



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

## **Beneficiary Notification Letter**

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

This notification is from the Centers for Medicare & Medicaid Services (CMS) to inform you that the hospital, <TEAM Participant NAME>, has been selected to participate in a 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. TEAM participants are accountable for the cost and quality of care from surgery through the first 30 days after you leave the hospital.

TEAM participants can choose to work with health care 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". 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, for example, by helping patients avoid going back to the hospital when it's not needed.

You can find the list of healthcare entities working with <TEAM Participant NAME> as TEAM collaborators here: <List TEAM Collaborators Names or include URL link>.

## **What do I need to know about TEAM?**

TEAM aims to improve the patient experience from surgery through recovery by supporting the coordination and transition of care between providers to reduce avoidable hospital readmissions.

The five surgical procedures in the model are:

- lower extremity joint replacement
- surgical hip femur fracture treatment
- spinal fusion
- coronary artery bypass graft
- major bowel procedures

## **You will have all the same Medicare benefits, rights, and protections .**

Medicare will continue to cover all your medically necessary services. However, individual beneficiaries cannot opt out of the model when they receive hospital services from a TEAM participant, such as <TEAM Participant NAME>. As a Medicare beneficiary you will keep your freedom of choice and may seek care with a different hospital that is not a TEAM participant .

Health care providers and suppliers who are enrolled in Medicare and are TEAM participants will submit their Medicare claims as they always have. Even though Medicare may provide additional payments to a hospital that is a TEAM participant, **the amount you pay will not change.**

## **Information sharing helps coordinate your medical care.**

Your medical records and Medicare claims data, such as Medicare Beneficiary Identifier, date of birth, name of the provider, date of service, diagnosis, and procedure codes, may be shared with your health care team to provide you with better, safer, and more coordinated care. When all your doctors and clinicians in the hospital and/or clinics you visit can see the same test results, treatments, and prescriptions, they can work together to support your health goals. More coordination helps prevent medical errors and adverse drug interactions. You may save time, money, and frustration by avoiding repeated tests and appointments.

Medicare will always protect the privacy of your health information. Your information is kept private by law.

*[Select the applicable language according to your organization's electronic health records systems.*

*If OPTION A – Patient Portal Access is available, then delete language regarding Option B.]*

<TEAM Participant NAME> has an electronic health information system with a "Patient Portal" that provides you with easy online access to your medical records. The instructions for access are provided below:

<INFORMATION>.



You have a legal right to receive your personal health information. **Blue Button** is one way this information may be made available to you.

**Blue Button** refers to a feature on a patient portal or health care website that allows individuals to electronically access and download their personal health information, like medical records, medications, allergies, and lab results, in a standardized format, enabling them to easily view, share, and manage their health data with different providers or caregivers. The term signifies your ability to download your health information by clicking a **Blue Button** icon on the health care provider's website. When navigating the "Patient Portal," look for the **Blue Button** icon, and take action to gain access to your personal health information.

*[Select the applicable language according to your organization's electronic health records systems.*

*If **OPTION B – No Patient Portal is available**, then delete language regarding Option A.]*

<TEAM Participant NAME> does not have an online "Patient Portal" for access to your medical records at the moment. However, patients may request their medical records by following the instructions provided below:  
<INFORMATION>.

### **If you have concerns or complaints about your care, you can:**

- Talk to your doctor or healthcare provider.
- Contact your local Quality Improvement Organization (QIO). The QIO program is dedicated to improving health quality for Medicare beneficiaries. To get your QIO's phone number, visit [Locate Your QIO](https://qioprogram.org/locate-your-qio). (<https://qioprogram.org/locate-your-qio>).
- Call the 1-800-MEDICARE (1-800-633-4227) helpline 24 hours a day.

### **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> and removing the language italicized in [square brackets]** – TEAM participant or TEAM collaborator(s) name, instructions for access to a Patient Portal, or instructions on how patients may request medical records from the provider or supplier engaged in TEAM activities.

**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](#) 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](#) 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](#) 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](#) 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).