Shared Savings Program Public Reporting

ACO Name and Location

Main Street Rural Health Maple ACO LLC

1001 Hawkins Street, Nashville, TN, 37203

ACO Primary Contact

Dr. James Lancaster

6154854595

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Organizational Information

ACO Participants:

ACO Participants	ACO Participant in Joint Venture
ANAD SALEM	No
ARLINGTON MEDICAL CLINIC	No
BELLVILLE MEDICAL CENTER	No
BRADLEY POLK WALK IN CLINIC	No
CROCKETT MEDICAL CENTER, LLC	No
Decaturville Family Practice	No
EL CAMPO MEMORIAL HOSPITAL	No
FIKE FAMILY PRIMARY CARE	No
HANNIBAL REGIONAL HEALTHCARE SYSTEM INC	No
HELLO WELLNESS, PLC	No
INVESTED HEALER, LLC	No
JASPER DIAGNOSTIC CLINIC	No
JUDY COOKE TRAVIS, MD, PC	No
LIBERTY FAMILY MEDICINE PRACTICE PLLC	No
LYLE ONSTAD	No
MEDINA FAMILY MEDICAL CLINIC, PC	No
MELANIE A REAVES PLLC	No
MILLTOWN FAMILY PHYSICIANS, INC.	No
MOUNTAINEER COMMUNITY HEALTH CENTER, INC.	No
PREMIER MEDICAL CLINIC LLC	No

RIVERVIEW FAMILY MEDICINE LLC	No
T W WAGNER INC	No
TENNESSEE VALLEY FAMILY CARE PLLC	No
TOMBIGBEE HEALTHCARE AUTHORITY	No
UMC PHYSICIANS	No
VALLEY HEAD CLINIC LLC	No
WALTER TORONJO	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
Clare	Hawkins	ACO CMO	10%	Other	N/A
Craig	Barker	ACO Participant	25%	ACO Participant Representative	UMC PHYSICIANS
Jane	Robbins	Medicare Beneficiary Representative	5%	Medicare Beneficiary Representative	N/A
Jim	Lancaster	ACO Executive	10%	Other	N/A
Justin	Puckett	ACO Participant	25%	ACO Participant Representative	HANNIBAL REGIONAL HEALTHCARE SYSTEM INC
Tommy	Wagner	ACO Participant	25%	ACO Participant Representative	T W WAGNER INC

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:

James Lancaster

Medical Director:

Clare Hawkins

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:

- Second Agreement Period
  - Performance Year 2026, N/A
- First Agreement Period
  - Performance Year 2025, N/A
  - Performance Year 2024, $982,956.22

Shared Savings Distribution:

- Second Agreement Period
  - Performance Year 2026
    - Proportion invested in infrastructure: N/A
    - Proportion invested in redesigned care processes/resources: N/A
    - Proportion of distribution to ACO participants: N/A
- First Agreement Period
  - Performance Year 2025
    - Proportion invested in infrastructure: N/A
    - Proportion invested in redesigned care processes/resources: N/A
    - Proportion of distribution to ACO participants: N/A
  - Performance Year 2024
    - Proportion invested in infrastructure:
    - Proportion invested in redesigned care processes/resources:
    - Proportion of distribution to ACO participants:

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	8.77	6.67
479*	Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Groups	Administrative Claims	0.1417	0.1517
484*	Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions (MCC)	Administrative Claims	30.91	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	26.02	28.04
134	Preventative Care and Screening: Screening for Depression and Follow-up Plan	Medicare CQM	85.97	63.04
236	Controlling High Blood Pressure	Medicare CQM	46.93	66.78
CAHPS-1	Getting Timely Care, Appointments, and Information	CAHPS for MIPS Survey	87.63	83.7
CAHPS-2	How Well Providers Communicate	CAHPS for MIPS Survey	95.29	93.96
CAHPS-3	Patient's Rating of Provider	CAHPS for MIPS Survey	93.78	92.43
CAHPS-4	Access to Specialists	CAHPS for MIPS Survey	77.52	75.76
CAHPS-5	Health Promotion and Education	CAHPS for MIPS Survey	61.16	65.48
CAHPS-6	Shared Decision Making	CAHPS for MIPS Survey	65.17	62.31
CAHPS-7	Health Status and Functional Status	CAHPS for MIPS Survey	73.6	74.14

CAHPS-8	Care Coordination	CAHPS for MIPS Survey	88.36	85.89
CAHPS-9	Courteous and Helpful Office Staff	CAHPS for MIPS Survey	95.03	92.89
CAHPS-11	Stewardship of Patient Resources	CAHPS for MIPS Survey	30.39	26.98

For previous years' Financial and Quality Performance Results, please visit: 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	$543,620.80	$1,326,988.00	$543,620.80	$1,031,250.00	$226,871.00	$0.00	$226,871.00	$0.00	$226,871.00	$0.00
Subtotals			$543,620.80	$1,326,988.00	$543,620.80	$1,031,250.00	$226,871.00	$0.00	$226,871.00	$0.00	$226,871.00	$0.00

Spend Plan Summary:

Projected Total Advance Investment Payments	$3,021,192.00
Actual Spending	$2,358,238.00
Future Projected Spending	$680,613.00
Remaining Funding to Allocate	$0.00
Total Advance Investment Payments Received	$3,038,851.00

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).