

Participation Tracks in the Transforming Episode Accountability Model (TEAM)

PURPOSE

This resource is intended to support [TEAM participants](#) in selecting the most suitable track.

PARTICIPATION TRACKS

	TRACK 1	TRACK 2	TRACK 3
Model Features 	Upside risk only <ul style="list-style-type: none"> Stop-gain limit: 10% Stop-loss limit: N/A Composite Quality Score adjustment <ul style="list-style-type: none"> + Positive reconciliation amounts: up to 10% - Negative reconciliation amounts: not applicable 	Upside and downside risk <ul style="list-style-type: none"> Stop-gain limit: 5% Stop-loss limit: 5% Composite Quality Score adjustment <ul style="list-style-type: none"> + Positive reconciliation amounts: up to 10% - Negative reconciliation amounts: up to 15% 	Upside and downside risk <ul style="list-style-type: none"> Stop-gain limit: 20% Stop-loss limit: 20% Composite Quality Score adjustment <ul style="list-style-type: none"> + Positive reconciliation amounts: up to 10% - Negative reconciliation amounts: up to 10%
Intended Benefits 	Allows hospitals to build care management infrastructure before assuming downside financial risk Gives hospitals time to analyze data and identify areas to improve efficiency	Allows hospitals in areas with limited resources to engage in value-based care with lower financial risk	Provides hospitals with the maximum levels of risk and reward to incentivize efficient care delivery
Eligibility 	Available to all TEAM participants during PY1 Remains available to safety net hospitals during PY2-3	Available to selected hospital types listed below during PY2-5: Safety net hospital, rural hospital, Medicare Dependent Hospital (MDH), Sole Community Hospital (SCH), Essential Access Community Hospital (EACH)	Available to all TEAM participants during PY1-5

TRACK SELECTION OPTIONS BY HOSPITAL TYPE

Hospital Type	PY1 (2026)*	PY2 (2027)	PY3 (2028)	PY4 (2029)	PY5 (2030)
Safety Net Hospital	May select Track 1 or 3	May select Track 1, 2, or 3		May select Track 2 or 3	
Rural Hospital, MDH, SCH, or EACH	May select Track 1 or 3	May select Track 2 or 3			
All Other Hospital Types	May select Track 1 or 3	Must select Track 3			

*Participants will be automatically assigned to Track 1 for PY1 if no selection is made prior to the PY1 track selection deadline. CMS will share more information with participants ahead of the deadline.

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ACTIONS TO TAKE FOR PERFORMANCE YEAR 1



1. Access the TEAM Portal

- CMS will invite primary points of contact (POCs) to **register for the TEAM Portal** via email.



2. Complete the **Data Request and Attestation (DRA) Form and Data Sharing Agreement (DSA)**

- CMS will provide instructions via email.
- Within the TEAM Portal, a primary POC must **designate two Data Custodians** and an **Authorized Signatory** to complete the DRA Form and DSA.
 - *Note:* The **Authorized Signatory** is the only POC who can complete and submit the DRA Form and DSA.



3. Access TEAM Data Portal

- CMS will provide Data Portal access instructions to **Data Custodians** via email.
- CMS anticipates providing data on the following schedule to participants who have completed the DRA Form and DSA:
 - Q2 2025: Early preliminary baseline claims and target pricing data
 - Q4 2025: Updated preliminary baseline claims and target pricing data



4. Internally assess readiness and desired level of financial risk

- CMS may provide an **interactive tool** that participants can use to simulate their **potential performance** under each track.
 - *Note:* This tool would be for potential scenario planning only and not an official recommendation from CMS on which track to select.



5. Select between **Track 1 and Track 3 for PY1** and notify CMS by the **PY1 track selection deadline**

- CMS will provide additional information for track selection via email.
- If a participant fails to **notify CMS** of their track selection prior to the PY1 track selection deadline, the TEAM participant will be assigned to **Track 1**.



6. Gauge model performance and take action

- Participants can use **monthly claims data** throughout PY1 to **gauge their performance** in TEAM episodes, identify areas for efficiency, and implement care redesign strategies to improve beneficiary care and reduce spending.
 - *Note:* CMS will use updated data to identify hospitals that are eligible for Track 1 and Track 2 prior to the PY2 track selection deadline.
- If a participant fails to notify CMS of their track selection **ahead of each performance year for PY2-5**, the TEAM participant will be assigned to **Track 3**.