Counterpart Health

DECEMBER 2025

Unmatched Medicare Advantage Performance. *Built for Clinicians.*

The only unified clinical technology platform for managing quality, risk, and total cost of care.

Continuing to enable superior results for Clover Health

MCR

1,500 approximate basis point MCR differential

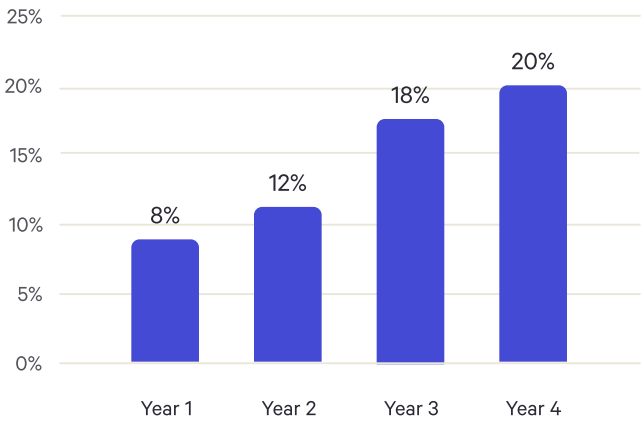
For returning members whose PCPs use CA vs. those who do not

QUALITY

#1 HEDIS score nationwide

For a PPO MA plan across a wide network of non-employed physicians, without capitation

As member cohorts mature, so too does MCR performance differential YoY



Read more about how the use of CA is associated with improved outcomes in underserved patient populations and other improved clinical outcomes in our whitepapers at counterparthealth.com.

...And rapidly expanding to more 3rd party customer users

ADOPTION

Hundreds of live 3rd party customer clinicians, representing an increase of

>450% Live on CA YoY

80% Live on CA in last 3 months

> *We've seen a lot of these software tools, and this is by far the best one. You can tell it was designed by doctors because it is easy to use.*
>
> — CA PHYSICIAN

Interested in learning more? Get in touch: **hello@counterparthealth.com**

Methodologies and Notes

1,500 approximate basis point MCR differential for returning members whose PCPs use CA vs. those who do not.

This study examined MCR for members of the Clover MA plans. There was one CA and one non-CA cohort for each of the following two-year periods, with the first year in each period referred to as the "Service Year," and the second year, the "Payment Year": 2022-2023, 2023-2024, and 2024-2025. For both sets of cohorts, members must have been continuously enrolled in a Clover MA plan for at least one month of each of the Service Year and Payment Year. For the CA cohorts, a member must: (1) have received a CA visit in the Service Year; and (2) been attributed to a clinician during at least one month in the Payment Year who was a CA PCP at such time (the months so attributed constituting the "Attributed Months" for the CA cohorts). For the non-CA cohorts the member must: (1) not have received a CA visit in the Service Year; (2) been attributed to a clinician for at least one month in the Payment Year who was not a CA PCP at the time (the months so attributed constituting the "Attributed Months" for the Non-CA cohorts); and (3) must not have been in the corresponding CA cohort. A clinician was considered a CA PCP in a month if, during that month, the clinician was: (1) associated with a practice whose clinicians were contractually eligible in such month to use CA with Clover MA plan patients (or, for single provider practices, were such a practice themself); and (2) not employed by Clover Health or its affiliates in such month. For each member in each cohort, MCR was calculated based on medical expenses and revenue during the Attributed Months only. Using simple averaging, this member-level MCR was then rolled up to a cohort-level MCR, and then, to separate aggregate MCRs across all the CA cohorts, and all the Non-CA cohorts, respectively. The cited 1,500 basis points differential represents the difference between the aggregate MCR across the CA cohorts and the aggregate MCR across the Non-CA cohorts. The analysis used financial data as of September 30, 2025, which included estimates of medical expenses incurred but not yet paid or reported. Members who were continuously enrolled in at least one Clover MA plan throughout a period were considered continuously enrolled in a Clover MA plan in the period, even if they switched Clover MA Plans during the period.

As member cohorts mature, so too does MCR performance differential YoY

This study examined MCR for members of the Clover MA plans. The CA cohorts were distinguished, in part, by the year of a member's first CA visit; specifically, there were separate sets of cohorts for members with their first CA visit in 2019, in 2020, in 2021, in 2022, and in 2023 (such year of first CA visit referred to as the "Service Year" and the set of CA cohorts corresponding to a Service Year the "Vintage"). Within each CA cohort Vintage, there were separate cohorts for members who were attributed to a CA PCP on June 1 of the calendar year following the Service Year, two years later, three years later, and four years later (with each separate set of cohorts referred to as a "Tenure Group," and the final year of attribution in each cohort referred to as the "Payment Year"). The corresponding Non-CA cohort for each CA cohort consisted of members who (1) were attributed to a clinician as of June 1 of the corresponding Payment Year who was not a CA PCP as of such date; and (2) had not received a CA visit during the corresponding Service Year.
A clinician was considered a CA PCP on a particular date if they were: (1) associated with a practice whose clinicians were contractually eligible on such date to use CA with Clover MA plan patients (or, for single provider practices, were such a practice themself); and (2) not employed by Clover Health or its affiliates on such date. For both sets of cohorts, members must have been continuously enrolled in a Clover MA plan for at least one month of each of the Service Year and Payment Year. For each member in each cohort, MCR was calculated based on medical expenses and revenue during the Payment Year only. This member-level MCR was then rolled up to a cohort-level MCR, and then, to separate aggregate MCRs across all CA cohorts in a particular Tenure Group, and all Non-CA cohorts in that Tenure Group, using simple averaging. The cited MCR differentials represent the difference between the aggregate MCR across the CA cohorts in a Tenure Group and the aggregate MCR across the Non-CA cohorts in a Tenure Group. Year 1 refers to the cohorts for which the Payment Year was one year after the Service Year; Year 2, two years after the Service Year; Year 3, three years after the Service Year; and Year 4, four years after the Service Year. The analysis used financial data as of September 30, 2025, which included estimates of medical expenses incurred but not yet paid or reported. Members who were continuously enrolled in at least one Clover MA plan throughout a period were considered continuously enrolled in a Clover MA plan in the period, even if they switched Clover MA Plans during the period.

#1 HEDIS score nationwide for a PPO MA plan across a wide network of non-employed physicians, without capitation.

Combined HEDIS rates alone are not an official CMS domain score. This analysis focuses on performance by non-SNP PPO plans with over 2,000 lives as of September 1, 2025 on HEDIS measures applicable to non-SNPs that were used for CMS's MY 2024 Star ratings, applying the measure ratings used CMS.

Hundreds of live 3rd party customer clinicians, representing an increase of >450% live on CA YoY and 80% live on CA in last 3 months

A clinician is considered "live on CA" for these statistics if they completed their individual account registration. YoY data is for November 18, 2024 through November 18, 2025. Data for the last 3 months is for August 18, 2025 through November 18, 2025. A clinician was considered a "3rd party customer clinician" for this purpose if their access to CA was not associated with their status as Clover MA plan network provider.