✦ MEDISOLV MODELIQ FOR TEAM

Quality just became a line on your P&L.

CMS's mandatory TEAM model ties episode reimbursement to Medicare spend and quality performance across five surgical episode categories. Hospitals receive CMS files, but the files don't automatically show where performance is at risk, what is driving variation, or how quality could change the financial result. **Medisolv ModelIQ for TEAM turns those files into a monthly operating view before final reconciliation arrives.**

THE TEAM EPISODE

Five surgical categories · LEJR, spinal fusion, major bowel, SHFFT, CABG

You control

Anchor hospitalization or outpatient procedure

Surgery through discharge

You influence, but don't control

30 days post-discharge or outpatient procedure

- Skilled nursing
- Home health
- Outpatient & DME
- Physician follow-up
- Readmissions

Reconciliation

Target price minus episode spend, **adjusted by your quality score**, capped by stop-gain / stop-loss.

FOUR QUESTIONS EVERY TEAM LEADER NEEDS ANSWERED

1

How exposed are we?

Historical, YTD, and projected performance by episode category.

2

Where is performance off?

At-risk categories, over-target episodes, and cost components.

3

What drives variance?

Provider, procedure, readmission, post-acute, and follow-up patterns.

4

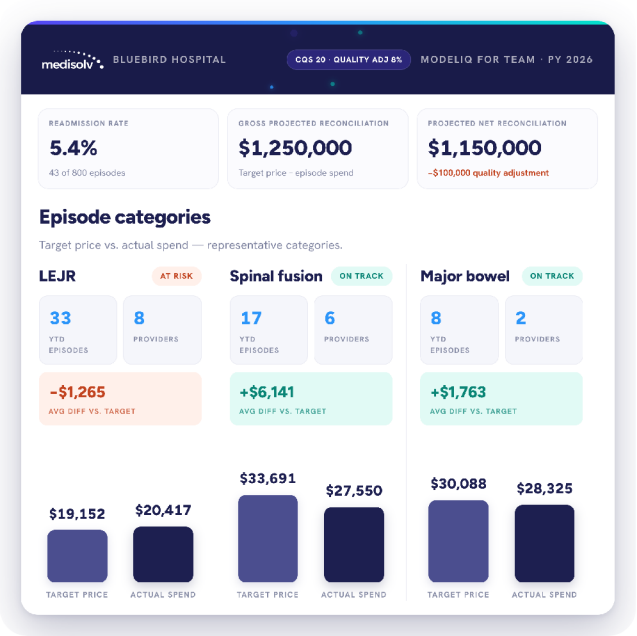
What could change the result?

Model volume, spend, target price, and quality to estimate impact.

TEAM is mandatory, not optional. For selected hospitals, TEAM creates financial accountability for episodes that extend 30 days beyond discharge or the outpatient procedure, into care hospitals influence but don't fully control.

From CMS files to a monthly TEAM operating view

One shared view for the teams that now share the result: finance, quality, value-based care, operations, care management, and service lines.



WHAT YOU SEE

1. **Exposure at a glance**
   Readmission rate of 5.4% across 800 episodes, with gross and net reconciliation side by side.
2. **Risk status by category**
   LEJR flags at risk at −$1,265 average difference vs. target; spinal fusion and major bowel run favorable.
3. **Episode and provider volume**
   YTD episodes and the number of providers concentrating that spend.
4. **Target price vs. actual spend**
   Where average episode spend sits against the CMS target for every category.

How quality changes the financial result

COMPOSITE QUALITY SCORE 20 · ADJUSTMENT 8%

Gross projected reconciliation
$1,250,000
Target price − episode spend

Quality adjustment
− $100,000
Applied on CQS performance

=

Projected net reconciliation
$1,150,000
After stop-gain / stop-loss caps

WHAT'S INSIDE THE MODULE

- **Executive summary.** At-risk categories and focus areas.
- **Historical & YTD performance.** Targets and benchmarks.
- **Episode-level drivers.** Actual vs. target and cost components.
- **Provider variation.** Part B spend and cost concentration.
- **Post-acute performance.** SNF, home health, readmissions.
- **Physician follow-up.** Rates, timing, missed contact.
- **Reconciliation projection.** Upside, downside, and caps.
- **Scenario modeling.** Volume, spend, target price, quality.

See ModelIQ for TEAM in action.

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Assess your TEAM readiness