

DEPARTMENT OF HEALTH & HUMAN
SERVICES

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MEDICARE PLAN PAYMENT GROUP

DATE: January 17, 2025

TO: All Part D Sponsors

FROM: Jennifer R. Shapiro, Director, Medicare Plan Payment Group

SUBJECT: Prescription Drug Event (PDE) Analysis Website for CMS Data Quality Review Outliers, Withheld and Invoiced Outliers, and Reviews of Invoiced Data Disputed by Manufacturers

The Centers for Medicare & Medicaid Services (CMS) is providing information about the data quality review outliers, withheld and invoiced outliers, and reviews of manufacturer disputes as they relate to postings on the Prescription Drug Event (PDE) Analysis website.¹ Previously released HPMS memoranda described the postings on the PDE Analysis website for the Part D payment reconciliation outliers, coverage gap discount program (CGDP) outliers, and manufacturer disputes under CGDP.² This memorandum updates existing guidance to account for the Manufacturer Discount Program (MDP). There have been no changes to the data quality review outlier categories/definitions, the withheld and invoiced outliers categories/definitions, or the manufacturer dispute process.

CMS conducts periodic data analysis and validation on PDE records. This analysis is performed prior to use of the data in the Part D payment reconciliation. For PDE records with discount amounts under CGDP and MDP, this analysis provides an added layer of validation prior to invoicing manufacturers for those discount amounts. Outliers identified by these analyses are posted for Part D sponsor review and action on the PDE Analysis website maintained by the CMS Contractor for the Medicare Part D Payment Process.³

CMS also utilizes the PDE Analysis website to post certain invoiced PDE records that have been disputed by the manufacturers under CGDP and MDP. These PDE records are posted to obtain information from sponsors prior to making dispute determinations.

¹ The PDE Analysis website is a secure web portal accessible only to authorized participants, with each sponsor utilizing a space on the portal that is separately secure from all other participants. Access instructions may be found in the Attachment to this memorandum.

² See HPMS memoranda, *Prescription Drug Event (PDE) Analysis Website and Data Quality Review Process for the Coverage Gap Discount Program, Manufacturer Disputes, and Part D Payment Reconciliation*, July 30, 2012, and *Updates to the Prescription Drug Event (PDE) Analysis Website and Data Quality Review Process for the Coverage Gap Discount Program, Manufacturer Disputes, and Part D Payment Reconciliation*, April 4, 2018.

³ For contractor information, see HPMS memorandum, *Contractor Change for the Medicare Part D Payment Process*, November 22, 2024.

Note that although CGDP has sunset and manufacturers will not incur any liability for discounts under CGDP for dates of service after December 31, 2024, CGDP invoicing will continue through January 31, 2028 to allow for PDE submission run-out, with the distribution of the final CGDP invoice by April 30, 2028.⁴ The current CGDP outlier and dispute processes will run concurrently with the MDP outlier and dispute processes until the completion of the activities associated with the final CGDP invoice.

Overall Process

The posting process and sponsor action remain the same as described in previous memoranda. Sponsors will receive notification from the PDE Analysis website when PDE records require review. Reports (along with the corresponding Response Form) will be made available for download via the PDE Analysis website. The reports are Excel workbooks and include a description of the category of issue identified, specifics regarding the data issue, and a list of PDE identifying elements to enable sponsors to research the PDE records. Sponsors are expected to research PDE records to determine the validity and accuracy of the submitted data and to evaluate whether a data issue exists.

The Response Form is completed by the sponsor to document the results of the research. The form is required for all PDE records posted for disputes, regardless of whether the sponsor determines the PDE records are valid or invalid. The form is also required for all outliers when the sponsor determines that the PDE record is valid. The Response Form is optional only when the sponsor determines that the PDE record for an outlier is invalid.

Sponsors have 14 calendar days to respond to posted outliers and 10 calendar days to respond to posted manufacturer disputes. Sponsors have 90 days to make any PDE adjustments or deletions in response to the postings, consistent with the HPMS guidance released October 6, 2011.⁵

Data Quality Review Outlier Categories

Reconciliation outliers, CGDP outliers, and MDP outliers share the following outlier types:

1. Pricing Errors in High-Cost Drugs – Per Unit Price (PUP)
2. Misreported Quantities – Quantity (QTY)
3. Potential Duplicate PDEs – Duplicate (DUP)

Reconciliation outliers also include the following outlier types:

4. High-Cost Drugs – Gross Drug Cost (GDC)
5. Medicare as Secondary Payer Issues – Medicare as Secondary Payer (MSP)

Reconciliation outliers do not have a discount amount on the PDE record. CGDP outliers and MDP outliers have CGDP amounts and MDP amounts, respectively.

⁴ See the CGDP and MDP Calendar, available at [https://tpadministrator.com/internet/tpaw3_files.nsf/F/TPACGDP_MDP_Calendar_2024-2028_12062024.pdf/\\$FILE/CGDP_MDP_Calendar_2024-2028_12062024.pdf](https://tpadministrator.com/internet/tpaw3_files.nsf/F/TPACGDP_MDP_Calendar_2024-2028_12062024.pdf/$FILE/CGDP_MDP_Calendar_2024-2028_12062024.pdf).

⁵ HPMS memorandum, *Revision to Previous Guidance Titled “Timely Submission of Prescription Drug Event (PDE) Records and Resolution of Rejected PDEs,”* October 6, 2011

1. Pricing Errors in High-Cost Drugs – Per Unit Price (PUP)

The per-unit price of the drug is calculated as Ingredient Cost Paid divided by Quantity Dispensed. To be flagged as an outlier, the PUP must be substantially higher than the program-wide median for the given National Drug Code (NDC) and the Total Gross Covered Drug Cost (TGCD) must be equal to or greater than \$100.

2. Misreported Quantities – Quantity (QTY)

The PDE is a QTY outlier if the daily dosage on the PDE exceeds the maximum daily dosage listed in commercial drug databases for the given NDC and the daily dosage must substantially exceed the program-wide median daily dosage for the NDC. Daily dosage is defined as Quantity Dispensed divided by Days' Supply.

3. Potential Duplicate PDEs – Duplicate (DUP)

PDE records for the same beneficiary, date of service (DOS), and NDC are flagged as DUP outliers. These PDE records have different values in other PDE identifiers and thus are not rejected by CMS systems immediately upon submission. This outlier excludes potential vacation fills and other possible legitimate scenarios that may register as duplicate submissions. The sum of TGCD across the PDE records in the set of duplicates must be at least \$100.

4. High-Cost Drugs – Gross Drug Cost (GDC)

This outlier type is limited to reconciliation outliers. PDE records are flagged when the GDC is greater than \$50,000. GDC is calculated as the sum of Ingredient Cost Paid, Dispensing Fee Paid, Total Amount Attributed to Sales Tax, and Vaccine Administration Fee or Additional Dispensing Fee. For PDEs with GDC between \$20,000 and \$50,000, we also flag the PDE record as an outlier if the GDC is substantially higher than the median GDC for the given NDC.

5. Medicare as Secondary Payer Issues – Medicare as Secondary Payer (MSP)

This outlier type is limited to reconciliation outliers. PDE records for the same beneficiary, NDC, DOS, and different Pricing Exception Codes (one in which Pricing Exception Code indicates Medicare as Secondary Payer and another in which Pricing Exception Code indicates that Medicare is Primary). These PDE records are potential duplicates and/or have erroneous Pricing Exception Codes. This outlier applies to pairs where the combined TGCD is at least \$200.

Withheld Outlier and Invoiced Outlier PDE records

Withheld Outliers are accepted PDE records with a manufacturer discount that are flagged by CMS as outliers through additional review and analysis. As a result, the outliers are withheld from the manufacturer invoice. Once a PDE is withheld from the invoice and posted to the sponsor on the PDE Analysis website, it will remain pended from the current and future invoices until the issue that caused it to be pended is resolved.

Invoiced Outliers are accepted PDE records that have previously been invoiced to manufacturers and have been subject to further analysis and validation because supporting data changed or a PDE record was adjusted or resubmitted after being invoiced.

Withheld outliers and invoiced outliers are applicable to CGDP and MDP. The process for MDP will mirror the existing process for CGDP. The Withheld and Invoiced Outlier Reports are Excel workbooks that include a column on each issue tab to indicate whether the PDE is a withheld outlier or an invoiced outlier. CMS provides feedback for PDE records previously addressed by sponsors if the action taken did not adequately resolve the issue that caused the outlier. This feedback is found in the “CMS Response Code” column with clarifying explanations found in the “Response and Lag Code Reference” tab. Sponsors are required to review, investigate, and act on the outliers either by providing an explanation if the PDE is valid or by adjusting or deleting the PDE if the PDE is invalid.

Sponsors will also receive notifications for posted PDE records for which the sponsor did not provide valid explanations on the Response Form by the deadline and for posted PDE records that the sponsor reported as invalid but have not been corrected within the 90-day window. Sponsors may find detailed information regarding the age of the outlier PDE record in the report in the “Outlier Lag Period Code” column with clarifying explanations found in the “Response and Lag Code Reference” tab.

The outlier types for the withheld outliers and the invoiced outlier categories are as follows:

Both CGDP and MDP:

1. Closed pharmacy or inactive Service Provider ID
2. Retroactive disenrollment of the beneficiary
3. Retroactive low-income status of the beneficiary

CGDP only:

4. Total Reported Gap Discount is greater than the Maximum Allowed Reported Gap Discount
5. Total Reported Gap Discount is greater than the TrOOP threshold and the Accumulated Reported Gap Discount is greater than the Maximum Allowed Gap Discount
6. Calculated TrOOP exceeds the OOP Threshold

MDP only:

7. Retroactive non-low-income status of the beneficiary
8. Retroactive phase-in NDC
9. Retroactive non-phase-in NDC
10. Calculated TrOOP is less than the OOP threshold and the discount does not equal the applicable discount percentage in the initial coverage phase
11. Calculated TrOOP is greater than the OOP threshold and the discount does not equal the applicable discount percentage in the catastrophic phase

The outlier types for MDP will be implemented on the following schedule:

| MDP Withheld and Invoiced Outlier Type | Implementation Quarter* |
|--|--------------------------------|
| Retroactive disenrollment of the beneficiary | Q1 2025 |
| Closed pharmacy or inactive Service Provider ID | Q1 2025 |
| Retroactive low-income status of the beneficiary | Q2 2025 |
| Retroactive non-low-income status of the beneficiary | Q2 2025 |

| MDP Withheld and Invoiced Outlier Type | Implementation Quarter* |
|--|--------------------------------|
| Retroactive phase-in NDC | Q3 2025 |
| Retroactive non-phase-in NDC | Q3 2025 |
| Calculated TrOOP is less than the OOP threshold and the discount does not equal the applicable discount percentage in the initial coverage phase | Q4 2025 |
| Calculated TrOOP is greater than the OOP threshold and the discount does not equal the applicable discount percentage in the catastrophic phase | Q4 2025 |

* As new outlier categories are added, all PDE records for the benefit year will be evaluated.

1. Closed pharmacy or inactive Service Provider ID

This outlier type is applicable to CGDP and MDP. The DOS on the PDE record is after the date that the service provider (e.g., pharmacy) has closed or changed ownership as reported to the National Council for Prescription Drug Programs (NCPDP). When the PDE is an outlier because of a change of ownership in the service provider, a 60-day grace period applies.

2. Retroactive disenrollment of the beneficiary

This outlier type is applicable to CGDP and MDP. The PDE editing process confirms the Part D enrollment of the beneficiary during online processing, and the PDE is rejected if the beneficiary is not enrolled in Part D on the DOS reported on the PDE. Because there can be a lag between when the PDE is processed and when the invoices are created, CMS also validates the beneficiary's Part D enrollment prior to placing the PDE on the invoice and after the PDE has been invoiced, if the supporting data has changed or a PDE adjustment was submitted after being invoiced, to check for retroactive losses of enrollment. If the analysis uncovers that the beneficiary is no longer enrolled on the DOS due to a retroactive loss of enrollment, then the affected PDE records are flagged as outliers.

This outlier type also compares the DOS to beneficiary date of death (DOD). The PDE editing process will result in the PDE being rejected if the DOS is greater than 14 days after the DOD of a beneficiary using a retail pharmacy and living at home, or 32 days after the DOD of the beneficiary otherwise. Like the outlier for enrollment described above, CMS accounts for reported changes in DOD that may have occurred after the PDE was accepted.

3. Retroactive low-income status of the beneficiary

The PDE editing process validates the low-income (LI) status of the beneficiary during PDE editing. However, due to lags between PDE submission and invoice generation, CMS validates the LI status of beneficiaries:

- 1) prior to placing the PDE on the invoice, and
- 2) after the PDE has been invoiced if the supporting data has changed or a PDE adjustment was submitted after being invoiced.

For CGDP, if a beneficiary has retroactively become LI eligible, then the affected gap discount PDE records are flagged as withheld or invoiced outliers because LI beneficiaries are not eligible to receive a coverage gap discount.

LI beneficiaries are eligible for MDP. However, LI status affects the discount percentage for certain eligible NDCs under the specified manufacturer phase-in.⁶ A PDE record will be flagged as an outlier when the DOS on the PDE is within the beneficiary's LI period, the NDC is eligible for the specified manufacturer phase-in, and the discount amount reported on the PDE is the default percentage (i.e., 10 percent in the initial coverage phase or 20 percent in the catastrophic phase).

4. Total Reported Gap Discount is greater than the Maximum Allowed Reported Gap Discount

This outlier type is CGDP specific. For beneficiaries where the Patient Liability Reduction Due to Other Payer Amount (PLRO) for all PDE records is equal to zero, the total gap discount amounts are reviewed. CMS identifies beneficiaries with total reported gap discount for the benefit year that exceeds the Maximum Allowed Reported Gap Discount amount. The Maximum Allowed Reported Gap Discount is calculated as 70 percent of the remaining coverage gap before the beneficiary reaches TrOOP after the beneficiary has paid the deductible and co-insurance in the initial coverage period.

Sponsors should review the entire PDE history for the beneficiary to determine if the reported gap discount should be corrected either on the outlier PDE record or another PDE record for the beneficiary identified.

5. Total Reported Gap Discount is greater than the TrOOP threshold and the Accumulated Reported Gap Discount is greater than the Maximum Allowed Gap Discount Amount

This outlier type is CGDP specific. CMS reviews all PDE records submitted for a beneficiary with reported gap discount amounts. If the sum of the reported gap discounts exceeds the OOP threshold for the benefit year, this analysis flags the beneficiary and then determines which of the beneficiary's PDE records to flag as outliers. CMS uses the Maximum Allowed Gap Discount amount as a threshold and flags the PDE records with the gap discounts that caused the beneficiary's total reported gap discount to exceed the Maximum Allowed Gap Discount amount.

For these outliers, sponsors must review all the beneficiary's gap discount PDE records to determine the cause of the issue prior to taking action.

⁶ The IRA provides for lower applicable discounts for certain manufacturers' applicable drugs marketed as of August 16, 2022, during a multi-year phase-in period, which concludes by 2031. Under section 1860D-14C(g)(4) of the Act, there are two such phase-ins: one for certain applicable drugs of specified manufacturers dispensed to applicable beneficiaries who are eligible for LIS under section 1860D-14(a) of the Act and one for certain applicable drugs of specified small manufacturers dispensed to all applicable beneficiaries.

6. Calculated TrOOP exceeds the OOP Threshold

This outlier type is CGDP specific. CMS reviews all PDE records for a beneficiary with reported gap discount amounts and flags any PDE records with a reported gap discount amount after the beneficiary has already reached the maximum OOP threshold for the benefit year.

This analysis flags the beneficiary as an outlier. Sponsors must review all the beneficiary's PDE records to determine whether the accumulated TrOOP has been calculated correctly. Sponsors must also review all the beneficiary's gap discount PDE records to determine the cause of the issue prior to taking action.

7. Retroactive non-low-income status of the beneficiary

This outlier type is MDP specific and is similar to the retroactive low-income outlier type for MDP described above. A PDE record will be flagged as an outlier when the DOS on the PDE is not within the beneficiary's LI period, the NDC is eligible for the specified manufacturer phase-in, and the discount amount reported on the PDE is equal to a phase-in percentage.

8. Retroactive phase-in NDC

This outlier type is MDP specific and is related to the phase-ins for specified manufacturers and specified small manufacturers. The outlier type accounts for NDCs that are added to the phase-in retroactively. A PDE record will be flagged as an outlier when the DOS on the PDE is within the NDC eligibility period for the phase-in and the discount amount reported on the PDE is the default percentage (i.e., 10 percent in the initial coverage phase or 20 percent in the catastrophic phase).

9. Retroactive non-phase-in NDC

This outlier type is MDP specific and is similar to the retroactive phase-in NDC outlier type described above. The outlier type accounts for phase-in NDCs that have been end-dated. A PDE record will be flagged as an outlier when the DOS on the PDE is not within the NDC eligibility period for the phase-in and the discount amount reported on the PDE is a phase-in percentage.

10. Calculated TrOOP is less than the OOP threshold and the discount does not equal the applicable discount percentage in the initial coverage phase

This outlier type is MDP specific. A PDE record is flagged as an outlier when the calculated TrOOP is less than the OOP threshold, but the reported TrOOP accumulator is greater than the OOP threshold, and the discount amount does not equal the applicable discount percentage in the initial coverage phase.

11. Calculated TrOOP is greater than the OOP threshold and the discount does not equal the applicable discount percentage in the catastrophic phase

This outlier type is MDP specific. A PDE record is flagged as an outlier when the calculated TrOOP is greater than the OOP threshold, but the reported TrOOP accumulator is less than the OOP threshold, and the discount amount does not equal the applicable discount percentage in the catastrophic phase.

Manufacturer Disputes

Manufacturers have the right to dispute invoiced discount payments under CGDP and MDP using specific dispute reason codes.⁷ CMS requires that a notice of dispute be accompanied by supporting evidence from the manufacturer that is material, specific, and related to the dispute or issue. A dispute may be upheld in the favor of the manufacturer or denied. If the dispute is upheld, the sponsor must adjust or delete the PDE record accordingly.

To assist in the dispute determination, disputed PDE records may be posted to the PDE Analysis website to obtain information from the sponsor. Sponsors must respond to the posted disputed PDE records within 10 calendar days by providing a response by completing and submitting the Response Form to the PDE Analysis website. For each ticket number, the sponsor must provide the status of the PDE (valid or has been/will be adjusted/deleted) and provide an explanation of the selected status for each ticket number. If the PDE requires an adjustment or deletion, the sponsor must report the date of action by which the PDE will be adjusted or deleted through the Drug Data Processing System (DDPS). Any adjustments or deletions are subject to the same 90-day timeframe as all other adjustment/deletion activity.

Manufacturer dispute reports are Excel workbooks and are specific to CGDP, MDP, quarter invoiced, and dispute reason code.

| Dispute Reason Code | Dispute Description |
|--------------------------------------|--|
| <i>Coverage Gap Discount Program</i> | |
| D01 | Duplicate Invoice Item |
| D02 | Closed Pharmacy |
| D03 | Not Part D Covered Drug |
| D04 | Excessive Quantity |
| D06 | High Price of the drug |
| D07 | Last Lot Expiration Date |
| D09 | Marketing category is not NDA or BLA |
| D11 | PDE improperly invoiced beyond manufacturer agreement invoice period |
| D13 | Gap Discount for disputed PDE exceeds maximum discount amount for a single PDE |
| D14 | Total accumulated gap discounts reported across multiple PDEs for a single beneficiary exceed cumulative maximum discount amount |
| <i>Manufacturer Discount Program</i> | |
| D21 | Duplicate Invoice Item |
| D22 | Not Yet Open, Closed, or Invalid Pharmacy |
| D23 | Not Part D Covered Drug |
| D24 | Excessive Quantity |
| D26 | High Price of the drug |
| D27 | Last Lot Expiration Date |
| D29 | Marketing category is not NDA, BLA or NDA Authorized Generic |

⁷ Dispute reason codes for CGDP may be found in the HPMS memorandum, *Updates to the Medicare Coverage Gap Discount Program Manufacturer Dispute and Appeals Submission Process*, January 27, 2015. Guidance related to the dispute reason codes for MDP is forthcoming.

| | |
|-------------|--|
| D33 | Reported Discount for this NDC exceeds Specified or Specified Small Phase-In |
| D34 | Reported Discount amount does not align with TrOOP Accumulator |
| D35 | NDC is a selected drug |
| <i>Both</i> | |
| D99 | Other |

Upheld Dispute Tracking Reports

The purpose of the Upheld Dispute Tracking Reports is to ensure that sponsors are submitting the appropriate corrections to their upheld disputes. PDE record corrections are necessary to ensure that the invoiced amount is properly credited to the manufacturer after an upheld dispute or that inaccurate financial or non-financial data on the PDE leading to the dispute has been corrected.

Sponsors receive reports via the PDE Analysis website containing the details of any disputed PDE records that were upheld but have not yet been corrected by the sponsor. These reports are Excel workbooks and contain information on all upheld disputes under CGDP and MDP that require correction from the sponsor for all benefit years and quarters. There will be separate reports for CGDP and MDP. Upheld Dispute Tracking Reports will only include upheld disputes that still require follow-up corrective action from the sponsor. If a dispute was upheld but adequate corrective action has already been taken by the sponsor, which resolved the issue that led to the successful dispute, that disputed PDE will not be included in the tracking report. This means that all PDEs included in the Upheld Dispute Tracking Reports should be considered actionable by the sponsor. Sponsors without any upheld disputes that require follow-up corrective action as of the analysis date will not receive a report.

Each report will contain information for the upheld dispute(s) in question, including the invoice quarter in which the PDE was disputed, the original dispute reason, and the PDE data element values. Sponsors are expected to research the PDE records included in the Upheld Dispute Tracking Reports to determine and take the appropriate action to address the issue. Unlike other issues reported to sponsors via the PDE Analysis website, sponsors do not submit responses to the Upheld Dispute Tracking Reports and instead proceed directly in making the appropriate corrections to the PDE data via DDPS. These corrections must be relevant to the financial and/or non-financial PDE field(s) that led to the dispute and to the error.

Questions related to this memorandum may be submitted to the CMS Contractor for the Medicare Part D Payment Process at PDEAnalysis@acumenllc.com.

ATTACHMENT: Instructions on User Authorization Process

DDA has created the PDE Reports and PDE Analysis web portals to facilitate the PDE Reports and PDE Analysis initiatives. These secure web portals are accessible only to authorized participants, with each sponsor utilizing a space on the portal that is separately secure from all other participants.

In accordance with Federal Information Security Management Act (FISMA) regulations, only the authorizing agent – in this case, the contract’s Medicare Compliance Officer – is authorized to give access to the web portal for each contract. To streamline this process, DDA has developed the User Security Web Portal – a web tool that allows Medicare Compliance Officers to manage their users’ permissions to DDA’s web portals.

For your contract to gain access to the PDE Reports and PDE Analysis web portals, your Medicare Compliance Officer must complete the following steps:

1. Identify individuals who should have access to each web portal.

If your contract is continuing from 2024, previously authorized users will retain their access to the PDE Reports and PDE Analysis web portals. Your contract may choose to keep the same users, or your contract may modify users.

If your contract is new in 2025, your contract must authorize new users for both web portals. Your contract may choose to authorize representatives that are currently users on other Acumen web portals. However, your contract must complete the user authorization process again, specifically for the PDE Reports and PDE Analysis web portals.

Appropriate website users are staff who are either directly involved in the process of PDE data submission and resolution or who oversee a third-party submitter. If a third-party organization is involved in PDE submission, your contract may assign a member of this organization as a user. However, we recommend your contract include at least one internal user from your organization, as one goal of the web portals is to help your contract monitor and resolve third-party submission errors.

For security purposes, each contract is limited to five authorized users for each web portal.

2. Log onto the User Security Web Portal **(https://partd.programinfo.us/user_security).**

The latest Medicare Compliance Officer on record in the Health Plan Management System (HPMS) for each contract has been granted access to the User Security web portal. Compliance Officers should have access to the User Security web portal through existing work with DDA. If your Medicare Compliance Officer does not have access to the User Security web portal or has never logged in, please contact DDA at PDE@acumenllc.com. If your Medicare Compliance Officer on record in HPMS is incorrect, please update HPMS directly.

3. Designate users and authorize access permissions via the User Security web portal.

Medicare Compliance Officers must complete the user authorization process by reviewing and/or updating current user access settings or authorizing access permissions for new users on the User Security web portal.

To designate users and authorize access permissions, Medicare Compliance Officers must complete the following steps on the User Security web portal:

1. Add an existing and/or new user.
2. Select the Web Portal and contract(s) for each user.
3. Authorize access permissions for each user.

Following completion of the user authorization process, DDA will send authorized web portal users:

- A Welcome Email with the relevant Web Portal User Guide, Getting Started Guide, and Web Portal URL
- A Credential Email with a unique One-Time Password Link and login username

More information on adding users can be found under the Help Documents section of the User Security web portal. Note that all authorized users can log on, navigate the webs portals, and receive email notifications regarding report releases.

To ensure timely access to the web portals, Medicare Compliance Officers must complete all steps of the user authorization process no later than two weeks from the date of this memorandum.

If you have any questions or require assistance with the user authorization process, please contact PDE@acumenllc.com or Acumen's website assistance line at (650) 558-8006.