

If your hospital has been selected for participation in the Transforming Episode Accountability Model (TEAM), it will be financially accountable for the total cost for certain episodes of care for traditional Medicare beneficiaries beginning January 1, 2026. Before that date arrives, there is much to do to prepare. Training camp starts now!

Here is a **sample training regimen** for you to follow, complete with a workplan and timeline. As is always the case, the sooner you start, the better prepared you'll be for TEAM.



March/April 2025

Organization and Education Phase

Select TEAM captain (ownership and responsibility for model participation)
Compile internal data regarding TEAM episodes
 Surgical volume by MS-DRG or HCPCS code with detail regarding surgeon, payer, length of stay, post-discharge disposition
Convene internal TEAM implementation committee
 While each hospital's organizational structure is different, consider including representatives from finance, case management, service line management, physician leadership (e.g., chief medical officer), physician practice management, supply chain/purchasing, decision support, legal, and compliance as TEAM members
 Conduct internal education to ensure committee members have a working knowledge of the model's operations and understand potential impact on your organization
 Refine and approve internal workplan: tasks, timelines, responsible individuals, data needs
Present TEAM basics to governing body and management team
Develop list of potential collaborators (e.g., physicians, provider networks, post- acute care providers)
Evaluate historical performance on TEAM quality measures
Monitor CMS TEAM website for program developments (ongoing)



TEAM Training Regimen: Workplan and Timeline



May/June 2025

Recruitment and Evaluation Phase

Create inventory of existing relationships with potential collaborators
Develop and obtain approval for policy and procedure on collaborator selection
Evaluate and make preliminary selection of collaborators
Identify and quantify opportunities for internal cost savings associated with TEAM episodes for all payers (e.g., acquisition cost and use of surgical supplies, devices, etc.; operating room efficiencies; length of stay)
Present TEAM basics to medical staff
Evaluate potential opportunities with commercial payers



July/August 2025

Analysis/Game Planning Phase
Identify and evaluate pre-surgery optimization opportunities to prevent exacerbated cases
Identify and evaluate post-acute care alignment opportunities (e.g., pharmacy rounds at nursing facilities)
Develop primary care referral processes
Finalize collaborator agreement structure and consider value-based enterprise
Finalize Year 1 internal cost savings opportunities by episode category; verify collaborator impact on potential savings
Draft and obtain approval for standard collaborator agreement
Determine methodology for calculating collaborator payments (reconciliation payments and internal cost savings)
Develop preliminary dashboards
Engage, educate, and negotiate with potential collaborators
Reach out to commercial payers (if indicated)





September/ October 2025

Secure executed collaborator agreements

Finalize episode tracker format and distribution process

Work with collaborators, develop operational improvement workplans for individual episodes

Finalize process for tracking and verifying internal cost savings

November/ December 2025

Launch Phase
Receive and analyze historical claims data from CMS; compare to hospital review of historical performance
Complete fair market value opinions for collaborator arrangements (if necessary)
Implement process to provide required patient notices
Make changes to patient notices regarding post-acute services to identify collaborators
Execute on operational improvement workplans

PYA's multidisciplinary team is available to coach you along the way. We can support financial modeling, stakeholder engagement, performance transformation, data analytics, physician and post-acute care provider alignment, commercial payer engagement, and fair market value opinions.



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