MHACO Quality Heat Map

October 2026

Report Data 10/01/2025 – 09/30/2026

MaineHealth Accountable Care Organization

Measure	Depression Screening & Follow-Up	Colorectal Cancer Screening	DM Eye Exam	DM HbA1c < 8%	DM HbA1c < 8% Food Insecurity	DM Kidney Health Evaluation	DM Statin Therapy	Cardiovascular Statin Therapy	HTN BP Control	Child & Adolescent WCV, Ages 3-21
Target	**86.8%**	**78.0%**	**68.4%**	**81.1%**	**81.1%**	**67.1%**	**79.4%**	**85.0%**	**79.5%**	**74.5%**
Franklin	89.5%	79.1%	76.8%	80.7%	77.4%	76.5%	79.0%	87.9%	85.3%	66.4%
Lincoln	88.9%	80.4%	69.2%	79.9%	70.5%	73.8%	79.1%	89.7%	82.1%	74.1%
Memorial	89.4%	79.0%	72.9%	82.3%	73.7%	69.6%	81.8%	91.5%	81.5%	79.0%
Mid Coast	87.0%	81.4%	69.9%	78.4%	69.5%	69.7%	82.0%	88.8%	79.3%	76.3%
MMC Biddeford/Sanford	88.1%	79.9%	65.4%	81.6%	76.6%	71.5%	80.8%	90.2%	78.3%	76.9%
MMC Portland	89.7%	76.7%	65.5%	79.0%	67.6%	71.6%	81.8%	90.3%	76.1%	74.5%
Pen Bay	92.0%	79.7%	74.7%	82.3%	81.7%	73.4%	77.2%	90.0%	83.8%	74.6%
St. Mary's	92.3%	77.2%	44.3%	75.6%	65.6%	64.8%	82.7%	82.5%	83.2%	84.7%
Waldo	93.4%	78.9%	71.6%	83.3%	82.2%	74.8%	80.2%	87.8%	80.1%	76.2%
Stephens	88.5%	79.8%	74.7%	79.8%	68.8%	78.0%	81.7%	92.9%	81.8%	83.5%
MHACO	89.5%	79.0%	66.5%	79.9%	71.6%	71.8%	80.9%	87.7%	80.0%	75.7%

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MHACO Quality Heat Map Measure Descriptions

Colorectal Cancer Screening	**Numerator**: The number of patients with one or more appropriate screenings documented for colorectal cancer: colonoscopy in the last 10 years; flexible sigmoidoscopy in the last 5 years; computed tomography colonography in the last 5 years; multi-target stool DNA test/Cologuard in the last 3 years; or a fecal immunochemical test (FIT) or fecal occult blood test (FOBT) in the past 12 months. **Denominator**: Number of patients ages 45-75 at the beginning of the measurement period, with an office visit in the last 12 months. **Exclusions**: A diagnosis or past history of total colectomy or colorectal cancer.
Depression Screening and Follow-Up	**Numerator**: Patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized tool AND if positive, a follow-up plan is documented on the date of the eligible encounter or up to two days after the qualifying encounter. **Denominator**: Number of patients ages 12 and older at the beginning of the measurement period, with an office visit in the last 12 months. **Exclusions**: Patients who have been diagnosed with bipolar disorder, refuse, or there is a documented medical reason for not screening the patient for depression (e.g., cognitive, functional, or motivational limitations that may impact accuracy of results; patient is in an urgent or emergent situation where time is of the essence and to delay treatment would jeopardize the patient's health status).
DM - Eye Exam	**Numerator**: Number of patients in the denominator with documentation of a retinal or dilated eye exam in the last 24 months or last 12 months for patients with retinopathy. **Denominator**: Number of patients with diabetes (type 1 or type 2), ages 18-75 at the beginning of the measurement period diagnosed and having an office visit during the measurement period.
DM - HbA1c < 8%	**Numerator**: Number of patients in the denominator whose most recent HbA1c or Glucose Management Indicator (GMI) is < 8% during the measurement year. **Denominator**: Number of patients with diabetes (type 1 or type 2), ages 18-75 as of the last day of the measurement period diagnosed and having an office visit during the measurement period. **Exclusions**: Exclude patients 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria: advanced illness with two outpatient encounters during the measurement period or the year prior- OR advanced illness with one inpatient encounter during the measurement period or the year prior- OR taking dementia medications during the measurement period or the year prior.
DM - HbA1c < 8% Food Insecurity	**Numerator**: Number of patients in the denominator whose most recent HbA1c (within the last 12 months) is < 8%. **Denominator**: Number of patients with food insecurity (screened positive for food insecurity) and diabetes (type 1 or type 2), ages 18-75 at the beginning of the measurement period diagnosed and having an office visit during the measurement period. **Exclusions**: Exclude patients 66 and older by the end of the measurement period with an indication of frailty for any part of the measurement period who also meet any of the following advanced illness criteria: advanced illness with two outpatient encounters during the measurement period or the year prior- OR advanced illness with one inpatient encounter during the measurement period or the year prior- OR taking dementia medications during the measurement period or the year prior.
DM - Kidney Health Evaluation	**Numerator**: Number of patients who received an annual kidney health evaluation, including both estimated glomerular filtration rate (eGFR) and urine microalbumin/creatinine ratio (uACR). **Denominator**: Number of patients with Diabetes (Type 1 or Type 2), ages 18-85 at the beginning of the measurement period diagnosed, and having an office visit during the measurement period. **Exclusions:** End-Stage Renal Disease, frailty and advanced illness.
DM - Statin Therapy	**Numerator**: Patients in the denominator who were seen in the last year with an active statin medication of any intensity on their medication list. **Denominator**: Number of patients with diabetes (type 1 or type 2), ages 40-75 at the beginning of the measurement period diagnosed and having an office visit during the measurement period. **Exclusions**: Clinical atherosclerotic cardiovascular disease (ASCVD)
Cardiovascular Statin Therapy	**Numerator**: Number of patients from the denominator who have at least one high- or moderate-intensity active statin medication on their medication list during the measurement year. **Denominator**: Number of patients 21–75 years of age during the measurement period who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD). **Exclusions:** Persons with a date of death during the measurement period; Persons in hospice or using hospice services at any time during the measurement period; Persons receiving palliative care at any time during the measurement period; Persons 66 years of age or older by the last day of the measurement period, with both frailty and advanced illness: Frailty = At least two indications of frailty with different dates of service during the measurement period. Advanced Illness = Either of the following during the measurement period or the year prior to the measurement period: Advanced illness on at least two different dates of service, ordered dementia medication, In vitro fertilization, pregnancy, or a prescription of clomiphene during the measurement period or the year prior to the measurement period: ESRD, cirrhosis, or dialysis during the measurement period or the year prior to the measurement period, Myalgia, myositis, myopathy or rhabdomyolysis during the measurement period, Myalgia or rhabdomyolysis caused by a statin any time during the person's history through the last day of the measurement period.
Hypertension BP Control	**Numerator**: Number of patients in the denominator whose most recent and lowest of BP reading of the day in the last 12 months is < 140/90. **Denominator**: Number of patients with essential (primary) hypertension, ages 18-85 at the beginning of the measurement period diagnosed, with an office visit in the last 12 months. **Exclusions**: End-Stage Renal Disease, pregnancy.
Child & Adolescent Well-Care Visits 3-21	**Numerator:** The number of patients 3-21 years of age who had at least one comprehensive well care visit with a PCP or an OB/GYN in the past 12 months. **Denominator**: The number of patients ages 3-21 years at the end of the measurement period.
Disclaimer	*Measure definitions and exclusions included in the MHACO Heat Map are based on HEDIS specifications and are intended to align as closely as possible with clinical best practices. The data presented in the Heat Map are reported from MH and St. Mary's instances of Epic; No two data systems are identical; differences in system configuration, data capture, and reporting logic can result in minor variations in outputs across platforms.*