

Medicaid Data Collection Tool

Quick Start Guide

CARTS State Users

Getting started - *if you do not already have an IDM account, start here. If you already have an IDM account, skip down to 'Initiate Role Request' below.*

First, register for CHIP Annual Reporting Template System (CARTS) Access

- Access IDM at <u>https://home.idm.cms.gov</u> and select "New User Registration"
- Enter the personal and address information requested on the next two screens. Also select the "I agree to the terms and conditions" checkbox.
- Enter a User ID and password and select a security question and an answer. Then select the Submit button



First Name	0	0	0
Middle Name (Sylional)	Personal	Contact	credentais
	* Optional fields are labeled as	(Optional).	
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Suffa (Optional)	- New Parcoased -		۲
- Dues of Birth	Confirm Password		0
E-mil Advan	C Security Questions		
			*
Confirm E-mail Address	- Answer		
View Terms & Conditions			
I agree to the terms and conditions	Cancel Book		Submit

Next, initiate role request for CARTS access

- Sign in to IDM at <u>https://home.idm.cms.gov/</u>
- Select the Role Request tile
- Select "Medicaid Data Collection Tool CHIP Annual Reporting Template System (MDCT CARTS)" from the Select an Application dropdown list
- Select the CARTS State User role
- Watch for an email confirming your role request submission.



Role Request		::	
		* Optional fields are labeled as (Optional).	
0	0	0	
Application	Role	Review	
Annual survey for state Medicaid person View Helpdesk Details	nel to inform CMS stakeholders about their CHIP sta	te plan program.	
Select a Role			
Select the Role you want to request.			

Role Request	0
End lines	
MDCT CARTS State User	
MDCT CARTS Project Officer	,
Approver	
MDCT CARTS Business Owner Rep	
MDCT CARTS Approver	
Help Desk	
Сенеста коне	•
Select the Role you want to request.	

Need help?

Contact the MDCT Help Desk: MDCT_Help@cms.hhs.gov



Quick Start Guide

State Submitters

Next, Complete the Remote Identity Proofing (RIPD)

- View and agree to the terms and conditions. Then select the Next button
- Complete the Remote Identity Proofing form. Then select the Submit button in the lowerright corner of the screen.
 - Important note: Please use your personal email address and phone number for RIDP.
- If Experian is unable to verify the personally identifiable information (PII information), please contact MDCT Help Desk.

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	My Profile To access your Profile please click here. You can View or Edit your Profile or MFA on this page.	Construction of the second sec
2	Manage My Roles To access your existing Roles please click here. You can View, Add, Edit or Remove Roles on this page.	My Requests To access your own Pending requests please click here. You can View or Cancel your requests on this page.
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Finally, Complete, Review, and Submit your Role Request

• Select the applicable role attributes via the drop-down lists. Then select the Review Request button

Selected Role MDCT CARTS State User	
This role is used to submit information to the MDCT QM	R application for their state in which they are associated.
- State/ Territory	۳
Cancel Back	Review Request

• Complete the Reason for Request text box. Then select the Submit Role Request button

ole Request			0
Application	Role	Attributes	Review
Review			
Application:		Medicaid Data Collection Tool CHIP Annual Reporting Template System (MDCT CARTS)	
Application Description:		Annual survey for state Medicaid personnel to inform CMS stakeholders about their CHIP state plan program.	
Role:		MDCT CARTS State User	
Role Description:		State user who will enter data to	send to CMS.
State/ Territory:		California	
Reason for Request			
			0 / 600
Cancel Back		s	Submit Role Request

Need help?

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