



Forvis Mazars
Navigating TEAM: Strategic Positioning for HHAs

April 16, 2026

Agenda

1. Explore the value-based care landscape
2. Dig into the TEAM bundled payment model
3. Assess home health agency (HHA) strategic positioning opportunities presented by TEAM



Navigating TEAM: Strategic Positioning for HHAs

Meet the Presenters



Walter Coleman, MBA
Director



Angela Huff, RN
Senior Manager



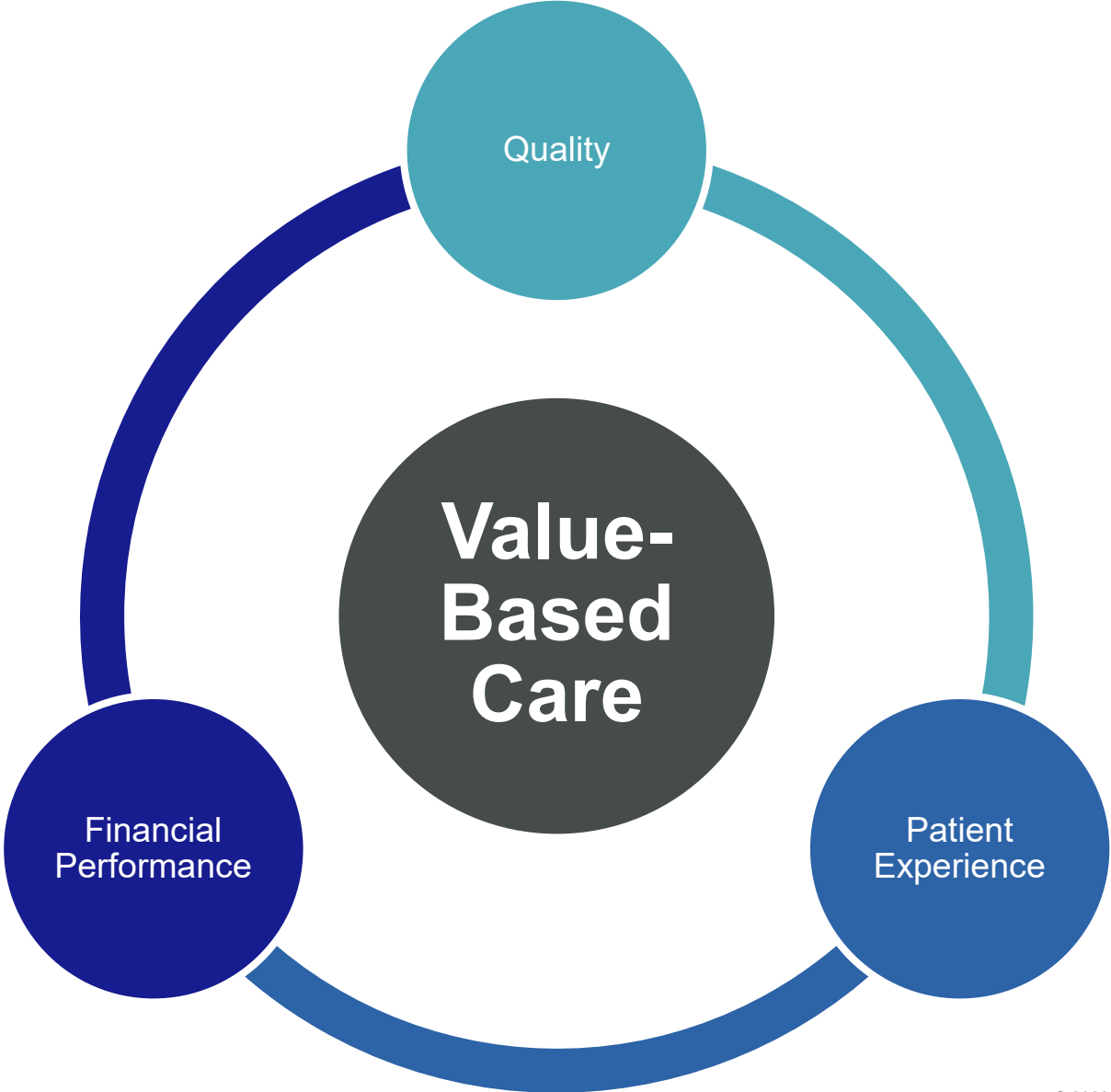
M. Aaron Little, CPA
Managing Director

Value-Based Care Landscape



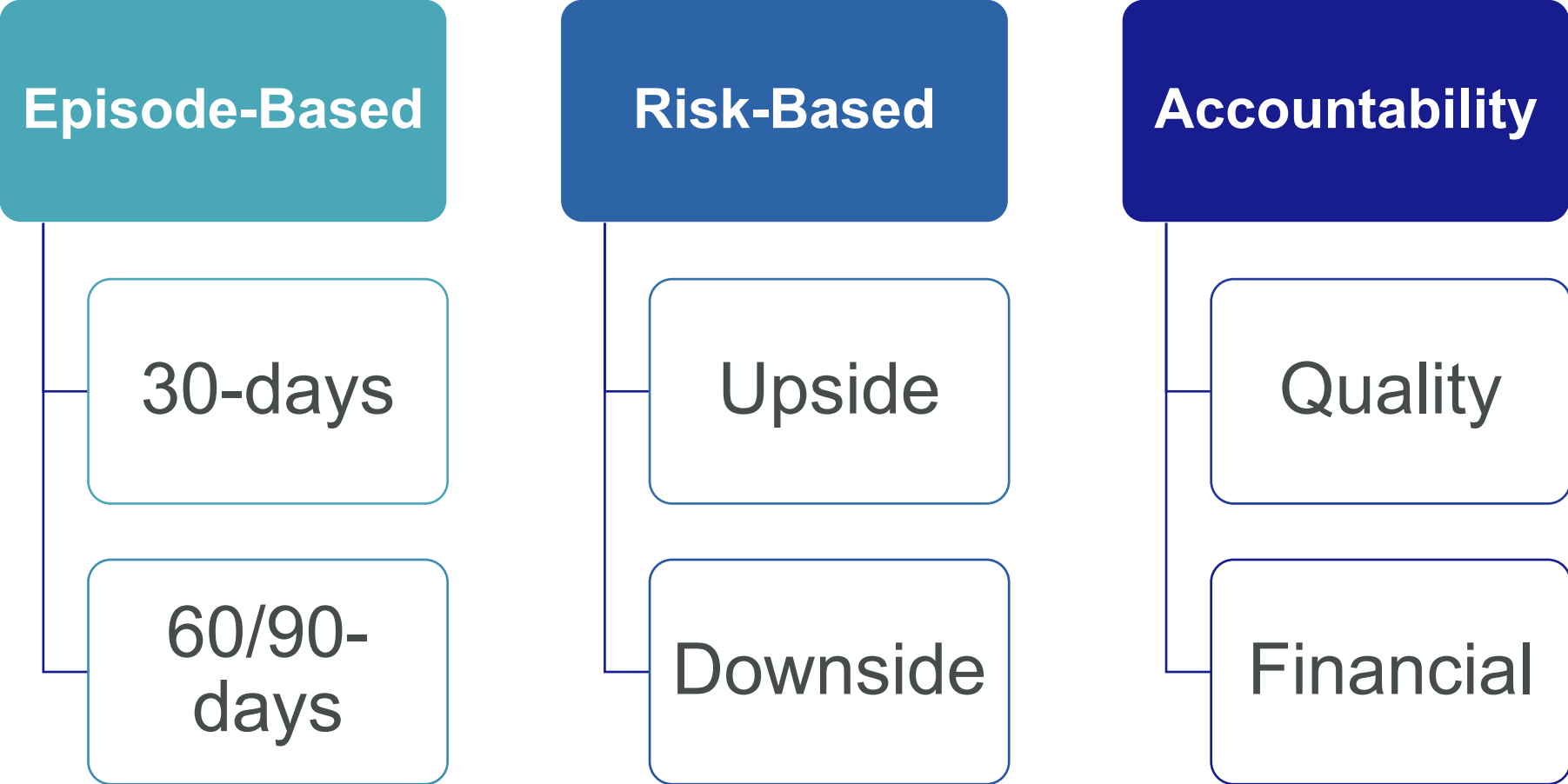
Navigating TEAM: Strategic Positioning for HHAs

Value-Based Care



Navigating TEAM: Strategic Positioning for HHAs

Value-Based Care | Common Model Elements



Navigating TEAM: Strategic Positioning for HHAs

Value-Based Care | Common Challenges



Balancing Priorities



Staying on Target

Navigating TEAM: Strategic Positioning for HHAs

Value-Based Care | Payer Perspectives

Payers have higher expectations that Advanced Payment Model (APM) activity will increase compared to last year

WHAT DO PAYERS THINK ABOUT THE FUTURE OF APM ADOPTION?



Source: HCPLAN 2025 APM Measurement Effort

Navigating TEAM: Strategic Positioning for HHAs

Value-Based Care | CMS Innovation Center

Putting all patients at the center of care

The CMS Innovation Center works toward a vision of a health system that achieves optimal outcomes through high quality, affordable, person-centered care.



Innovation Models

Models test ways to achieve better care for patients, smarter spending, and healthier communities. Learn how to participate.

[Find models](#)



Where Innovation is Happening

Innovation Center models are implemented across the United States. Locate a participant.

[Access map](#)



Strategic Direction

Strategies guide the Innovation Center's efforts to drive our health care delivery system toward meaningful transformation.

[Learn more](#)

Source: [CMS Innovation Center](#)

Navigating TEAM: Strategic Positioning for HHAs

Value-Based Care | CMS Innovation Center

The CMS Innovation Center has set goals to have all Medicare beneficiaries, and the vast majority of Medicaid beneficiaries, in an accountable relationship by 2030.



Source: HCPLAN 2025 APM Measurement Effort

Where do HHAs fit
in the value-based
care landscape?



Expanded Home Health Value-Based Purchasing Model

Stage: Active

Number of Participants:

Category: Disease-Specific & Episode-Based Models

Authority: Section 1115A of the Social Security Act

\$ **+5.0%**
-5.0%

HH VBP Performance Measures

Quality-based measures

- Improvement in dyspnea
- Improvement in management of oral medication
- Discharge function
- Improvement in bathing
- Improvement in upper body dressing
- Improvement in lower body dressing

Claim-based measures

- Potentially preventable hospitalizations
- Discharge to community-post-acute care
- Medicare spending per beneficiary-post-acute care

Patient experience-based measures

- Overall rating of HH care
- Willingness to recommend

Expanded Home Health Value-Based Purchasing (VBP)

- All Medicare-certified HHAs
- Episode-based model

Comprehensive Care for Joint Replacement (CJR) Model

- 320+ hospitals
- Episode-based model

Bundled Payment for Care Improvement (BPCI)

- 170 participants
- Episode-based model

Guiding an Improved Dementia Experience (GUIDE) Model

- 320+ participants
- Episode-based model

Accountable Care Organization (ACO) REACH

- 74 participants
- ACO

Long-term Enhanced Accountable Care Organization Design (LEAD) Model

- Voluntary, replaces ACO REACH
- ACO

Advancing Chronic Care with Effective, Scalable Solutions (ACCESS) Model

- Voluntary
- Episode-based model

Ambulatory Specialty Model (ASM)

- Mandatory
- Episode-based model

Transforming Episode Accountability Model (TEAM)

- Mandatory
- Episode-based model

Transforming Episode Accountability Model (TEAM)



Navigating TEAM: Strategic Positioning for HHAs

TEAM Overview



Five-year mandatory bundled payment model

- Duration: 1/1/2026-12/31/2030
- **Medicare FFS Population Only**
- Selection based on geographic regions



Focus on surgical care

- Five inpatient/outpatient surgical episode groups selected
- Site-neutral target prices for Spinal Fusion and LEJR



30-day episodes

- Participants responsible for total cost of care for the inpatient stay/outpatient procedure plus 30 days post-discharge
- Revenue cycle not disrupted



Glide path to risk

- Upside only in year one
- 0%–20% downside risk in subsequent years based on hospital type
- Gains/losses will be tied to quality performance



Relationship to other APMs

- Medicare ACO beneficiaries can trigger TEAM episodes
- No recoupment between models



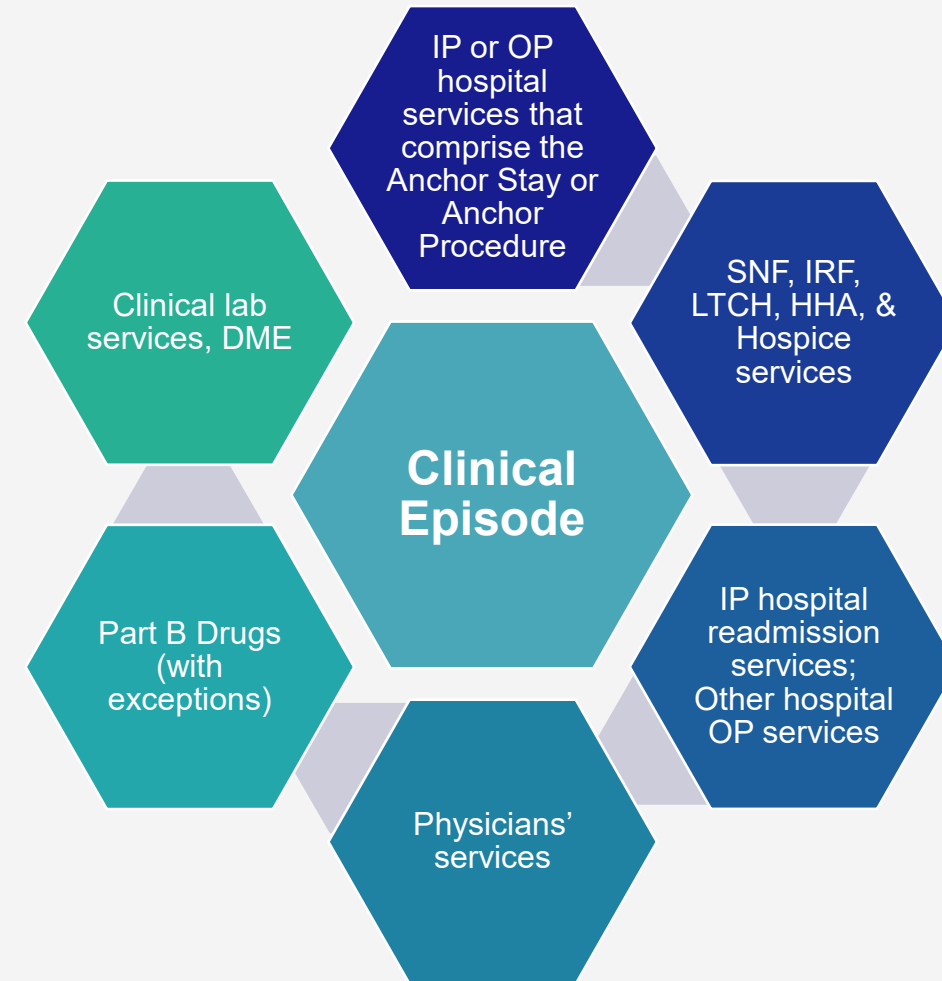
Key Model Requirements

- Notify beneficiaries of participation in TEAM
- Provide referral to primary care before discharge

Navigating TEAM: Strategic Positioning for HHAs

What Is Included in an Episode of Care

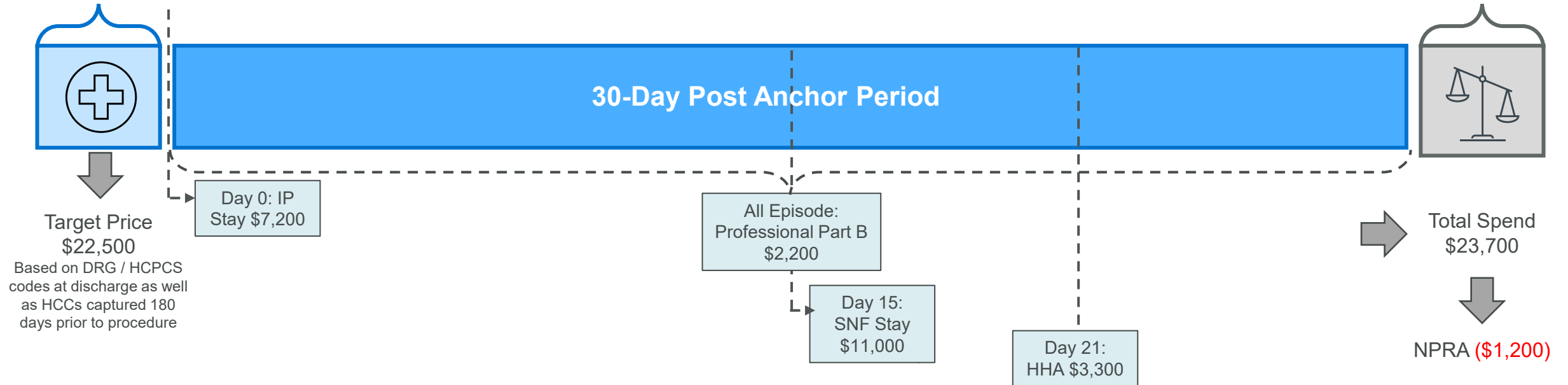
- Total-cost-of-care for episodes during the initial hospitalization (or procedure for OP episodes)
- Almost all expenditures are included; there are some pre-determined exclusions
- Patients may receive services anywhere and all sites of care are included
- Services are prorated if they straddle episode end dates
- Revenue cycle is typically not disrupted



Navigating TEAM: Strategic Positioning for HHAs

How a TEAM Episode of Care Works

Triggering Inpatient or Outpatient Procedure



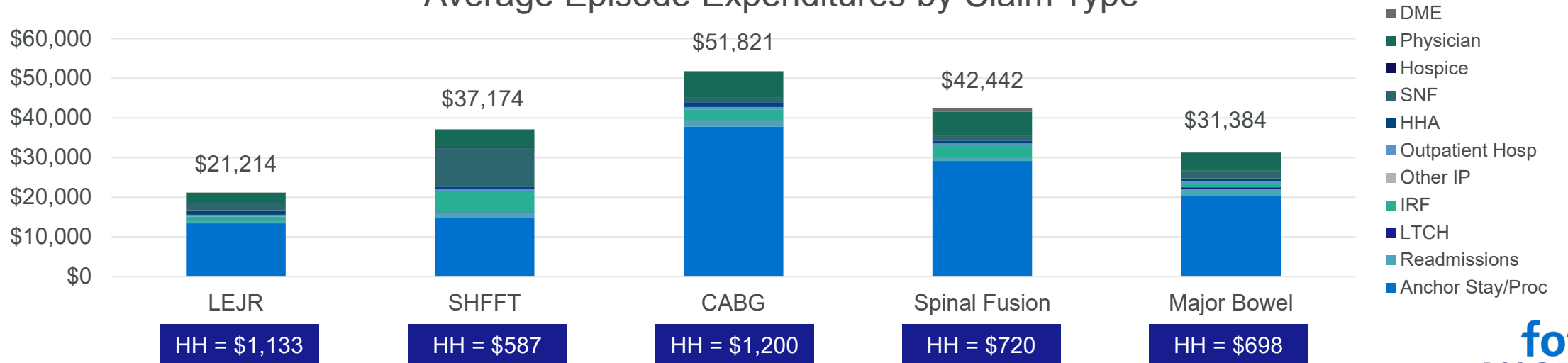
- Reconciliation: Target Price – Spend = NPRA (Net Payment Reconciliation Amount)
 - \$22,500 - \$23,700 = **(\$1,200)**; therefore, for this specific Episode of Care, hospital owes **(\$1,200)**

Navigating TEAM: Strategic Positioning for HHAs

TEAM Episode Groups & Definitions

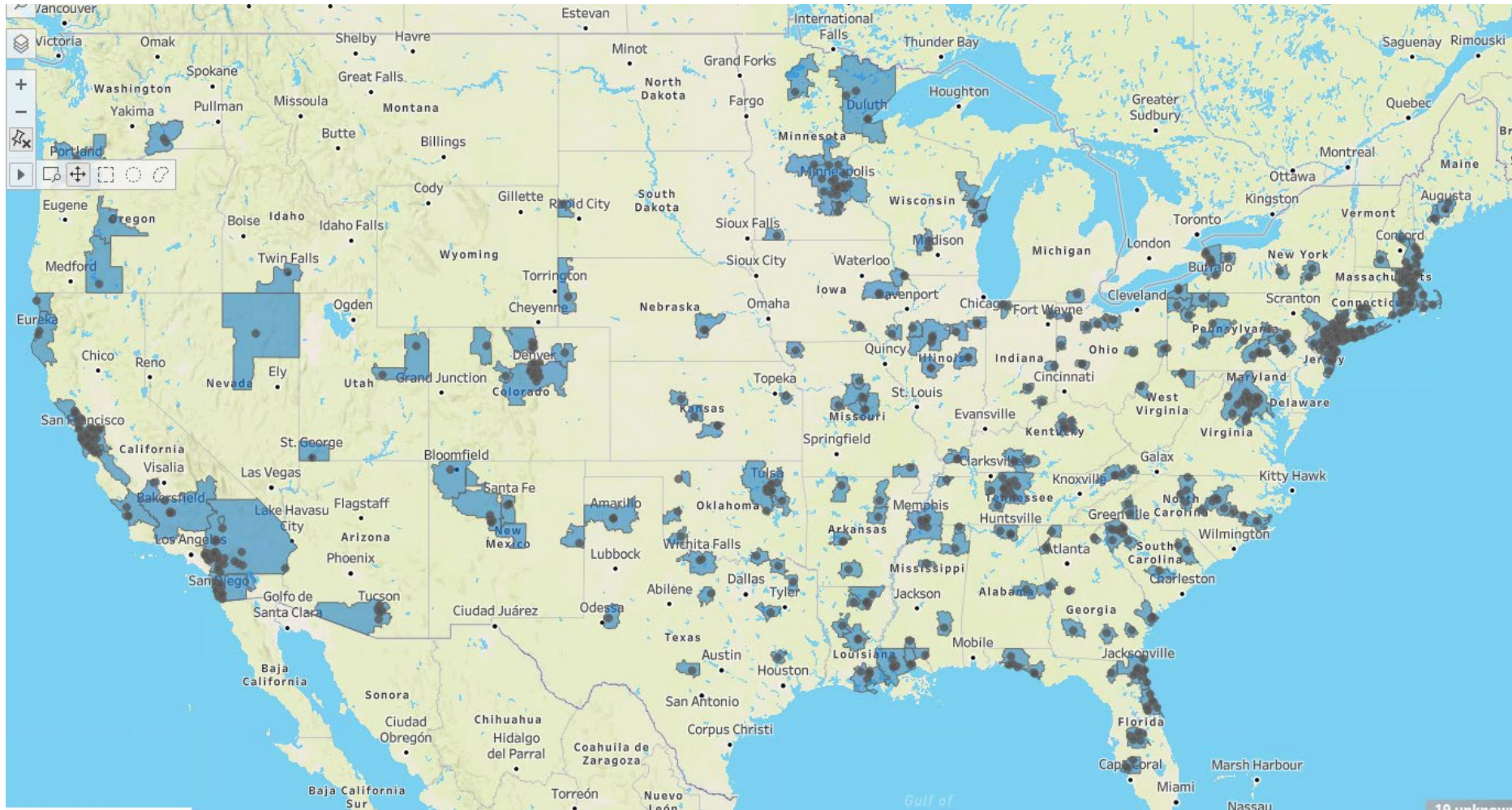
Episode Category	Billing Codes
Lower Extremity Joint Replacement (LEJR) (Inpatient & Outpatient)	MS-DRG 469, 470, 521, 522 HCPCS 27447, 27130, 27702
Surgical Hip & Femur Fracture Treatment (SHFFT) (Inpatient)	MS-DRG 480, 481, 482
Coronary Artery Bypass Graft (CABG) Surgery (Inpatient)	MS-DRG 231, 232, 233, 234, 235, 236 MS-DRG 402, 426, 427, 428, 429, 430, 447, 448, 450, 451, 471, 472, 473 HCPCS 22551, 22554, 22612, 22630, 22633
Spinal Fusion (Inpatient & Outpatient)	MS-DRG 329, 330, 331
Major Bowel Procedure (Inpatient)	MS-DRG 329, 330, 331

Average Episode Expenditures by Claim Type



Navigating TEAM: Strategic Positioning for HHAs

CBSAs Selected for TEAM



- CMS selected 188 of 803 eligible CBSAs for TEAM
- More than 700 hospitals with surgical episodes
- ~200K cases per year
- \$481M Expected Savings

Source: <https://www.cms.gov/team-model-participant-list>

Navigating TEAM: Strategic Positioning for HHAs

CMS Signals Shift Toward More Mandatory Payment Models

- CMS Innovation Center (CMMI) leadership says mandatory payment models are necessary to accelerate adoption of VBC.
- Mandatory models reach more providers, particularly those not currently succeeding in voluntary models.
- Voluntary participants engage with models until they're unprofitable, then withdraw.

Rationale for Mandatory Models

- Mandatory models counteract fee-for-service incentives that reward volume over value.
- Progress toward VBC has been slow through voluntary pathways alone; poor performers tend to exit voluntary models.

Recent & Planned Mandatory Model Activity

- *NEW* Model Announced: CJR-X, starting on October 1, 2027.
- CMMI proposed three mandatory models in 2025, the highest number in a single year, including:
 - Ambulatory Specialty Model (ASM), Global Benchmark for Efficient Drug Pricing (GLOBE), and Guarding U.S. Medicare against Rising Drug Costs (GUARD).
- In addition, 743 hospitals began participating in the Transforming Episode Accountability Model (TEAM) on January 1, 2026.
- Push toward mandatory models has been consistent across multiple administrations.

“Mandatory models are going to have to be part of the equation.”

- **Abe Sutton, CMMI Director**, on how to get more providers to participate in value-based care*

*In remarks at the Health Care Value Week Conference, March 3, 2026, hosted by Accountable for Health

New Mandatory Model Announced

Comprehensive Joint Replacement Expanded (CJR-X)



Model Start
October 1, 2027



Projected CMS Savings
\$725M



Participation
Mandatory for
2,500 Hospitals



Post-Discharge Window
90 Days

- CMS is proposing to enact CJR-X, an expansion of the previous CJR Model that ended in 2024.
- CJR-X would mandate all hospitals nationwide to participate in episodes of care, with no specified end date for the model.
- The model holds hospitals accountable for the total cost of care for a 90-day episode for patients undergoing a lower extremity joint replacement procedure.
- Inpatient and outpatient episodes included with site-neutral target prices.
- Minimum quality thresholds must be met to share in gains.
- Current TEAM participants are not eligible to participate until the end of the model (December 2030).

Navigating TEAM: Strategic Positioning for HHAs

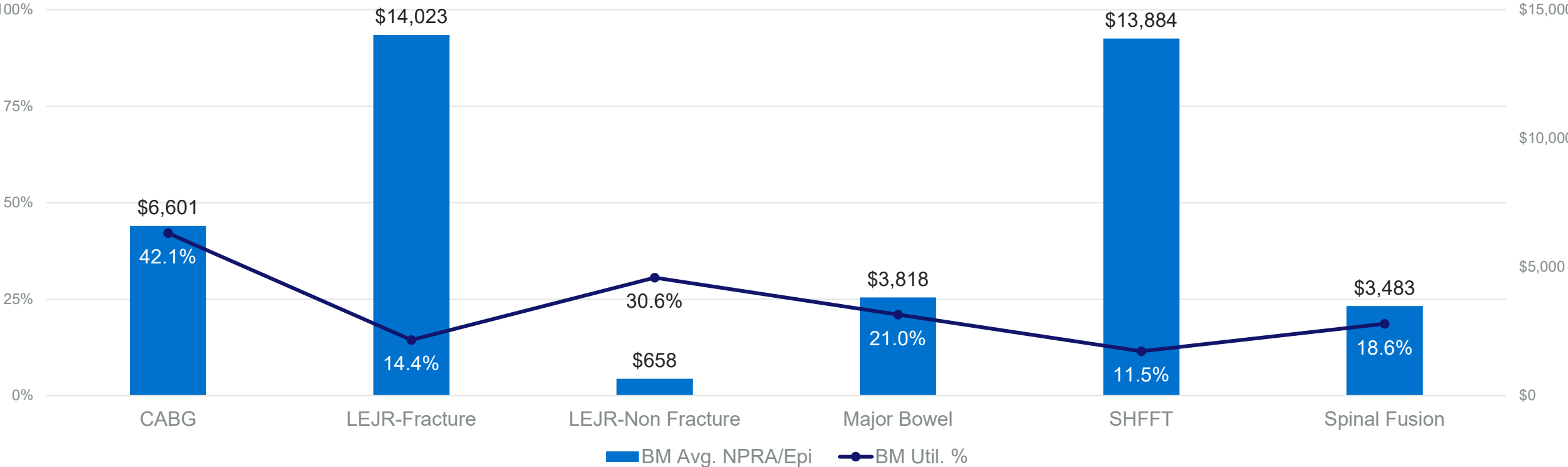
CMS Episodic Models

	CJR	BPCI-A	TEAM	CJR-X
Model type	Mandatory	Voluntary	Mandatory	Mandatory
Episode length	90 days	90 days	30 days	90 days
Episode types	Surgical only (joint replacements)	Medical and surgical	Surgical only	Surgical only (joint replacements)
Model Timeline	2016-2014	2018-2025	2026–2030	Start October 1, 2027
# of Current Participants	~325 hospitals	~263 hospitals	~734 hospitals	> 2,500 hospitals
Model Outcomes	Reduced post-acute utilization with little impact on quality or mortality scores	Reduced readmissions and post-acute utilization with no significant change in quality scores		

COMPLETE

Navigating TEAM: Strategic Positioning for HHAs

HHA Benchmark Performance: Utilization % and Avg. NPRA per Episode



Navigating TEAM: Strategic Positioning for HHAs

Acute Care Perspective of HHA “Value”

HHA	% of Total TEAM Referrals	No. of TEAM Episodes	Acute Care Index DRG Weight	HHA MSPB-PAC	HHA PPH	HHA PPR	HHA Star Rating, Quality	HHA Star Rating, Patient Exp.
HHA – Provider A	34%	201	2.37	1.09	6.1%	2.8%	4.3	4.0
HHA – Provider B	26%	155	3.00	0.89	3.8%	2.7%	4.5	4.0
HHA – Provider C	17%	101	2.28	1.15	11.9%	4.5%	4.0	4.4
HHA – Provider D	9%	56	2.19	1.10	7.1%	3.5%	4.0	3.0
HHA – Provider E	8%	49	2.46	1.11	8.5%	3.1%	5.0	4.0
HHA – Provider F	6%	38	2.27	1.00	5.0%	4.0%	4.5	4.0

Navigating TEAM: Strategic Positioning for HHAs

Key Takeaways for HHAs in TEAM

TEAM Participating Hospitals are looking to:

1. PAC destination settings with lower Total Medicare Spend
2. PAC Partners who currently have low readmission rates
3. PAC Partners who are conscious of readmission impact to TEAM and work to avoid them
4. PAC Partners who are willing to grow and expand their patient volumes and populations (take on higher acuity level of patients)
5. PAC Partners with open lines of communication and care coordination
6. PAC Partners that are not over prescribing care

Lower Extremity Joints (nonfracture) is almost 50% of TEAM Episode Volume

- As the volume of these procedures being performed in the Outpatient Setting has increased significantly over the past 3 years, discharges to SNF and IRF have ↓ presenting HHAs with an opportunity to increase volumes and market share

HHA Positioning Strategies



TEAM provides Opportunity for HHAs



Medicare Referrals – Billing requirements for HHA unchanged



Opportunity for additional referrals with positive TEAM performance



5-Year Model – Current & Future positioning?



Potential impact of not proactively partnering – referral loss

Navigating TEAM: Strategic Positioning for HHAs

Strategies for HHAs

- Assess the impact for your agency/agencies based on your service area based on the 723 participating hospitals
- [Source: https://www.cms.gov/team-model-participant-list](https://www.cms.gov/team-model-participant-list)

Mandatory or Voluntary Participant	Hospital CCN	Hospital Name	CBSA	CBSA Name	CBSA State	Participation Start Date	Participation End Date	Newly Identified Participant
Mandatory	010039	HUNTSVILLE HOSPITAL	26620	Huntsville, AL	AL	01/01/2026	12/31/2030	
Mandatory	010052	LAKE MARTIN COMMUNITY HOSPITAL	10760	Alexander City, AL	AL	01/01/2026	12/31/2030	
Mandatory	010065	RUSSELL MEDICAL CENTER	10760	Alexander City, AL	AL	01/01/2026	12/31/2030	
Mandatory	010079	ATHENS LIMESTONE HOSPITAL	26620	Huntsville, AL	AL	01/01/2026	12/31/2030	
Mandatory	010131	CRESTWOOD MEDICAL CENTER	26620	Huntsville, AL	AL	01/01/2026	12/31/2030	
Mandatory	030006	TUCSON MEDICAL CENTER	46060	Tucson, AZ	AZ	01/01/2026	12/31/2030	
Mandatory	030010	ST. MARY'S HOSPITAL	46060	Tucson, AZ	AZ	01/01/2026	12/31/2030	
Mandatory	030011	ST. JOSEPH'S HOSPITAL	46060	Tucson, AZ	AZ	01/01/2026	12/31/2030	
Mandatory	030064	BANNER - UNIVERSITY MEDICAL CENTER TUCSON CA	46060	Tucson, AZ	AZ	01/01/2026	12/31/2030	
Mandatory	030085	NORTHWEST MEDICAL CENTER	46060	Tucson, AZ	AZ	01/01/2026	12/31/2030	
Mandatory	030111	BANNER-UNIVERSITY MEDICAL CENTER SOUTH CAMP	46060	Tucson, AZ	AZ	01/01/2026	12/31/2030	
Mandatory	030114	ORO VALLEY HOSPITAL	46060	Tucson, AZ	AZ	01/01/2026	12/31/2030	
Mandatory	030148	NORTHWEST MEDICAL CENTER SAHUARITA	46060	Tucson, AZ	AZ	01/01/2026	12/31/2030	
Mandatory	040014	UNITY HEALTH WHITE COUNTY MEDICAL CENTER	42620	Searcy, AR	AR	01/01/2026	12/31/2030	
Mandatory	040017	NORTH ARKANSAS REGIONAL MEDICAL CENTER	25460	Harrison, AR	AR	01/01/2026	12/31/2030	
Mandatory	040026	CHI ST VINCENT HOSPITAL HOT SPRINGS	26300	Hot Springs, AR	AR	01/01/2026	12/31/2030	
Mandatory	040050	OUACHITA COUNTY MEDICAL CENTER	15780	Camden, AR	AR	01/01/2026	12/31/2030	
Mandatory	040078	NATIONAL PARK MEDICAL CENTER	26300	Hot Springs, AR	AR	01/01/2026	12/31/2030	
Mandatory	040110	WHITE RIVER MEDICAL CENTER	12600	Hot Springs, AR	AR	01/01/2026	12/31/2030	



Navigating TEAM: Strategic Positioning for HHAs

Assess the Opportunity or Potential Impact



Referral Evaluation Based on TEAM Triggering Surgeries

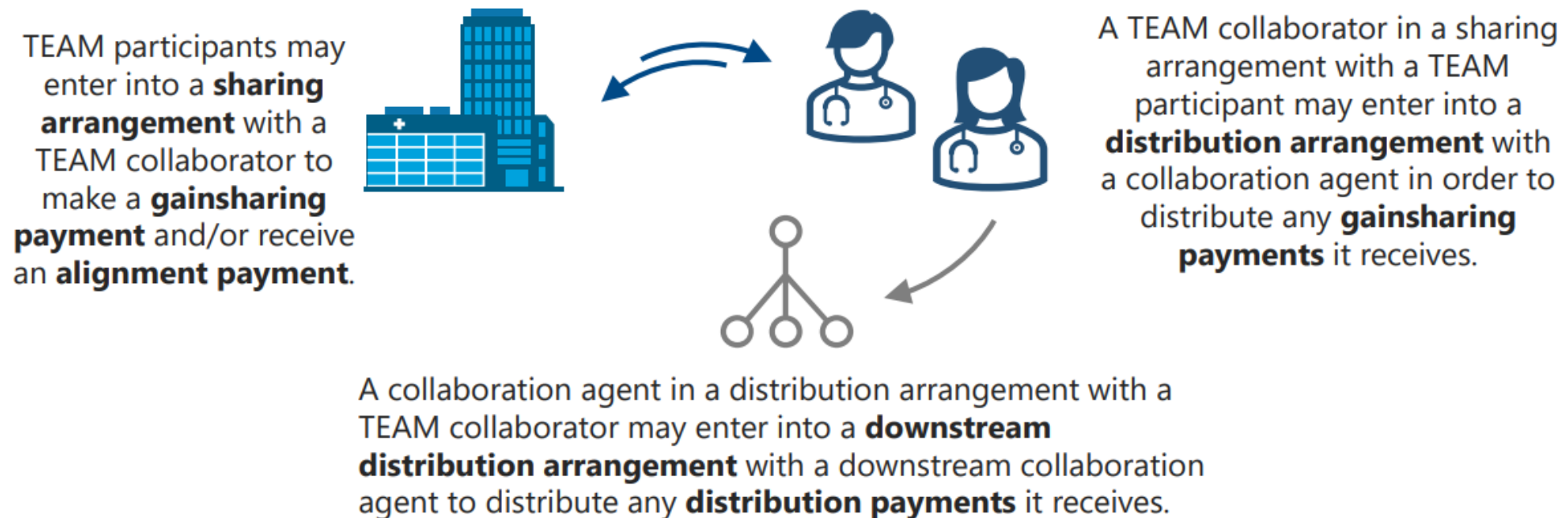
- Are you getting those type of referrals today?
- How many? Where from?
- Consider options to partner with participating hospitals
 - Specific programs
 - Consider collaboration
- Operational considerations
 - EMR – TEAM Referral identification

What type of publicly reported outcomes does your agency currently have and what is your proactive strategy to improve?

- STAR Ratings
- Potentially Preventable Hospitalizations/Readmissions
- Medicare Spending Per Beneficiary
- Value Based Purchasing Performance
- Publicly Reported Outcomes

Navigating TEAM: Strategic Positioning for HHAs Opportunities – TEAM Collaborator

CMS has determined that the **Federal Anti-Kickback Statute Safe Harbor** for CMS-sponsored model arrangements is available to protect remuneration furnished in TEAM.



Source: [Transforming Episode Accountability Model \(TEAM\) Model Overview Webcast](#)

Navigating TEAM: Strategic Positioning for HHAs

TEAM Participant PAC network – May be an option

How can post-acute care (PAC) providers become part of a TEAM participant's PAC network?

TEAM's financial incentives are designed to incentivize innovative care delivery methods that focus on improving care and reducing Medicare spending. CMS anticipates TEAM participants and PAC providers, such as skilled nursing facilities and home health agencies, to form partnerships that share financial risk and collaborate on care design strategies. When TEAM participants complete their DSA and DRA forms, CMS provides them with hospital-specific and regional aggregate data. TEAM participants can use this data to guide decision making about PAC providers for TEAM.

TEAM participants may use data and resources to create financial arrangements with TEAM collaborators, such as physicians, PAC providers, and other clinical care providers, to ensure the best quality of care in a cost-effective manner. Depending on the terms of the financial arrangement, TEAM participants may hold other providers and suppliers accountable for upside and downside financial risk.

Navigating TEAM: Strategic Positioning for HHAs

Determine Engagement Strategy



What is your value proposition and how can you differentiate your agency?



Considerations for partnership support

- Specific care paths/programs improving outcomes
- Communication and rehospitalization prevention strategies
- Ongoing reporting



Engagement with participating facilities

- Identification of individual(s) involved with TEAM strategy & oversight

Navigating TEAM: Strategic Positioning for HHAs

Operational Considerations



TEAM Patient Management

- Patient identification
 - Referral and Intake
 - EMR identification for reporting and visibility
 - Care Management
 - Hospitalization prevention escalations

All Staff Education

- What is TEAM and why does it matter
- Managing TEAM patients

Navigating TEAM: Strategic Positioning for HHAs

Monitoring & Compliance Considerations

TEAM participants and downstream participants must comply with CMS **evaluation and monitoring activities and applicable laws and regulations.**

CMS may conduct **monitoring and compliance activities**, including:

- Documentation requests, such as surveys and questionnaires
- Audits of data such as claims, quality measures, and medical records
- Interviews with clinical staff and leadership, beneficiaries and caregivers
- Site visits
- Monitoring quality outcomes and clinical data
- Tracking patient complaints and appeals

TEAM participants are required to **maintain records for 6 years.**

- Includes documents related to compliance, reconciliation, payment, quality measures, utilization, ability to bear financial risk, patient safety, and program integrity.


CMS may take **remedial actions** in the event of noncompliance, falsification, threats to beneficiary health, or program integrity risk.

Source: [Transforming Episode Accountability Model \(TEAM\) Model Overview](#)

Navigating TEAM: Strategic Positioning for HHAs

Take note even if not TEAM CBSA heavy service area

- Value is here to stay and requires intentional monitoring and managing to be successful in other Value-Based Models like current VBP
- CMS innovation models can fluctuate and extend if CMS determines the model is having positive impacts – Example: VBP
- CMS goal for Value-Based Care for Medicare and Medicaid patients

A photograph showing a person in a blue and white plaid shirt being supported by a caregiver in blue scrubs. The caregiver is holding the person's arm and the handle of a silver walker. The scene is set in a clinical or hospital environment.

TEAM Resources:
[TEAM \(Transforming Episode Accountability Model\) | CMS](#)

Questions?



Contact

Forvis Mazars

Walter Coleman, MBA

Director

walter.coleman@us.forvismazars.com

M. Aaron Little, CPA

Managing Director

maaron.little@us.forvismazars.com

Angela Huff, RN

Senior Manager

angela.huff@us.forvismazars.com

The information set forth in this presentation contains the analysis and conclusions of the author(s) based upon his/her/their research and analysis of industry information and legal authorities. Such analysis and conclusions should not be deemed opinions or conclusions by Forvis Mazars or the author(s) as to any individual situation as situations are fact-specific. The reader should perform their own analysis and form their own conclusions regarding any specific situation. Further, the author(s)' conclusions may be revised without notice with or without changes in industry information and legal authorities.

© 2026 Forvis Mazars, LLP. All rights reserved.