

# Transforming Episode Accountability Model (TEAM)



## TEAM Portal User Guide

*May 2025*

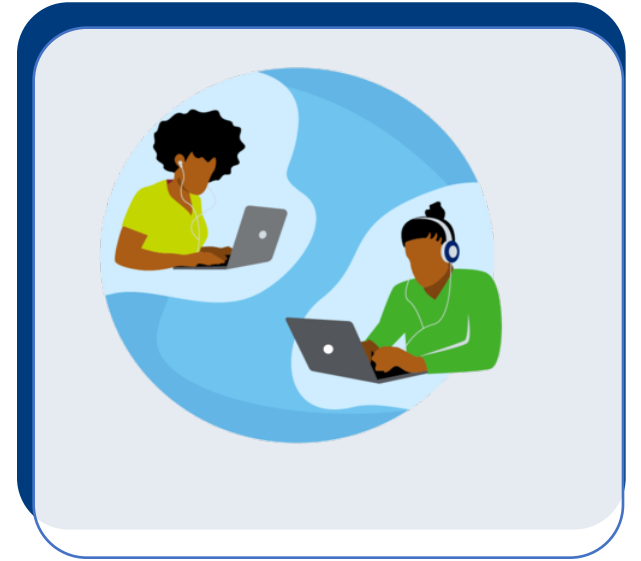


- TEAM Portal Overview
- Helpful Tips Before You Begin
- Section 1 – Creating a CMS Identity Management Account (IDM)
- Section 2 – Registering for the TEAM Portal
- Section 3 – Logging into the TEAM Portal
- Section 4 – Navigating the TEAM Portal
- Need Help?
- Appendix

**Portal Link:** <https://app.innovation.cms.gov/TEAM/IDMLLogin>

The **TEAM Portal** is an online platform that allows users to:

- Access and review organizational information
- Update and manage points of contact (POCs)
- Manage and submit the required model Agreements & Attestations



- **Users with a CMS Identity Management (IDM) account created for another CMS Innovation Center Model should use the same CMS IDM account in the TEAM Portal.**
- For security reasons, users are automatically logged out of the portal if there is no activity for more than 30 minutes.
- The site has been optimized for the Google Chrome browser. For the best experience, please download Google Chrome and make it your default browser. All modern browsers (i.e., Microsoft Edge - Chromium, Firefox, Safari) will also work, but certain features may not display well.
- **508 Compliance** - If you use assistive technologies to navigate and access information, please contact the Center for Medicare & Medicaid Innovation (CMS Innovation Center) Salesforce Help Desk at 1-888-734-6433, option 5, or email [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov).
- Passwords can only be changed **once every 24 hours**.
- The full process of creating a CMS IDM account, creating a TEAM Portal account, and navigating the TEAM Portal is estimated to take approximately 30 minutes. Please note that each section in this User Guide includes a time estimate for completion.

# Section 1 – Creating a CMS IDM Account

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*Step 1: CMS IDM Account Confirmation – Includes a flowchart for determining if you have a CMS IDM account*



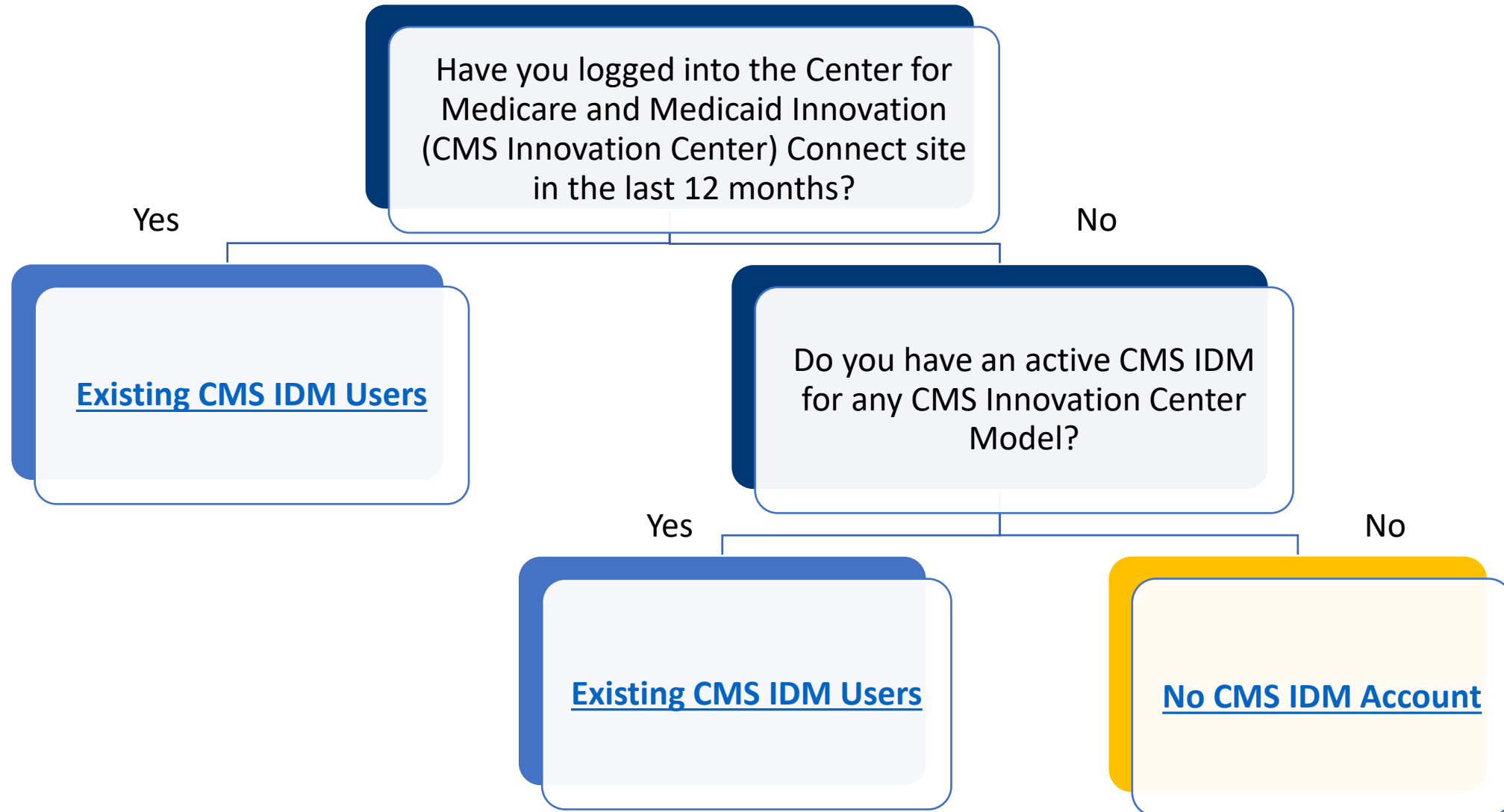
*Step 2: Create a CMS IDM Account – Includes instructions for creating a CMS IDM account*



*Time estimate: 4 minutes (7 slides)*

# CMS IDM Account Verification

Use the flowchart to determine if you have a CMS IDM account and click on the hyperlink to navigate to the specific instructions.



# Create a CMS IDM Account

**1**

Enter this URL into your browser to access the **portal login page** :

<https://app.innovation.cms.gov/TEAM/IDMLLogin>

Be sure to enter this **exact link**. Other CMS portals' login pages look similar but, will not grant you access to the Portal.

**2**

**ALL USERS** must register by clicking the “**New User Registration**” button in green.

**CMS.gov**  
Centers for Medicare & Medicaid Services

**CMS.gov | IDM**

TEAM Model

CMS IDM Username

CMS IDM Password

☒ Remember me

Log In

OR

New User Registration

Existing User Verification

[Need help signing in?](#)

HELP DESK

Technical Issues  
Please contact [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov) or call 1-888-734-6433, option 5.

If **technical problems** arise at any point while using the Portal, email [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov) or call 1-888-734-6433, option 5.

## Create a CMS IDM Account (cont. 1)



Please DO NOT refresh the browser/tab during the registration process.

3

As a new user attempting to access the Portal, select “No.”

4

Click “Next.”

If you already have a CMS IDM account, navigate to [Section 2 Registering for the TEAM Portal.](#)



5

Complete all required fields.

TEAM

CMS.gov

## IDM Registration

\* Create New Username for CMS-IDM ⓘ

Create New Username for CMS-IDM

\* Legal First Name

Legal First Name

\* Legal Last Name

Legal Last Name

\* Email Address

Email Address

☐ I'm not a robot



<< Back

Return to Login

Next >>

### Username Requirements

- Username must be between 6 and 70 characters
- Username must start and end with an alphanumeric character (e.g. 0-9, A-Z, a-z)
- Username must contain at least one letter (e.g. A-Z, a-z)
- Username must not contain 9 consecutive numbers (e.g. "Password123456789" is NOT allowed)
- Username must not contain consecutive special characters (e.g. "P@..word" is NOT allowed)
- Username only supports the following special characters: @,.,\_,-
- Username must be in email format if special character @ is used

Please DO NOT refresh the browser / tab during registration process.

6

Click the check box next to "I'm not a robot."

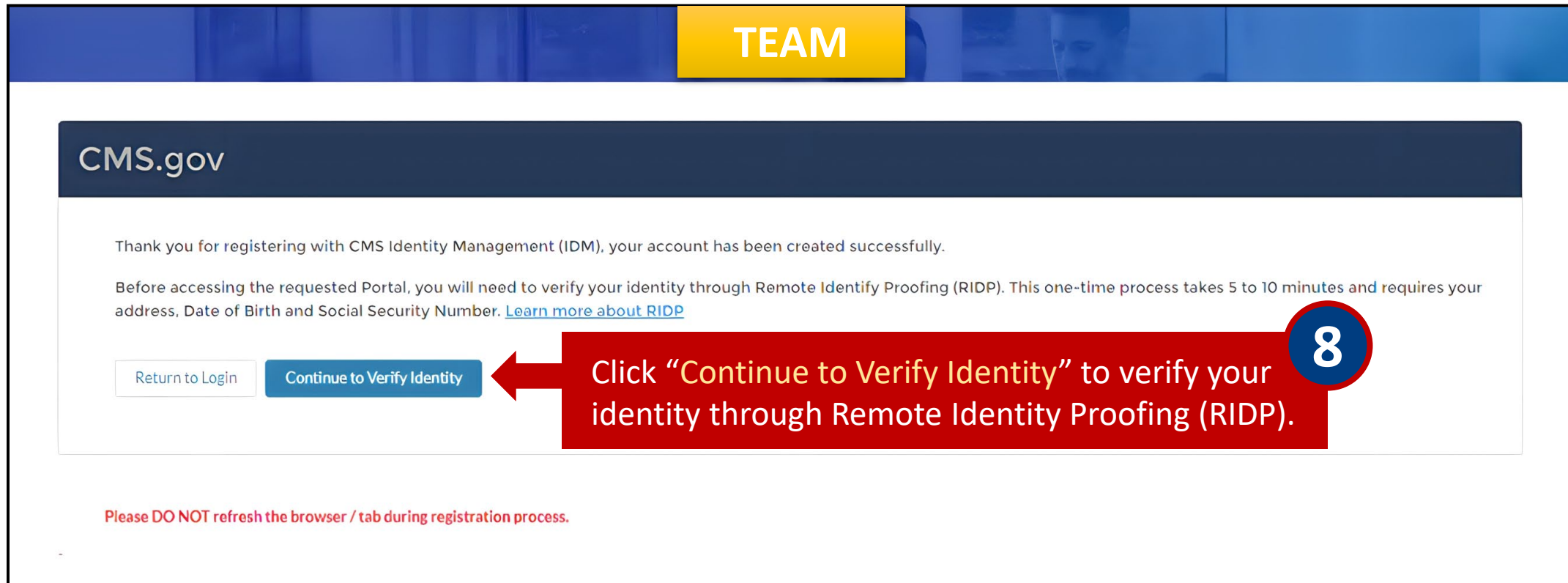
7

Click "Next."



CMS restricts the use of YOPmail and personal email addresses (AOL, Yahoo, Gmail, etc.). We require the use of professional or organizational email addresses. The username does NOT have to be your email address.

The system will display a message that indicates the account was successfully created.



The screenshot shows the CMS.gov website with a blue header bar containing the word "TEAM" in white. Below the header, the CMS.gov logo is displayed. A message states: "Thank you for registering with CMS Identity Management (IDM), your account has been created successfully." It then explains that identity verification through Remote Identity Proofing (RIDP) is required, taking 5 to 10 minutes and needing address, date of birth, and social security number. A link "Learn more about RIDP" is provided. Two buttons are shown: "Return to Login" and "Continue to Verify Identity". A red callout box with a blue circle containing the number "8" points to the "Continue to Verify Identity" button with the text: "Click 'Continue to Verify Identity' to verify your identity through Remote Identity Proofing (RIDP)." At the bottom, a red warning message says: "Please DO NOT refresh the browser / tab during registration process."

TEAM

CMS.gov

Thank you for registering with CMS Identity Management (IDM), your account has been created successfully.

Before accessing the requested Portal, you will need to verify your identity through Remote Identity Proofing (RIDP). This one-time process takes 5 to 10 minutes and requires your address, Date of Birth and Social Security Number. [Learn more about RIDP](#)

[Return to Login](#) [Continue to Verify Identity](#)

Click "Continue to Verify Identity" to verify your identity through Remote Identity Proofing (RIDP).

Please DO NOT refresh the browser / tab during registration process.

Select the following link to [learn more about RIDP](#).

# Create a CMS IDM Account - RIDP

CMS uses the Experian RIDP service to confirm your identity. Please note, the identity verification questions will be specific to you. Sample questions are displayed below.

**CMS.gov**

### Remote Identify Proofing (RIDP) [Tips for Success](#)

Step 1 out of 2

\* Legal First Name  Middle Name  \* Legal Last Name

Email  \* Date of Birth

\* Street Address Line 1  Street Address Line 2

\* City  \* State  \* Zip Code  Zip Code Extn

\* Phone (XXXXXXXXXX)  \* Social Security Number (XXXXXXXXXX)

[<< Back](#) [Return to Login](#) [Next >>](#)

9

Enter all required information and select "Next."

**CMS.gov**

### Remote Identify Proofing (RIDP)

Step 2 out of 2

00:05:31

\* You may have opened a mortgage loan in or around February 2016. Please select the lender to whom you currently make your mortgage payments. ABOVE/DOES NOT APPLY.

☐ LOAN AMERICA  
☒ CBC/FIRST COMMONWEALTH  
☐ CROSSLAND MORTGAGE  
☐ ROCK FINANCIAL CORP  
☐ NONE OF THE ABOVE/DOES NOT APPLY

\* You may have opened an auto loan in or around September 2017. Please select the lender for this account. If you do not have such an auto loan, select "NONE OF THE ABOVE/DOES NOT APPLY".

☐ WESTAR FINANCIAL  
☐ SEAFIRST BANK  
☒ FIRST COMMONWEALTH BANK  
☐ US BANK  
☐ NONE OF THE ABOVE/DOES NOT APPLY

\* Please select the term of your auto loan (in months) from the following choices. If your auto loan or auto lease term is not one of the choices please select "NONE OF THE ABOVE".

☐ 24  
☐ 36  
☒ 48  
☐ 60  
☐ NONE OF THE ABOVE/DOES NOT APPLY

\* You may have opened a (BANK OF AMERICA) credit card. Please select the year in which your account was opened.

☐ 2011  
☐ 2013  
☐ 2015  
☐ 2017  
☒ NONE OF THE ABOVE/DOES NOT APPLY

\* Which of the following institutions do you have a bank account with? If there is not a matched bank name, please select "NONE OF THE ABOVE".

☐ FIRST NATIONAL TRUST SAVINGS  
☐ CHARTER OAKS FCU  
☐ NEWPORT FCU  
☐ TEXAS BANK  
☒ NONE OF THE ABOVE/DOES NOT APPLY

[<< Back to Step 1](#) [Submit Answers](#)

10

The page will time out after 10 minutes. A timer will show how much time remains to complete the questions.

Enter all required information and select "Submit Answers."

If you have answered the identity verification questions correctly, a notification will display that you have successfully completed the verification process. You will receive an email to activate your CMS IDM account and be redirected to the portal login page. **Should the RIDP verification process fail**, you will be prompted to contact Experian (1-866-578-5409) for identity proofing via phone.

CMS.gov

Thank you.

You have successfully completed the Remote Identity Proofing process. You will receive an email to activate your CMS-IDM account.

If you have any questions, please contact the CMMI Help Desk at 1-888-734-6433, option 5 or email [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov).

[Return to Login](#)

Please DO NOT refresh the browser / tab during registration process.

Once you receive the email, navigate to [\*Section 3 Logging into the TEAM Portal\*](#)

## Section 2 – Registering for the TEAM Portal

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*Time estimate: 5 minutes (6 slides)*

# Registering for the TEAM Portal

1

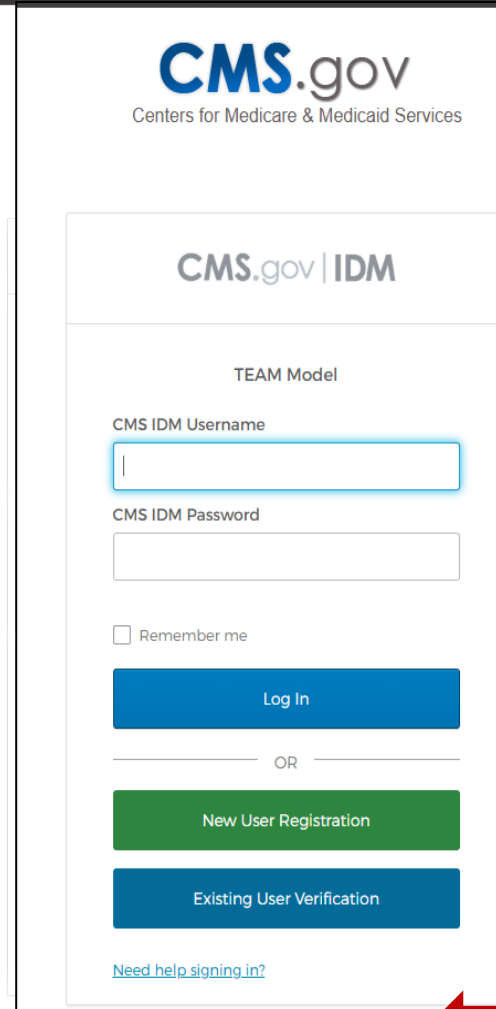
Enter this URL into your browser to access the **portal login page**:

<https://app.innovation.cms.gov/TEAM/IDMLogin>

Be sure to enter this **exact link**. Other CMS portals' login pages look similar but will not grant you access to the Portal.

2

**ALL USERS** must register by clicking the “**New User Registration**” button in green.



CMS.gov  
Centers for Medicare & Medicaid Services

CMS.gov | IDM

TEAM Model

CMS IDM Username

CMS IDM Password

☐ Remember me

Log In

OR

New User Registration

Existing User Verification

[Need help signing in?](#)

## HELP DESK

### Technical Issues

Please contact [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov) or call 1-888-734-6433, option 5.

If **technical problems** arise at any point while using the Portal, click “**Need help signing in?**” email

[CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov) or call 1-888-734-6433, option 5



Please DO NOT refresh the browser / tab during registration process.

**CMS.gov**

### Existing CMS Identity Management (IDM) Account Verification

\* Do you have an existing CMS Identity Management (IDM) account? [Not sure? Click to verify](#)

☒ Yes  
☐ No  
☐ I don't know

[Cancel](#) [Next >>](#)

**3** Select "Yes."

**4** Click "Next."

Please do not refresh the browser / tab during registration process.

#### Help Links

If you already have access to: <https://portal.cms.gov/> (ex. OCM data registry) or <https://harp.qualitynet.org/login/login> (ex. QPP), please use these credentials to access your account.

If you do not have CMS IDM access, select "No" and navigate to [Section 1 registering for CMS IDM](#)

CMS.gov

Existing CMS IDM Account Verification

The one-time verification code will be sent to your email address linked to CMS-IDM account to verify identity.

\*Enter your CMS IDM Username ⓘ

TestTEAM\_2026

<< Back

Return to Login

Next >>

Please DO NOT refresh the browser page during this process.

5

Enter your CMS IDM username.

6

Click "Next."



## Verifying Your CMS IDM Account (cont. 1)

CMS.gov

There is an existing user associated with this email with an active CMS IDM account. Please login with CMS IDM credentials.

### Existing CMS IDM Account Verification

One-time verification code has been sent to CMS IDM email address. It is valid for current session.

\* Enter your CMS IDM Username ⓘ

TestTEAM\_2026



If this error appears, [section 3 login](#) to proceed to Section 3 of this user guide – Logging into the TEAM Portal.



If this error appears, you have not been added as a POC for TEAM and you must reach out to your organization's primary POC to be added. If you do not know who your organization's primary POC is, email [CMMI\\_TEAM@cms.hhs.gov](mailto:CMMI_TEAM@cms.hhs.gov).

CMS.gov

There is no contact associated with the email address entered, [TestTEAM2026@malinator.com](mailto:TestTEAM2026@malinator.com). Please email the TEAM inbox at [TEAM@cms.hhs.gov](mailto:TEAM@cms.hhs.gov) to set up your account.

### Existing CMS IDM Account Verification

One-time verification code has been sent to CMS IDM email address. It is valid for current session.

\* Enter your CMS IDM Username ⓘ

TestTEAM\_2026

\* Do you have prior access to any Model / Connect Community?

☐ Yes

☒ No

<< Back Return to Login Next >>

**CMS.gov**

### Existing CMS IDM Account Verification

One-time verification code has been sent to CMS IDM email address. It is valid for current session.

\* Enter your CMS IDM Username ⓘ

TestTEAM\_2026

\* Enter Verification Code ⓘ

000000 00:09:50

<< Back Return to Login Validate OTP & Proceed

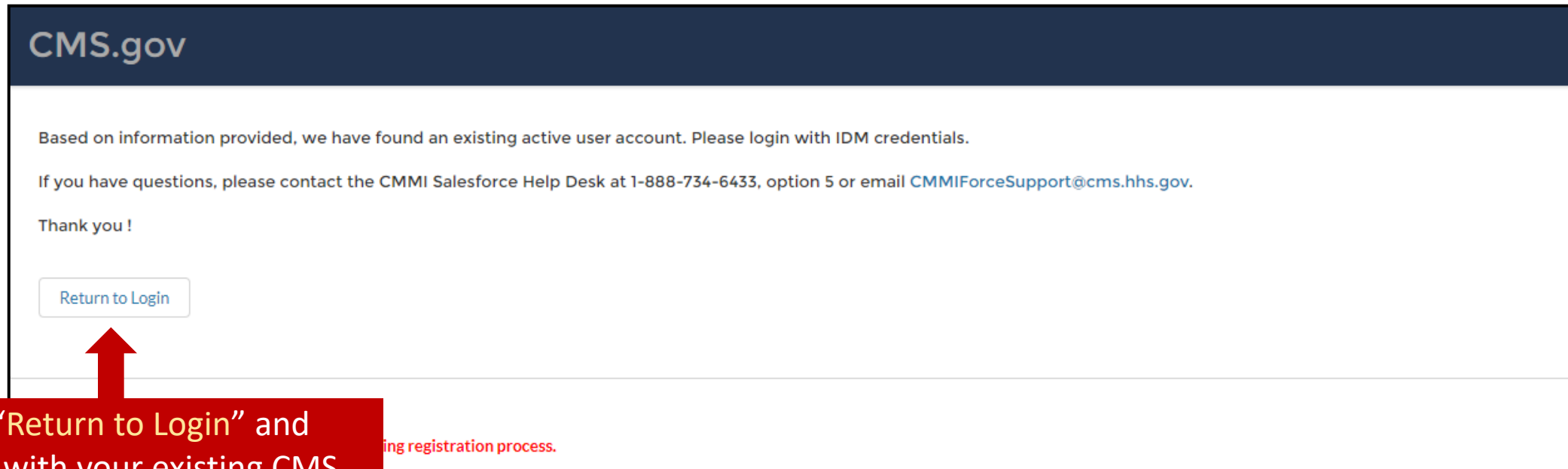
7

Enter the verification code sent to the email address associated with your CMS IDM account. The code is valid for 10 minutes.

8

Click "Validate OTP & Proceed."

If you have completed registration, you will see this page and can log into the TEAM Portal.



**CMS.gov**

Based on information provided, we have found an existing active user account. Please login with IDM credentials.

If you have questions, please contact the CMMI Salesforce Help Desk at 1-888-734-6433, option 5 or email [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov).

Thank you !

[Return to Login](#)

ing registration process.

9

Click “Return to Login” and log in with your existing CMS IDM credentials.

## Section 3 – Logging into the TEAM Portal

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*Time estimate: 2 minutes (3 slides)*

# Logging into the TEAM Portal

The image shows a web browser window displaying the CMS.gov TEAM Portal login page. The browser's address bar shows the URL `https://app.innovation.cms.gov/TEAM/IDMLLogin`. The page features the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". Below this, the "CMS.gov | IDM" header is visible. The main section is titled "TEAM Model" and contains a "CMS IDM Username" field, a "CMS IDM Password" field, a "Remember me" checkbox, and a "Log In" button. Below the login fields, there are links for "New User Registration" and "Existing User Verification". A link for "Need help signing in?" is at the bottom. Two red callout boxes with numbered instructions are overlaid on the page. Callout 1, with a red arrow pointing to the address bar, instructs the user to enter the URL `https://app.innovation.cms.gov/TEAM/IDMLLogin`. Callout 2, with a red arrow pointing to the login fields, instructs the user to enter their CMS IDM Username and Password and click the "Log In" button.

1

Enter this URL into your browser to access the Portal Login:  
`https://app.innovation.cms.gov/TEAM/IDMLLogin`

CMS.gov  
Centers for Medicare & Medicaid Services

CMS.gov | IDM

TEAM Model

CMS IDM Username

CMS IDM Password

☐ Remember me

Log In

OR

New User Registration

Existing User Verification

[Need help signing in?](#)

2

Enter your CMS IDM Username and Password, then click "Log In."

The screenshot shows the CMS.gov login page for Email Authentication. It includes a header with the CMS.gov logo and the text 'Centers for Medicare & Medicaid Services'. The main content area is titled 'Email Authentication' and contains an 'Enter Code' input field, a 'Send email' button, a checkbox for 'Do not challenge me on this device for the next 30 minutes', and a blue 'Verify' button. A 'Sign Out' link is located at the bottom right of the form. Below the form is a 'HELP DESK' section with technical support contact information. Three numbered red callout boxes provide instructions: 3 points to the authentication method dropdown, 4 points to the 'Send email' button, and 5 points to the 'Verify' button.

**3** Click the drop-down arrow to select your authentication method (text message, phone call, email, etc.).


**4** Click “Send” and check your authentication method to see your security code.


**5** Enter the security code and click “Verify.”

**HELP DESK**

Technical Issues  
Please contact [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov) or call 1-888-734-6433, option 5.

After logging in, you will be directed to the TEAM Portal.



Welcome to the TEAM

### Welcome to the Transforming Episode Accountability Model (TEAM)

The Transforming Episode Accountability Model (TEAM) is a mandatory alternative payment model that will be tested from January 1, 2026 – December 31, 2030. TEAM will test an episode-based payment approach in which acute care hospitals participating in the model, identified as TEAM participants, will receive a target price that aims to cover all costs associated with the episode of care, including the cost of the hospital inpatient stay or outpatient procedure and items and services in the 30-day period following hospital discharge, such as skilled nursing facility stays or provider follow-up visits. Through the target price, CMS will hold TEAM participants accountable for spending and quality performance, which can motivate health care providers to better coordinate care and improve the quality of care. TEAM may benefit people with Traditional Medicare who receive one of the included surgical procedures by potentially improving care transitions, encouraging provider investment in health care infrastructure and redesigned care processes, and incentivizing higher value care across the inpatient and post-acute care settings for the episode.

**Upcoming Deadlines**

**Helpful Links**  
[Portal User Manual](#)  
[TEAM Website](#)  
[Medicare Website](#)

**Help Desk Information**  
**Technical Assistance**

- Email: [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov)
- Phone: 1-888-734-6433, option 5

**Questions about TEAM**

- Email: [CMMI\\_TEAM@cms.hhs.gov](mailto:CMMI_TEAM@cms.hhs.gov)

**TEAM Participants**

TEAM Participants Search

Action	TEAM ID	Organization Name	Participant Status
<a href="#">Manage</a>	TEAM-00006	Johnson and Sons	Active

# Section 4 – Navigating the TEAM Portal

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*This section will support you in uploading and downloading documents on the following sections of the TEAM Portal:*


- *Home Page*
- *Profile*
- *Contacts*
- *Agreements & Attestations*




*Time estimate: 10 minutes (7 slides)*



Please be sure to save your work before navigating away from each page, as any unsaved work will be lost. The application times out after 30 minutes of inactivity.



Welcome to the TEAM

### Welcome to the Transforming Episode Accountability Model (TEAM)

The Transforming Episode Accountability Model (TEAM) is a mandatory alternative payment model that will be tested from January 1, 2026 – December 31, 2030. TEAM will test an episode-based payment approach in which acute care hospitals participating in the model, identified as TEAM participants, will receive a target price that aims to cover all costs associated with the episode of care, including the cost of the hospital inpatient stay or outpatient procedure and items and services in the 30-day period following hospital discharge, such as skilled nursing facility stays or provider follow-up visits. Through the target price, CMS will hold TEAM participants accountable for spending and quality performance, which can motivate health care providers to better coordinate care and improve the quality of care. TEAM may benefit people with Traditional Medicare who receive one of the included surgical procedures by potentially improving care transitions, encouraging provider investment in health care infrastructure and redesigned care processes, and incentivizing higher value care across the inpatient and post-acute care settings for the episode.

**NOTE:** Please be sure to save your work before navigating away from each page as any unsaved work will be lost. Additionally, the application times-out after 30 minutes of inactivity.

#### Upcoming Deadlines

#### Helpful Links

[Portal User Manual](#)  
[TEAM Website](#)  
[Medicare Website](#)

#### Help Desk Information

**Technical Assistance**

- Email: [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov)
- Phone: 1-888-734-6433, option 5

**Questions about TEAM**

- Email: [CMMI\\_TEAM@cms.hhs.gov](mailto:CMMI_TEAM@cms.hhs.gov)

#### TEAM Participants


TEAM Participants Search  
Enter Search Text...


Action	TEAM ID	Organization Name	Participant Status
<a href="#">Manage</a>	TEAM-00006	Johnson and Sons	Active

**The Profile Information** includes the following two (2) tabs:

- TEAM Organization Information
- Contacts Information

Profile information was populated by CMS and is not editable. To request changes, please contact the model team at [CMMI\\_TEAM@cms.hhs.gov](mailto:CMMI_TEAM@cms.hhs.gov).

 Profile Information

 Agreements & Attestations

Organization Information

Contact Information

### TEAM Model Organization Information

Participant Name

TEAM-00006

Legal Name

CTS Organization

CBSA

123

CMS Certification Number (CCN)

123123

Tax Identification Number (TIN)

123123123

National Provider Identifier (NPI)

1313131313

Track

Track 1

Mailing Address 1

84949 Bogisich Fall

Mailing Address 2

City

Lavernabury

State

MD

Zip Code

35198

+4 (Optional)

Is billing same as mailing address?

☒ Yes

☐ No

# Contact Information

Each TEAM participant will have an assigned Primary Point of Contact (POC) identified. **There must always be at least one Primary POC assigned for each TEAM participant. Multiple Secondary POCs are allowed.**

Primary POCs can perform the following actions:

**Edit** – allows you to edit an existing Contact's details.

**View** – allows you to view all the contact's details in a read-only view.

**Delete** – allows you to delete an existing contact.

The screenshot displays the 'Contact Information' section of a web application. At the top, there are two tabs: 'Profile Information' (selected) and 'Agreements & Attestations'. Below these, there are two sub-tabs: 'Organization Information' and 'Contact Information' (selected). The main content area is titled 'TEAM Contacts Information' and contains a table with the following columns: Action, Contact Type, Email, Full Name, Title, and Phone Number. The table lists three contacts: a Secondary Data Requestor, a Primary/Secondary contact, and a Primary contact. Each row has 'Edit', 'View', and 'Delete' links. A red arrow points from the 'Add Contact' button in the bottom right corner to a red callout box that says 'Click "Add Contact" to open new window to enter details of new POC.' The bottom of the page shows 'Showing 1 to 3 of 3 entries' and a pagination control with the number '1'.

Click "Add Contact" to open new window to enter details of new POC.

Action	Contact Type	Email	Full Name	Title	Phone Number
Edit View Delete	Secondary;Data Requestor			Test	
Edit View Delete	Primary;Secondary			Manager	
Edit View Delete	Primary				

Showing 1 to 3 of 3 entries

When adding a POC, a **“Contact Type”** must be designated.

**An individual may have multiple designations** in the “Contact Type”:

- Primary
- Secondary
- Authorized Signatory
- Data Custodian
- Data Requestor
- Other

**Note:** Non-Primary POCs cannot edit/delete other contacts.

### Contact Details

*\* Indicates required field*

\* Email Address

\* First Name  Middle Name (Optional)  \* Last Name

\* Title

Business Phone Number (Optional)


\* Contact Type


☐ Primary  
☐ Secondary  
☐ Authorized Signatory  
☐ Data Custodian  
☐ Data Requestor  
☐ Other

**Two Data Custodians must be designated, before the submission of the DRA and DSA.**

# Agreements & Attestations

The Agreement & Attestation tile will display the Data Request and Attestation (DRA) & Data Sharing Agreement (DSA) tabs to all POCs, but **only Authorized Signatory contacts will have the ability to view and complete the submission** process by clicking on “Complete & Sign”.

 Profile Information

 Agreements & Attestations

Voluntary Participation Election Letter

**Data Request Agreement**

Data Sharing Agreement

## Data Request Agreement Documents

Ensure you have two Data Custodians added on the Contact Information tab. You cannot complete this form without these required contacts.

File Name	Document Type	Agreement Status	Completed On	Action
Data Sharing Agreement - 2025	DSA	Pending Participant Signature		<b>Complete &amp; Sign</b>
Data Request Agreement - 2025	DRA	Completed	02/24/2025 11:38 AM	View

Showing 1 to 2 of 2 entries

« ‹ 1 › »


**All TEAM participants must submit a Data Request and Attestation (DRA) form and a Data Sharing Agreement (DSA) form to CMS, prior to receiving claims data and target prices. Submission of an updated DRA and DSA will be required annually.**

**The POC identified as the Authorized Signatory will click on “Complete & Sign” to complete the submission process by responding to the questions and adding their electronic signature to each document.**

- **Before starting the DRA or DSA, please be sure there are two active Data Custodians** listed in the Contacts section. A Primary POC has the ability to add the Data Custodians in the Contact Information tab of the Profile Information.
- **For the DRA →** After clicking on “Complete & Sign”, the status of the form is updated to Completed.
- **For the DSA →** After clicking on “Complete & Sign”, the status of the document is updated to Pending CMS Signature.
  - Upon CMS countersigning the DSA, the status of the DSA is updated to Completed.

### Voluntary Participation Election Letter –

Only TEAM participants who were eligible to voluntarily opt into TEAM will have a document in this section.



Profile Information

Agreements & Attestations

Voluntary Participation Election Letter

Data Request Agreement

Data Sharing Agreement

### Data Request Agreement Documents

Ensure you have two Data Custodians added on the Contact Information tab. You cannot complete this form without these required contacts.

File Name	Document Type	Agreement Status	Completed On	Action
Data Sharing Agreement - 2025	DRA	Pending Participant Signature		
Data Request Agreement - 2025	DRA	Completed	02/24/2025 11:38 AM	<a href="#">View</a>

Showing 1 to 2 of 2 entries

« < 1 > »



- If you have trouble with the Registration process, contact the Salesforce Help Desk at [CMMIForceSupport@cms.hhs.gov](mailto:CMMIForceSupport@cms.hhs.gov) or call 1-888-734-6433, option 5.
- If the IDM Identification process fails, contact **Experian** (1-866-578-5409).
- **The site has been optimized for the Google Chrome browser.** For the best experience, please download Google Chrome and make it your default browser.
  - All modern browsers (i.e., Microsoft Edge - Chromium, Firefox, Safari) will also work, but certain features may not display well.
- If you have questions about the TEAM Portal or the model, contact the TEAM Help Desk at [CMMI\\_TEAM@cms.hhs.gov](mailto:CMMI_TEAM@cms.hhs.gov).



# Appendix

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- [Unlocking Your Account](#)
- [Resetting Your Account](#)

# Unlocking Your Account



If you have two or more invalid attempts to log in, your account will be temporarily locked.

The screenshot shows the CMS.gov logo and the text "Centers for Medicare & Medicaid Services". Below this is a form titled "Unlock account". The form contains a label "Email or username" above a text input field. Below the input field is a blue button labeled "Send Email". At the bottom left of the form is a link that says "Back to Sign In".

1

Enter your email or username.

2

Click "Send Email."

The screenshot shows an email from CMS.gov titled "Account Unlock Requested". The email body includes the CMS.gov logo, the text "Centers for Medicare & Medicaid Services", and "CMS Identity Management System (IDM)". It addresses the user as "Dear TestTEAM\_2026". The email states: "An account unlock request was made for your CMS IDM account. If you did not make this request, please contact your system administrator immediately." Below this is a link: "Click the link below to unlock your account for user TestTEAM\_2026". The link is a green button labeled "Unlock Account" with the text "This link expires in 4 hours." below it. At the bottom, there is a paragraph: "If you experience difficulties accessing your account, please contact your CMS application help desk. To find your application help desk go to your CMS IDM Partner Page, and click the Help Desk Support link."

3

You will receive an email titled "Account Unlock Requested." Click "Unlock Account" in the email.

You will receive confirmation that your account has been successfully unlocked.

4

Answer the security question with the answer you provided during registration.

Answer Unlock Account Challenge

What is the food you least liked as a child?

.....|

☐ Show

Unlock Account

Back to Sign In

5

Click "Unlock Account."

CMS.gov | IDM  
IMPL

Account successfully unlocked!

You can log in using your existing username  
and password.

Back to Sign In

6

Click "Back to Sign In."

# Resetting Your Password

Sign In

Username

Password

☐ Agree to our [Terms & Conditions](#)

Sign In

OR

CMS PIV Card Only

**Attention CMS PIV card users:** The CMS PIV Card button will be active after initial login using your 4 character CMS EUA ID.

Forgot your [Password](#) or [Unlock](#) your account?

1

Click "Password" to reset your password.

2

Enter your email or username.

3

Click one of the reset options.

CMS.gov | IDM IMPL

Reset Password

Email or Username

SMS or Voice Call can only be used if a mobile phone number has been configured.

Reset via SMS

Reset via Voice Call

Reset via Email

[Back to Sign In](#)

## Resetting Your Password (cont. 1)

Forgot Password



CMS Identity Management System (IDM)

Dear **TestTEAM\_2026**

A password reset request was made for your CMS IDM account. If you did not make this request, please contact your CMS application help desk immediately.

Click the link below to reset the password for your username,  
**TestTEAM\_2026**

[Reset Password](#)

This link expires in 4 hours.

4

You will receive an email titled “**Forgot Password.**” Click “**Reset Password**” in the email.



The reset password link expires four hours after it is sent. If the link expires, you will have to repeat this process to get a new link.

5

Answer the security question with the answer you provided during registration.

6

Click “Reset Password.”

CMS.gov | IDM

### Answer Forgotten Password Challenge

Where did you go for your favorite vacation?

☐ Show

[Reset Password](#)

[Back to sign in](#)



Enter the code promptly. **The IDM session will time out after five minutes of inactivity.**

**CMS.gov | IDM Self Service**

**Reset Password**

**New Password**

.....

Your password must be at least 15 characters long; contain at least 1 uppercase, 1 lowercase, and 1 number. Special characters are optional. Passwords cannot contain parts of the User ID, first name and last name. Password can only be changed once every 24 hours. Password must be different from last 6 passwords used.

**Confirm Password**

The Confirm Password field is required.

**Reset Password**

**Back to Sign In**

7

Enter and confirm a new password.

8

Click "Reset Password."

9

Click "Request Code."

**CMS.gov | IDM**

**SMS Authentication**

(+1 XXX-XXX- )

**Enter Code**

**Request Code**

☐ Do not challenge me on this device for the next 30 minutes

**Verify**

**Back to sign in**

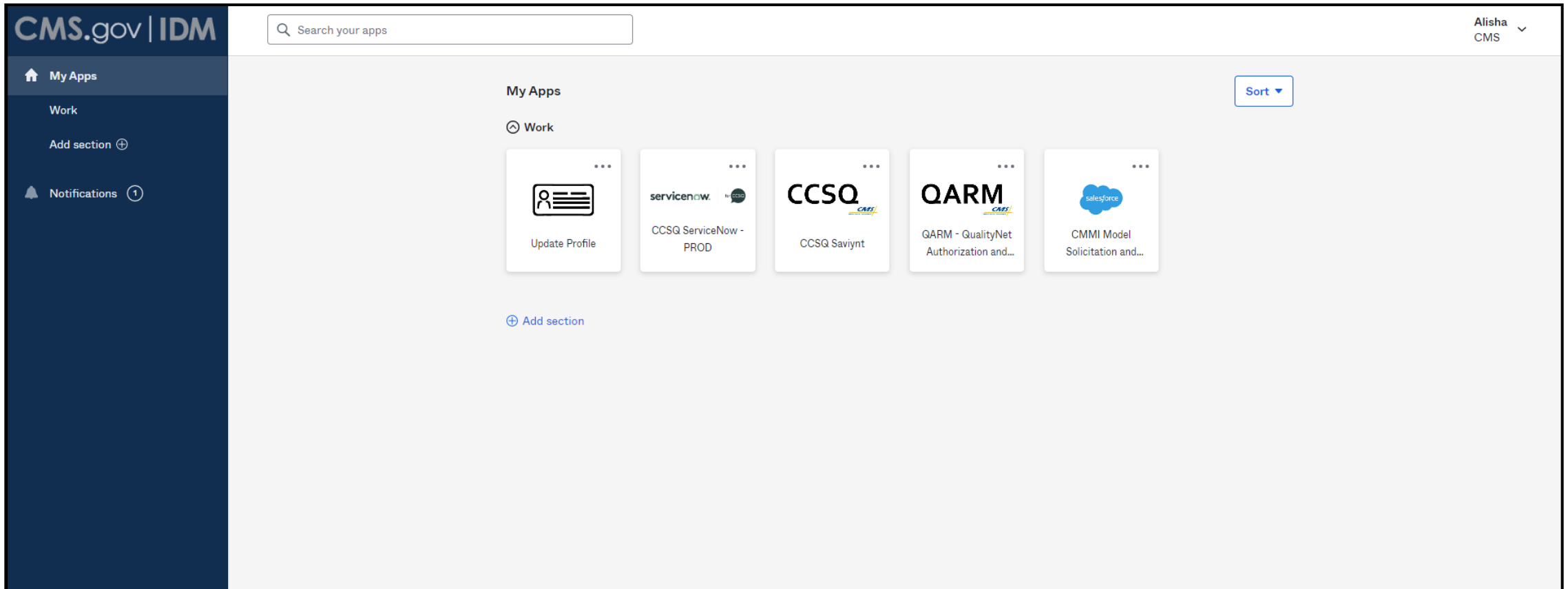
10

Enter the code you received.

11

Click "Verify."

You will then be directed to the CMS IDM homepage.



For instructions on how to navigate the Portal, navigate to [Section 4 Navigating the Participant](#).