

TEAM POSITION REPORT

TEAM position report: sample

A real TEAM hospital's report with the names taken out. Yours arrives with them in place.

This is a sample. Every number below is real, taken from CMS's published files for a hospital that is in TEAM. Only the names are removed: the hospital is called Example Community Hospital, the other hospitals are lettered, and the market is described instead of named. Your report carries the real names, including every TEAM hospital in your market.

Hospital: Example Community Hospital (CCN withheld) · **Market:** a Southern California metro area · **TEAM status:** Mandatory, first year began 1 January 2026 · **Prepared:** October 7, 2026

TEAM gives each hospital a budget, called a target price, for each of five surgeries. It covers the hospital stay and everything Medicare pays in the 30 days after discharge. Every number below comes from files CMS publishes: the TEAM participant list, the 2026 target prices, Medicare's inpatient payments by hospital for 2022 to 2024, and Care Compare. We count each stay the way TEAM counts it, without the extra Medicare pays for local wages, teaching and low-income patients, and move it to 2026 prices. These are estimates. Your own TEAM data from CMS will differ.

1. Your numbers, surgery by surgery

Surgery	Medicare cases, 2024	Change since 2022	Medicare paid per stay	Stay as TEAM counts it	2026 target, your mix	Share of target the stay uses	Typical hospital, same mix	Cases × target
Coronary bypass	under 11							
Major bowel surgery	11	under 11 → 11	\$23,153	\$18,530	\$26,197	71%	63%	\$288,171
Spinal fusion	under 11							
Joint replacement	30	11 → 30 (+173%)	\$17,825	\$14,509	\$25,556	57%	54%	\$766,676
Hip or femur fracture	15	under 11 → 15	\$16,964	\$14,133	\$37,847	37%	37%	\$567,709

Targets for these cases add up to about **\$1,622,556** a year, on roughly **56 inpatient cases** at 2024 volume. From 2027 a TEAM hospital in Track 3, the default, can owe up to 20% of its target dollars in a year, which on these cases would be about **\$324,511**. Outpatient joint replacements also count in TEAM but are not in this file, so the real totals are higher.

Where to look first: major bowel surgery. The stay uses 71% of the target, which leaves 29% for the doctors and the 30 days after discharge. Hospitals with the same kinds of cases have about 37% left, so this is the surgery most likely to go over.

2. The other TEAM hospitals in this market

Hospital	Coronary bypass	Major bowel surgery	Spinal fusion	Joint replacement	Hip or femur fracture
Participant A	18	148	35	234	92
Participant B				50	105
Participant C	17	41		42	46
Participant D	11	23		37	63
Participant E		38		19	32
Participant F				25	43
Participant G				22	29
Participant H				15	25
Participant I				27	
Participant J				11	15
Participant K				11	15
Participant L				11	11
Participant M				22	
Participant N					16
Participant O					15
Participant P					15
Participant Q	14				
Participant R					11
Participant S					11
Example Community Hospital		11		30	15

Traditional Medicare inpatient cases in 2024 for each surgery. A blank cell means under 11 cases, which CMS hides in the public file.

Also in TEAM in this market, with under 11 cases in every surgery: Participant T, Participant U, Participant V, Participant W, Participant X, Participant Y, Participant Z, Participant A2, Participant B2, Participant C2.

3. Quality scores from Care Compare

Care Compare is Medicare's public site for hospital quality ratings. These are the scores closest to the five surgeries.

Measure	Covers	Your score	Compared with the national rate	Patients counted	Period
30-day readmission after hip/knee replacement	Joint replacement	6.7	No Different Than the National Rate	147	07/01/2023 to 06/30/2025
Complications after hip/knee replacement	Joint replacement	4.8	No Different Than the National Rate	173	04/01/2023 to 03/31/2025
30-day readmission after CABG	Coronary bypass	Not Available	Not Available	Not Available	07/01/2023 to 06/30/2025
30-day mortality after CABG	Coronary bypass	Not Available	Not Available	Not Available	07/01/2022 to 06/30/2025
Hospital-wide 30-day readmission (hybrid)	Whole hospital	Not Available	Not Available	Not Available	07/01/2024 to 06/30/2025

Care Compare has scores for joint replacement and bypass. Spinal fusion, bowel surgery and hip fracture have no surgery-specific public score, so how those patients do after discharge only shows up in claims data.

4. What this shows, and what it can't

- Joint replacement has the most target dollars (30 cases, about \$766,676 in targets), then hip or femur fracture (15 cases, about \$567,709).
- The 30 days after discharge decide the result. Where the stay already uses most of the target, little is left for rehab, nursing home care, home health and readmissions. None of that is in a public file. CMS shares the claims that show it with each TEAM hospital that asks for them.
- Questions to answer with your own data before 2027: (1) For each surgery, what share of patients go home and what share go to a nursing home or rehab, and what each path costs against the target. (2) Which nursing homes, rehab facilities and home health agencies your patients use most, and how often their patients come back. (3) Which surgeries have the longest or most expensive stays, and why.

Prepared by Kent Applied from public CMS files. No hospital data was used. Questions to tyler@kentapplied.com.