

# SHARED SAVINGS PROGRAM PUBLIC REPORTING

## ACO Name and Location

Main Street Rural Health Poplar ACO LLC  
1001 Hawkins Street, Nashville, TN, 37203

## ACO Primary Contact

Bennett Graham  
615-739-5017  
bgraham@mainstreetruralhealth.com

## Organizational Information

### ACO Participants:

ACO Participants	ACO Participant in Joint Venture
BLAKE A BADGETT MD PC	No
BLANCO REGIONAL CLINIC PA	No
CHARLES MOORE	No
DEAN L ZINCONE MD PA	No
DR GOIN AND ASSOCIATES	No
EVANS MEDICAL CLINIC, PLLC	No
FAMILY CARE ASSOCIATES, PSC	No
GAURANG B SHAH, MD, PSC	No
GOLD CROSS URGENT CARE LLC	No
HEBER SPRINGS CLINIC	No
INTERNAL MEDICINE & NEPHROLOGY ASSOCIATES, PA	No
PHYSICIANS CARE OF CLARKE	No
PIKE INTERNAL MEDICINE PC	No
PINNACLE INTERNAL MEDICINE PLLC	No
RHEA MEDICAL CENTER	No
RHEA MEDICAL CENTER	No
RIA MEDICAL LLC	No
SOUTH BALDWIN FAMILY PRACTICE LLC	No
VICTOR A SHADA, D.O., P.C.	No

*ACO Governing Body:*

Member First Name	Member Last Name	Member Title/ Position	Member's Voting Power (Expressed as a percentage)	Membership Type	ACO Participant Legal Business Name, if applicable
Bennett	Graham	ACO Executive	10%	Other	N/A
David	Harper	Medicare Beneficiary Representative	5%	Medicare Beneficiary Representative	N/A
Ellis	Allen	ACO Participant	12.5%	ACO Participant Representative	SOUTH BALDWIN FAMILY PRACTICE LLC
Ezinne	Nwude	ACO Participant	12.5%	ACO Participant Representative	GOLD CROSS URGENT CARE LLC
John	Weaver	ACO Participant	12.5%	ACO Participant Representative	BLANCO REGIONAL CLINIC PA
Kathy	Hill	ACO Participant	12.5%	ACO Participant Representative	PIKE INTERNAL MEDICINE PC
Michelle	Walker	ACO Participant	12.5%	ACO Participant Representative	PHYSICIANS CARE OF CLARKE
Sarah	Chouinard	ACO CMO	10%	Other	N/A
Shannon	Price	ACO Participant	12.5%	ACO Participant Representative	RHEA MEDICAL CENTER

Member's voting power may have been rounded to reflect a total voting power of 100 percent.

*Key ACO Clinical and Administrative Leadership:*

ACO Executive:

Bennett Graham

Medical Director:

Sarah Chouinard

Compliance Officer:

Elizabeth Star

Quality Assurance/Improvement Officer:

Samuel Graham

*Associated Committees and Committee Leadership:*

Committee Name	Committee Leader Name and Position
N/A	N/A

*Types of ACO Participants, or Combinations of Participants, That Formed the ACO:*

- Networks of individual practices of ACO professionals

## Shared Savings and Losses

### *Amount of Shared Savings/Losses:*

Our ACO has not yet received financial reconciliation results; therefore, this section is not applicable at this time.

### *Shared Savings Distribution:*

Our ACO has not yet received financial reconciliation results; therefore, this section is not applicable at this time.

## Quality Performance Results

### *2024 Quality Performance Results:*

Quality performance results are based on the eCQMs/MIPS CQMs/Medicare CQMs collection type.

Measure #	Measure Title	Collection Type	Performance Rate	Current Year Mean Performance Rate (Shared Savings Program ACOs)
321	CAHPS for MIPS	CAHPS for MIPS Survey	7.33	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1413	0.1517
484*	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC)	Administrative Claims	32.11	37
318	Falls: Screening for Future Fall Risk	CMS Web Interface	-	-
110	Preventative Care and Screening: Influenza Immunization	CMS Web Interface	-	-
226	Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface	-	-
113	Colorectal Cancer Screening	CMS Web Interface	-	-
112	Breast Cancer Screening	CMS Web Interface	-	-
438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface	-	-
370	Depression Remission at Twelve Months	CMS Web Interface	-	-
001*	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	Medicare CQM	29.76	28.04
134	Preventative Care and Screening:	Medicare CQM	84.02	63.04

	Screening for Depression and Follow-up Plan			
236	Controlling High Blood Pressure	Medicare CQM	39.84	66.78
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	87.24	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	93.26	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	92.68	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	78.49	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	60.02	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	65.38	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	73.93	74.14
CAHPS-8	Care Coordination	CAHPS for MIPS Survey	86.55	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	94.59	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	26.46	26.98

**For previous years' Financial and Quality Performance Results, please visit: [Data.cms.gov](https://data.cms.gov)**

\*For Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) [Quality ID #001], Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups [Measure #479], and Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC) [Measure #484], a lower performance rate indicates better measure performance.

\*For Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC) [Measure #484], patients are excluded if they were attributed to Qualifying Alternative Payment Model (APM) Participants (QPs). Most providers participating in Track E and ENHANCED track ACOs are QPs, and so performance rates for Track E and ENHANCED track ACOs may not be representative of the care provided by these ACOs' providers overall. Additionally, many of these ACOs do not have a performance rate calculated due to not meeting the minimum of 18 beneficiaries attributed to non-QP providers.

## Advance Investment Payments (AIP)

In accordance with 42 CFR § 425.630(i)(1), an ACO must publicly report information about the ACO's use of advance investment payments for each performance year, as set forth in 42 CFR § 425.308(b)(8). Advance investment payments used for any expenses other than allowable uses under 42 CFR § 425.630(e)(1) are subject to compliance action.

### *Spend Plan:*

Payment Use	General Spend Category	General Spend Subcategory	Projected Spending 2024	Actual Spending 2024	Projected Spending 2025	Actual Spending 2025	Projected Spending 2026	Actual Spending 2026	Projected Spending 2027	Actual Spending 2027	Projected Spending 2028	Actual Spending 2028
Salaries for Clinic-based, Patient-facing Health Navigators	Increased Staffing	Community health worker	\$641,142.40	\$1,735,930.00	\$641,142.40	\$357,500.00	\$304,419.00	\$0.00	\$304,419.00	\$0.00	\$304,419.00	\$0.00
<b>Subtotals</b>			\$641,142.40	\$1,735,930.00	\$641,142.40	\$357,500.00	\$304,419.00	\$0.00	\$304,419.00	\$0.00	\$304,419.00	\$0.00

### *Spend Plan Summary:*

<b>Projected Total Advance Investment Payments</b>	\$3,015,252.00
<b>Actual Spending</b>	\$2,093,430.00
<b>Future Projected Spending</b>	\$913,257.00
<b>Remaining Funding to Allocate</b>	\$0.00
<b>Total Advance Investment Payments Received</b>	\$3,006,687.00

Our ACO has established a separate designated account for the deposit and expenditure of all advance investment payments in accordance with 42 CFR 425.630(e)(4).

