



This letter is informational only. No action on your part is necessary.

## **Beneficiary Collaborators Notice**

### **Your Team of Health Care Providers are Working Together to Give You the Best Care**

This notification is a requirement from the Centers for Medicare & Medicaid Services (CMS) to inform you about a new mandatory program called the **"Transforming Episode Accountability Model" (TEAM)**. A CMS model is a trial program, and a way of testing how health care can be improved for people with Medicare and Medicaid. In this model, selected hospitals (referred to as "TEAM participants") will coordinate care for beneficiaries like you with original Medicare, who are undergoing certain surgical procedures included in the model. This means that <Participant's NAME> is responsible for keeping costs under control and ensuring patients receive good quality of care from the time of surgery through the first 30 days after the patient leaves the hospital.

TEAM participants can choose to work with healthcare entities, such as skilled nursing facilities, home health agencies, doctors, and other healthcare workers or organizations who are also helping Medicare patients. These helpers are called "TEAM collaborators" and <TEAM Collaborator's NAME> is one of them. TEAM participants can set up financial arrangements to share extra money they get from Medicare with TEAM collaborators.

Medicare believes that when hospitals and other healthcare entities work together, patients get better care. This teamwork can also help save money and improve care, for example, by helping patients avoid going back to the hospital when it can be prevented or it's not needed.

These financial arrangements must follow rules to make sure that Medicare beneficiaries are not hurt in any way. Healthcare entities have a choice of collaborating with the TEAM participants. CMS requires that the hospitals and healthcare entities working together must ensure patients receive all medically necessary care and respect their freedom to choose who and where to get services.

Also, these financial arrangements must follow all laws, including rules to prevent fraud or excessive payments. Medicare made these rules to protect patients and make sure they still get the best care. Even though Medicare may provide additional payments to the hospital, **the amount you pay will not change.**

## **Where can I learn more about TEAM?**

Visit the TEAM web page to view the list of hospitals participating in the model (the TEAM participants), details about the model design, and Frequently Asked Questions (FAQs).

<https://www.cms.gov/priorities/innovation/innovation-models/team-model>

**The information on this page is not considered  
part of the notification template.**

**Distribution of a Beneficiary Notification Letter (BNL) and a Beneficiary Collaborators Notice (BCN), as applicable, is a requirement for all TEAM participants and TEAM collaborators.**

**You may not modify the language of this CMS-issued notification form except for the fields identified in <angle brackets> – TEAM participant or TEAM collaborator's name.**

**You are allowed to translate these notifications** into any language that best serves your patients, but the content must be identical to the CMS template.

The Centers for Medicare & Medicaid Services (CMS) requires that all hospitals participating in TEAM and their collaborating health care providers and suppliers provide the BNL and BCN to TEAM beneficiaries no later than the time at which the beneficiary first receives an item or service from the TEAM collaborator during an episode. In circumstances where, due to the patient's condition, it is not feasible to provide notification at such time, the notification must be provided to the beneficiary or his or her representative as soon as is reasonably practicable.

For monitoring and compliance purposes, TEAM participants and TEAM collaborators must establish processes that will ensure compliance with this model's requirement by keeping a record of beneficiaries to whom they provide either of these notifications. You may request the beneficiary's signature acknowledging receipt, but that is not a CMS requirement.

**TEAM Beneficiary Notification Letter (BNL)**

- [Here](https://www.federalregister.gov/documents/2024/08/28/2024-17021/medicare-and-medicaid-programs-and-the-childrens-health-insurance-program-hospital-inpatient#p-7435) is the section of the preamble that describes the purpose of the TEAM BNL.  
<https://www.federalregister.gov/documents/2024/08/28/2024-17021/medicare-and-medicaid-programs-and-the-childrens-health-insurance-program-hospital-inpatient#p-7435>
- [Here](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-H/part-512/subpart-E#p-512.582(b)) is the section of the regulatory text that describes the TEAM BNL requirements.  
[https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-H/part-512/subpart-E#p-512.582\(b\)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-H/part-512/subpart-E#p-512.582(b))

**TEAM Beneficiary Collaborator Notice (BCN)**

- [Here](https://www.federalregister.gov/documents/2024/08/28/2024-17021/medicare-and-medicaid-programs-and-the-childrens-health-insurance-program-hospital-inpatient#p-7442) is the section of the preamble that describes the purpose of the TEAM BCN.  
<https://www.federalregister.gov/documents/2024/08/28/2024-17021/medicare-and-medicaid-programs-and-the-childrens-health-insurance-program-hospital-inpatient#p-7442>
- [Here](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-H/part-512/subpart-E#p-512.582(b)(2)) is the section of the regulatory text that describes the TEAM BCN requirements.  
[https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-H/part-512/subpart-E#p-512.582\(b\)\(2\)](https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-H/part-512/subpart-E#p-512.582(b)(2))

If you have any questions or concerns regarding this requirement, please contact the TEAM Help Desk at [CMMI\\_TEAM@cms.hhs.gov](mailto:CMMI_TEAM@cms.hhs.gov).