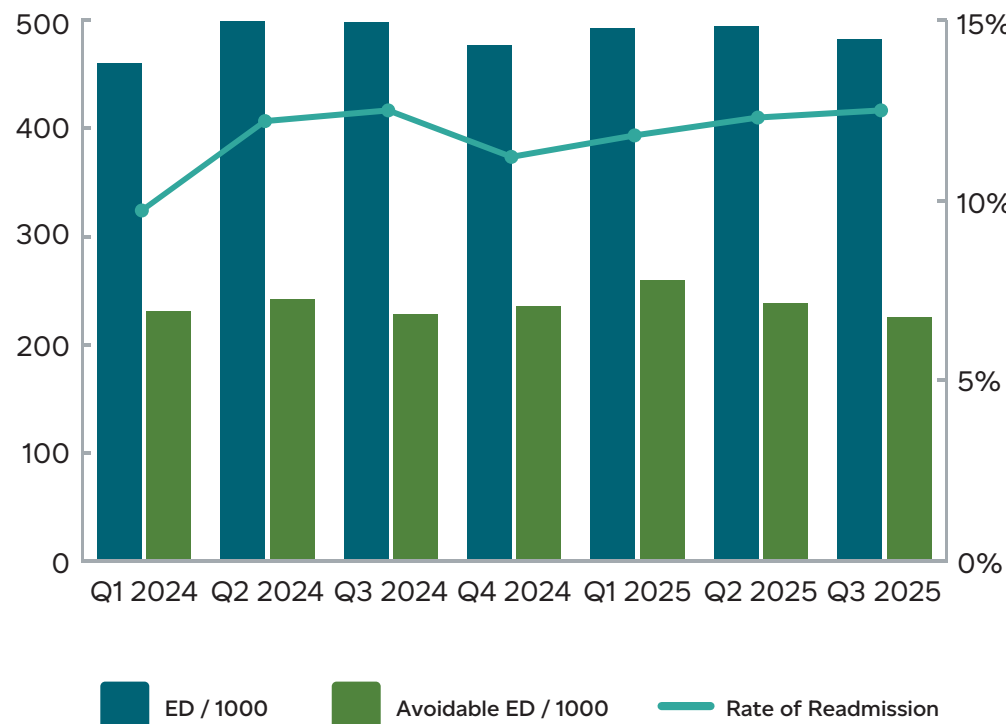
185,061
BENEFICIARIES

150
FACILITIES

6
STATES

Utilization

To understand utilization trends among its contracts' beneficiaries, MHACO tracks rates of hospital admissions, readmissions and avoidable use of the emergency department. The graph below depicts available trend data for 2024 and 2025. Rates are per 1000 beneficiaries for the ED metrics and as a percentage for readmissions.



Available 2025 claims data (Jan-Sept 2025) show continued progress in care transitions, with higher Transitional Care Management completion (about 20-22%) and consistently strong seven-day follow-up (about 43-44%). Avoidable ED utilization continues to be an area of opportunity. Readmission rates have been favorable compared to a northeast region benchmark in MSSP, Medicare Advantage, and commercial lines of business but less so for the MaineCare adult population.

Financial

MHACO Value-based Care Revenue 2023-2025

YEAR	EARNINGS
2025	\$38,839,622
2024	\$26,916,749
2023	\$46,426,838

Total annual amounts include shared savings, administrative fees and pay-for-performance incentives paid to MHACO or directly to participants.

2025 earnings, based on 2024 contracts, increased 44% over the previous year. We attribute this success to various factors. First, we saw \$7.5 million in pay-for-performance incentive payments, mostly from our partnership with agilon health. Second, MHACO earned shared savings with the Medicare Shared Savings Program (MSSP), reflecting effective quality and cost controls. Third, across all of our value-based agreements we increased primary care utilization. We know that connection to primary care can reduce avoidable emergency room and inpatient admissions and ensure patients get necessary vaccinations and screenings to promote better health and lower cost. Fourth, transitional care management (TCM) visits increased to over 7,000 in FY2025, with an average total cost-of-care savings per patient of more than \$3,700.

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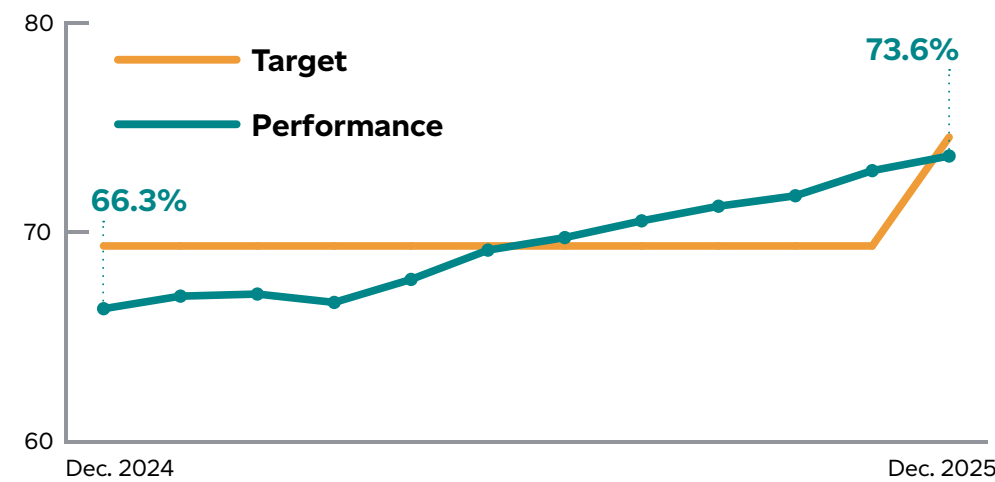
EXECUTIVE TEAM

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|--|
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Quality

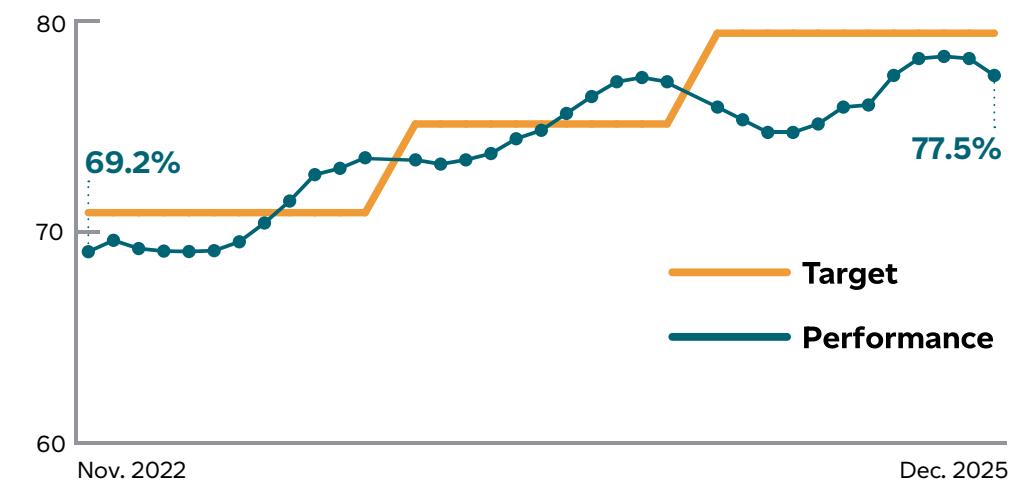
In 2025, MHACO maintained 15 value-based contracts that included more than 100 unique quality measures. To track performance monthly, the ACO selected 10 as overall markers of quality to be included in the Quality Heat Map. [See the Heat Map covering all 12 months of 2025.](#) Trended data on four representative Heat Map measures are included below.

Child & Adolescent Well Care Visit



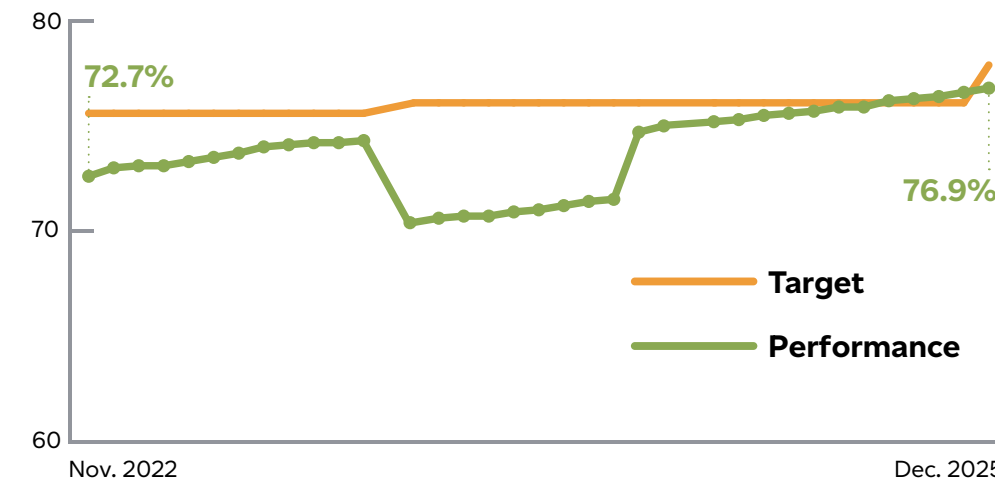
By the end of 2025, 73.6% of eligible patients had completed their Annual Well Care Visit. An August analysis of rolling 12-month data estimated that 2,578 emergency department visits were avoided, likely as a result of patients' connection to primary care. Results surpassed the HEDIS 75th percentile benchmark.

Hypertension Control



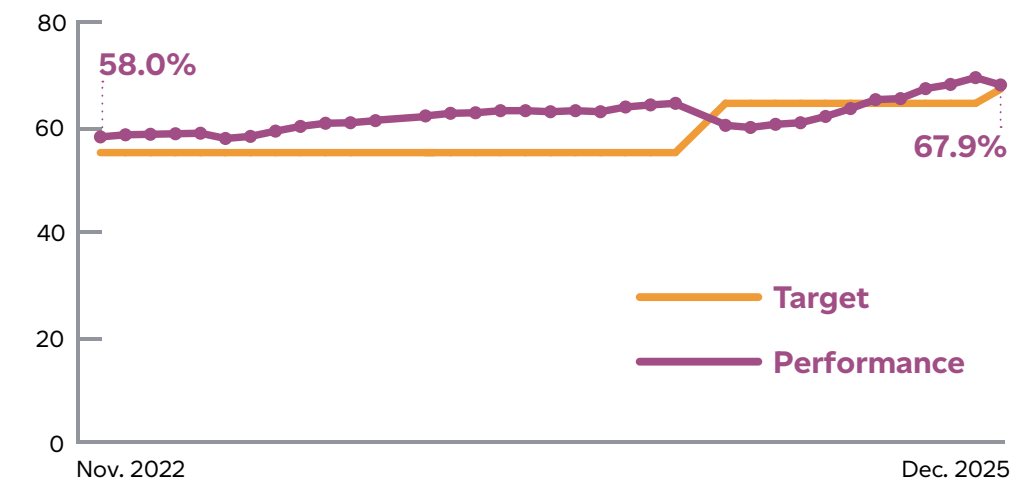
By the end of 2025, hypertension was controlled in 77.5% of eligible patients. An August analysis of rolling 12-month data estimated a 25% reduction in cardiovascular mortality risk, impacting approximately 65,476 patients. Performance met and exceeded the HEDIS 90th percentile benchmark.

Colorectal Cancer Screening



By the end of 2025, 76.9% of eligible patients completed colorectal cancer screening. An August analysis of rolling 12-month data estimated that approximately 31 cases of colorectal cancer were identified, with patients subsequently connected to care. Screening rates were above both the HEDIS 90th percentile benchmark and the CMS Medicare Advantage 4 star cut point.

Diabetes Kidney Health Evaluation



By the end of 2025, 67.9% of eligible patients received a diabetes related kidney health evaluation. An August analysis of rolling 12-month data estimated that approximately 1,343 cases of chronic kidney disease were identified, with patients subsequently receiving needed care. Results exceeded the HEDIS 90th percentile benchmark and aligned above the CMS Medicare Advantage 4 star cut point.