

Q&A – From “Introduction to the CMS EPCS Program” webinar, January 12, 2023

#	Question	Response	Category
1	I sent in a question prior to today regarding a list of Medicare category controlled drugs that this mandate falls under	The CMS EPCS Program will utilize a database such as First Databank to identify controlled substance Schedule II, III, IV, and V medications on Medicare Part D claims data. Such databases rely on the controlled substance list determined by the Drug Enforcement Administration (DEA) and posted on its website (https://www.dea.gov/drug-information/csa).	Compliance
2	How is same entity defined? Does this mean legal entity?	CMS does not intend that an organization with a closed electronic health record system make changes to a unified database solely to comply with the EPCS Program. As noted in the NCPDP Telecommunications Standards, prescriptions sent electronically within closed systems will be coded as electronic in the Part D claims data that CMS uses to assess compliance. We will issue more information in the CY2024 PFS rule.	Same Entity
3	If a provider needs a waiver because of technology issues, ie failed script messages due to different reasons throughout the year, what information would they need to provider to prove there were system outages?	As noted in the CY 2022 Physician Fee Schedule final rule, CMS has determined that to be considered compliant with the EPCS mandate, prescribers must transmit at least 70% of their Part D controlled substance prescriptions electronically. This threshold accommodates instances when obtaining medication(s) by electronic prescription would delay receipt and adversely impact the patient's medical condition. A prescriber may request a waiver if circumstances beyond the prescriber's control, such as ongoing technological issues, prevent compliance. Documentation could include a sample of script error messages or a statement from the prescriber's vendor or internet provider.	Waiver
4	for prescribers that serve a mix of patients in SNF and other settings, the subset related to SNF will be excluded for SNF until 2025, but for other settings (i.e. acute, home, assisted living etc) data will need to be collected	Medicare Part D claims for a beneficiary in a long-term care (LTC) facility will not be used to determine compliance until January 1, 2025. Medicare Part D claims for beneficiaries residing in other settings will be included in the compliance analysis.	LTC
5	Will the exception of prescribers writing for patients within the entity remain after 1/2025?	CMS is evaluating exceptions for future measurement years, and those will be identified in future rulemaking.	Exceptions
6	We don't have 24-hour pharmacies in our area, can this count towards an exemption for Emergency Physicians? This is a big challenge for us in the ER	Currently there are no exceptions for emergency physicians. As noted in the CY 2022 Physician Fee Schedule final rule, CMS has determined that to be considered compliant with the EPCS mandate, prescribers must transmit at least 70% of their Part D controlled substance prescriptions electronically. This threshold accommodates instances when obtaining medication(s) by electronic prescription would delay receipt and adversely impact the patient's medical condition. To request a waiver, prescribers must document circumstance beyond their control that prevented them from conducting EPCS for a designated measurement year.	Exceptions

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7	How confident are you that the DEA regulations will be updated in March 2023?	Questions regarding the DEA's Interim Final Rule with Request for Comment, titled “Electronic Prescriptions for Controlled Substances” [Docket No. DEA-218, RIN 1117-AA61], should be directed to EPCS@dea.gov.	DEA
8	Is there documentation outlining what is required in monthly reporting logs that the DEA requires and outlines within their rulings?	Questions regarding the DEA's Interim Final Rule with Request for Comment, titled “Electronic Prescriptions for Controlled Substances” [Docket No. DEA-218, RIN 1117-AA61], should be directed to EPCS@dea.gov.	DEA
9	CY 2022 PFS proposed rule, we will determine compliance with the EPCS requirement by examining PDE data at the end of the calendar year, which is why we will begin considering data for Part D prescriptions written for beneficiaries in LTC on Jan 1, 2024 and continuing thru Dec 31, 2024 for compliance actions that we take on or after Jan 1, 2025. This seems to indicate 2024 data will include LTC Part D scripts - is that that correct?	Medicare Part D claims for prescriptions dispensed for a beneficiary in a long-term care (LTC) facility will not be used to determine compliance until the January 1, 2025, through December 31, 2025, measurement year.	LTC
10	So, can only the prescriber call in a verbal order, or may their surrogate in the form of a nurse call a verbal order into the pharmacy?	This question related to verbal orders is beyond the scope of the CMS EPCS Program. Please consult the appropriate state and federal laws regarding verbal orders for more information. The CMS EPCS Program does not limit pharmacists or pharmacies from dispensing covered Part D drugs from otherwise valid written, oral, or fax prescriptions that are consistent with current laws and regulations, including but not limited to state EPCS mandates or Drug Enforcement Administration (DEA) requirements.	Other
11	For Residents and Fellows, particularly those use institutional DEA licenses, will you inform the hospital or graduate medical education programs of any non-compliance? Or will you only inform the Resident/Fellow?	At this time, only prescribers or their designated representatives will be notified of EPCS compliance status.	Compliance

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12	With respect to the exception where the prescriber and the pharmacy are the same entity, how is that relationship defined. For instance, in a hospital system where the ED physicians or contracted hospitalists are the prescribers, would the hospital outpatient pharmacy be considered the same entity.	CMS does not intend that an organization with a closed electronic health record system make changes to a unified database solely to comply with the EPCS Program. As noted in the NCPDP Telecommunications Standards, prescriptions sent electronically within closed systems will be coded as electronic in the Part D claims data that CMS uses to assess compliance. We will issue more information in the CY2024 PFS rule.	Same Entity
13	Where can retail pharmacies check to ensure a prescriber who writes controlled substance prescriptions for Part D members is compliant in the program?	At this time, only prescribers or their designated representatives will be notified of EPCS compliance status. Consistent with section 2003 of the SUPPORT Act (section 1860D-4(e)(7) of the Social Security Act) and the CY 2022 and CY 2023 Physician Fee Schedule final rules: <ul style="list-style-type: none"> • There are no compliance requirements for pharmacists or pharmacies in the CMS EPCS Program, as all compliance requirements are limited to prescribers of controlled substances under Medicare Part D. • A pharmacist is not required to verify that a prescriber has a waiver from the CMS EPCS Program prior to dispensing a controlled substance under Medicare Part D. • A pharmacist is not required to verify that a prescriber or prescription qualifies for an exception from the CMS EPCS Program requirements prior to dispensing a controlled substance under Medicare Part D. • The CMS EPCS Program does not limit pharmacists or pharmacies from dispensing covered Part D drugs from otherwise valid written, oral, or fax prescriptions that are consistent with current laws and regulations, including but not limited to state EPCS mandates or Drug Enforcement Administration (DEA) requirements. 	Pharmacy
14	If a state makes a medication a CII-V, are those included in the 70% compliance measurement?	The EPCS Program will utilize a database such as First Databank to identify controlled substance Schedule II, III, IV, and V medications on Medicare Part D claims data. Such databases rely on the controlled substance list determined by the Drug Enforcement Administration (DEA) and posted on its website (https://www.dea.gov/drug-information/csa). State-specific controlled substance lists will not be applied.	Compliance
15	Also, once the DEA regulations are updated, how long do you believe healthcare providers would have to adapt to the new regulations before they are enforced?	As applicable DEA regulations are updated, CMS will make every effort to notify prescribers of new compliance timelines. Questions regarding the DEA regulations should be directed to EPCS@dea.gov .	DEA

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16	Hospitalized patients who are discharged to skilled nursing facilities - what if the nursing home demands paper rx be used, but the hospitalist physician does not want paper Rx to count against him.	Prescriptions written for a beneficiary in a long-term care (LTC) facility will not be used to determine compliance until January 1, 2025. As noted in the CY 2022 Physician Fee Schedule final rule, CMS has determined that to be considered compliant with the EPCS mandate, prescribers must transmit at least 70% of their Part D controlled substance prescriptions electronically. This threshold accommodates instances when electronic transmission may not be practical. If a prescriber finds that ongoing issues have prevented them from achieving compliance, a waiver may be requested. To request a waiver, prescribers must document circumstance beyond their control that prevented them from conducting EPCS for a designated measurement year.	Compliance
17	Will prescriptions covered by Medicaid also be counted towards compliance?	The CMS EPCS Program analyzes only Medicare Part D and Medicare Advantage prescription drug claims. This would include dual-eligible (Medicare/Medicaid) beneficiaries whose prescriptions are covered under a Medicare Part D plan.	Compliance
18	I am very confused at the statement about rx's are considered electronic if done by EHR even if its printed?	A prescription generated by an electronic system, such as an electronic health record (EHR) or e-prescribing system, and printed or transmitted through fax is not considered an electronic prescription for purposes of the EPCS Program.	Compliance
19	What are the disciplinary actions from CMS that may occur for providers who do not reach 70% compliance?	For the 2023 and 2024 measurement years, CMS will send a noncompliance notice to prescribers violating the EPCS mandate. CMS will propose penalties for noncompliance in future measurement years through rulemaking.	Compliance
20	Can a pharmacy refuse to fill a paper RX if they do not have e scribe capabilities yet!	Consistent with section 2003 of the SUPPORT Act (section 1860D-4(e)(7) of the Social Security Act) and the CY 2022 and CY 2023 Physician Fee Schedule final rules: <ul style="list-style-type: none"> • There are no compliance requirements for pharmacists or pharmacies in the CMS EPCS Program, as all compliance requirements are limited to prescribers of controlled substances under Medicare Part D. • A pharmacist is not required to verify that a prescriber has a waiver from the CMS EPCS Program prior to dispensing a controlled substance under Medicare Part D. • A pharmacist is not required to verify that a prescriber or prescription qualifies for an exception from the CMS EPCS Program requirements prior to dispensing a controlled substance under Medicare Part D. • The CMS EPCS Program does not limit pharmacists or pharmacies from dispensing covered Part D drugs from otherwise valid written, oral, or fax prescriptions that are consistent with current laws and regulations, including but not limited to state EPCS mandates or Drug Enforcement Administration (DEA) requirements. 	Pharmacy

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21	did I understand correctly that this rule does not apply to Rx for which are billed as cash? therefore a doctor can write 100% of his Rx for controlled substances if the patient is paying cash at the pharmacy with no violation?	The SUPPORT Act and the CMS EPCS Program require that Schedule II–V controlled substance prescriptions covered under Medicare Part D prescription drug plans (including Medicare Advantage drug plans) be transmitted electronically. The program will analyze all Medicare Part D claims, including any claims that the patient may have submitted to the plan for direct member reimbursement. While the CMS EPCS Program does not analyze cash transactions that were not submitted through a Part D plan, many states have their own mandates specific to EPCS that are separate from the federal program.	Compliance
22	Can pharmacies be audited by Part D plans for this rule?	<p>Consistent with section 2003 of the SUPPORT Act (section 1860D-4(e)(7) of the Social Security Act) and the CY 2022 and CY 2023 Physician Fee Schedule Final Rules:</p> <ul style="list-style-type: none"> • There are no compliance requirements for pharmacists or pharmacies in the CMS EPCS Program, as all compliance requirements are limited to prescribers of controlled substances under Medicare Part D. • A pharmacist is not required to verify that a prescriber has a waiver from the CMS EPCS Program prior to dispensing a controlled substance under Medicare Part D. • A pharmacist is not required to verify that a prescriber or prescription qualifies for an exception from the CMS EPCS Program requirements prior to dispensing a controlled substance under Medicare Part D. • The CMS EPCS Program does not limit pharmacists or pharmacies from dispensing covered Part D drugs from otherwise valid written, oral, or fax prescriptions that are consistent with current laws and regulations, including but not limited to state EPCS mandates or Drug Enforcement Administration (DEA) requirements. 	Pharmacy
23	Why are some pharmacies refusing to fill approved triplicate written prescriptions for Schedule II-V drugs?	<p>Consistent with section 2003 of the SUPPORT Act (section 1860D-4(e)(7) of the Social Security Act) and the CY 2022 and CY 2023 Physician Fee Schedule Final Rules:</p> <ul style="list-style-type: none"> • There are no compliance requirements for pharmacists or pharmacies in the CMS EPCS Program, as all compliance requirements are limited to prescribers of controlled substances under Medicare Part D. • A pharmacist is not required to verify that a prescriber has a waiver from the CMS EPCS Program prior to dispensing a controlled substance under Medicare Part D. • A pharmacist is not required to verify that a prescriber or prescription qualifies for an exception from the CMS EPCS Program requirements prior to dispensing a controlled substance under Medicare Part D. • The CMS EPCS Program does not limit pharmacists or pharmacies from dispensing covered Part D drugs from otherwise valid written, oral, or fax prescriptions that are consistent with current laws and regulations, including but not limited to state EPCS mandates or Drug Enforcement Administration (DEA) requirements. 	Pharmacy

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24	What about prescriptions prescribed under a standing order?	This question related to standing orders is beyond the scope of the CMS EPCS Program. Please consult the appropriate state and federal laws regarding standing orders for more information. The CMS EPCS Program does not limit pharmacists or pharmacies from dispensing covered Part D drugs from otherwise valid written, oral, or fax prescriptions that are consistent with current laws and regulations, including but not limited to state EPCS mandates or Drug Enforcement Administration (DEA) requirements.	Other
25	Where do I direct pharmacies concerned about having to pay back the money for receiving written Rx	<p>Consistent with section 2003 of the SUPPORT Act (section 1860D-4(e)(7) of the Social Security Act) and the CY 2022 and CY 2023 Physician Fee Schedule Final Rules:</p> <ul style="list-style-type: none"> • There are no compliance requirements for pharmacists or pharmacies in the CMS EPCS Program, as all compliance requirements are limited to prescribers of controlled substances under Medicare Part D. • A pharmacist is not required to verify that a prescriber has a waiver from the CMS EPCS Program prior to dispensing a controlled substance under Medicare Part D. • A pharmacist is not required to verify that a prescriber or prescription qualifies for an exception from the CMS EPCS Program requirements prior to dispensing a controlled substance under Medicare Part D. • The CMS EPCS Program does not limit pharmacists or pharmacies from dispensing covered Part D drugs from otherwise valid written, oral, or fax prescriptions that are consistent with current laws and regulations, including but not limited to state EPCS mandates or Drug Enforcement Administration (DEA) requirements. 	Pharmacy
26	A chain pharmacist is concerned they might have to pay back scripts written	<p>Consistent with section 2003 of the SUPPORT Act (section 1860D-4(e)(7) of the Social Security Act) and the CY 2022 and CY 2023 Physician Fee Schedule Final Rules:</p> <ul style="list-style-type: none"> • There are no compliance requirements for pharmacists or pharmacies in the CMS EPCS Program, as all compliance requirements are limited to prescribers of controlled substances under Medicare Part D. • A pharmacist is not required to verify that a prescriber has a waiver from the CMS EPCS Program prior to dispensing a controlled substance under Medicare Part D. • A pharmacist is not required to verify that a prescriber or prescription qualifies for an exception from the CMS EPCS Program requirements prior to dispensing a controlled substance under Medicare Part D. • The CMS EPCS Program does not limit pharmacists or pharmacies from dispensing covered Part D drugs from otherwise valid written, oral, or fax prescriptions that are consistent with current laws and regulations, including but not limited to state EPCS mandates or Drug Enforcement Administration (DEA) requirements. 	Pharmacy

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27	Is there any laws written that would enforce a Pharmacy to have to pay back scripts that were written.	<p>Consistent with section 2003 of the SUPPORT Act (section 1860D-4(e)(7) of the Social Security Act) and the CY 2022 and CY 2023 Physician Fee Schedule Final Rules:</p> <ul style="list-style-type: none"> • There are no compliance requirements for pharmacists or pharmacies in the CMS EPCS Program, as all compliance requirements are limited to prescribers of controlled substances under Medicare Part D. • A pharmacist is not required to verify that a prescriber has a waiver from the CMS EPCS Program prior to dispensing a controlled substance under Medicare Part D. • A pharmacist is not required to verify that a prescriber or prescription qualifies for an exception from the CMS EPCS Program requirements prior to dispensing a controlled substance under Medicare Part D. • The CMS EPCS Program does not limit pharmacists or pharmacies from dispensing covered Part D drugs from otherwise valid written, oral, or fax prescriptions that are consistent with current laws and regulations, including but not limited to state EPCS mandates or Drug Enforcement Administration (DEA) requirements. 	Pharmacy
28	Will the plan have a support line or e-Prescribing platform offered for subsidized clinics or rural health clinicians?	<p>Providers can reach the CMS EPCS Program Service Center at: https://cmsqualitysupport.servicenowservices.com/ccsq_support_central, 1-866-288-8292, or EPCS-EPrescribe@cms.hhs.gov.</p>	EPCS Support
29	Will CMS analyze the data in terms of unique prescriptions, or will each separate prescription fill count towards the Measure?	<p>The EPCS program will count unique prescriptions in the measurement year by using the prescription number which is assigned by the pharmacy and included in the Part D claims data. Refills are not separately transmitted prescriptions and any refills issued on the prescription are included in the initial transmission, given the same prescription number at the pharmacy, and would include the same prescription origin code (i.e., written, telephone, electronic, facsimile, pharmacy). Therefore, refills will not count towards the compliance calculation. Renewals of prescriptions would result in a new prescription number being issued by the pharmacy and therefore would count towards the compliance calculation.</p>	Compliance
30	Does same entity exclusion include provider prescriptions for hospital owned retail pharmacies?	<p>CMS does not intend that an organization with a closed electronic health record system make changes to a unified database solely to comply with the EPCS Program. As noted in the NCPDP Telecommunications Standards, prescriptions sent electronically within closed systems will be coded as electronic in the Part D claims data that CMS uses to assess compliance. We will issue more information in the CY2024 PFS rule.</p>	Same Entity
31	Does FDB send you state specific controlled substance designations? For example, if one state makes gabapentin controlled to be included in this calculation?	<p>The EPCS Program will utilize a database such as First Databank to identify controlled substance Schedule II, III, IV, and V medications on Medicare Part D claims data. Such databases rely on the controlled substance list determined by the Drug Enforcement Administration (DEA) and posted on its website (https://www.dea.gov/drug-information/csa). State-specific controlled substance lists will not be applied.</p>	Compliance

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32	How will the exception for same entity be determined during the data analysis?	CMS does not intend that an organization with a closed electronic health record system make changes to a unified database solely to comply with the EPCS Program. As noted in the NCPDP Telecommunications Standards, prescriptions sent electronically within closed systems will be coded as electronic in the Part D claims data that CMS uses to assess compliance. We will issue more information in the CY2024 PFS rule.	Same Entity
33	But why are they refusing to fill the written Rx?	<p>Consistent with section 2003 of the SUPPORT Act (section 1860D-4(e)(7) of the Social Security Act) and the CY 2022 and CY 2023 Physician Fee Schedule final rules:</p> <ul style="list-style-type: none"> • There are no compliance requirements for pharmacists or pharmacies in the CMS EPCS Program, as all compliance requirements are limited to prescribers of controlled substances under Medicare Part D. • A pharmacist is not required to verify that a prescriber has a waiver from the CMS EPCS Program prior to dispensing a controlled substance under Medicare Part D. • A pharmacist is not required to verify that a prescriber or prescription qualifies for an exception from the CMS EPCS Program requirements prior to dispensing a controlled substance under Medicare Part D. • The CMS EPCS Program does not limit pharmacists or pharmacies from dispensing covered Part D drugs from otherwise valid written, oral, or fax prescriptions that are consistent with current laws and regulations, including but not limited to state EPCS mandates or Drug Enforcement Administration (DEA) requirements. 	Pharmacy
34	Also how can we ensure to be notified regarding CMS rule making and webinars. Is there newsletter we can subscribe	Please subscribe to the EPCS Program listserv (https://public.govdelivery.com/accounts/USCMS/subscriber/new?topic_id=USCMS_13022) to receive program updates. You can also find EPCS Program announcements at https://www.cms.gov/Medicare/E-Health/Eprescribing .	Listserv
35	How do I contact the EPCS Service Center?	Email EPCS-EPrescribe@cms.hhs.gov , call 1-866-288-8292, or start an inquiry at CCSQ Welcome Page – CCSQ Support Central (https://cmsqualitysupport.servicenow.com/ccsq_support_central).	EPCS Support
36	What are the specific criteria for bypassing EPCS for hospices to order direct to the pharmacy?	The CY 2022 Medicare Physician Fee Schedule (PFS) final rule states that “we are not creating an exemption for prescribers issuing prescriptions for individuals enrolled in hospice.” Here is a link to the hospice discussion in the final rule: https://www.federalregister.gov/d/2021-23972 .	Exceptions
37	Are rural health clinics (RHCs) and FQHCs required to comply with these requirements?	Currently there are no exemptions for rural health clinics and Federally Qualified Health Centers. Prescribers who issue over 100 qualifying Part D controlled substance prescriptions in the measurement year are required to comply with the requirements of the CMS EPCS Program.	Exceptions

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38	If not covered on this webinar, how can we find more information on how the DEA ECPS and CMS ECPS intersect and which supersedes which?	Questions regarding the DEA's Interim Final Rule with Request for Comment, titled “Electronic Prescriptions for Controlled Substances” [Docket No. DEA-218, RIN 1117-AA61], should be directed to EPCS@dea.gov.	DEA
39	What are the exception parameters? Does this take into account local pharmacies that don't accept EPCS or states that have prohibitive requirements?	<p>Prescribers will be exempt from EPCS Program requirements, or particular prescriptions will not be considered for purposes of determining compliance with, this requirement in the following situations:</p> <ol style="list-style-type: none"> 1. Prescriptions for controlled substances issued when the prescriber and pharmacy are the same entity. 2. Prescribers who issue 100 or fewer qualifying Part D controlled substance prescriptions in the measurement year. 3. Prescriptions for controlled substances issued when the prescriber is located in the geographic area of an emergency or disaster declared by a federal, state, or local government entity. 4. Prescribers who receive a CMS-approved waiver because the prescriber is unable to conduct electronic prescribing of controlled substances due to circumstances beyond the prescriber's control. <p>Additionally, prescriptions written for a beneficiary in a long-term care (LTC) facility will not be included in determining compliance until January 1, 2025.</p>	Exceptions
40	Are there any compliance ramifications for pharmacies? i.e. Recoupment for dispensing?	<p>Consistent with section 2003 of the SUPPORT Act (section 1860D-4(e)(7) of the Social Security Act) and the CY 2022 and CY 2023 Physician Fee Schedule final rules:</p> <ul style="list-style-type: none"> • There are no compliance requirements for pharmacists or pharmacies in the CMS EPCS Program, as all compliance requirements are limited to prescribers of controlled substances under Medicare Part D. • The CMS EPCS Program does not limit pharmacists or pharmacies from dispensing covered Part D drugs from otherwise valid written, oral, or fax prescriptions that are consistent with current laws and regulations, including but not limited to state EPCS mandates or Drug Enforcement Administration (DEA) requirements. 	Pharmacy
41	to confirm, the data collection for the Long-term Care/Skilled nursing facilities will not be collected until 2025, however the mechanisms to collect this data will need to be available starting Jan 1 2025	Correct. Compliance actions for prescriptions for beneficiaries in a long-term care (LTC) facility will begin January 1, 2025, based on analysis of Medicare Part D claims data.	LTC

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42	Do all Medicare-covered patients have Medicare Part D coverage or are there other programs they can buy into for Prescription coverage?	Medicare drug coverage is optional and offered to everyone with Medicare. Please see medicare.gov for more information on Medicare drug coverage. The CMS EPCS Program analyzes claims for controlled substance prescriptions under Medicare Part D prescription drug plans and Medicare Advantage prescription drug (MA-PD) plans.	Other
43	Who does the violation go to? The Provider or Entity they are working for?	The notice of noncompliance will be sent to the prescribing NPI via available e-mail addresses in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) and the National Plan and Provider Enumeration System (NPPES), or by regular mail if there is no e-mail address in PECOS or NPPES.	Compliance
44	What does this mean for pharmacies? Are we penalized if not E-rx	The EPCS Program applies (with qualified exceptions) only to prescribers who issue controlled substance prescriptions under Medicare Part D. Consistent with section 2003 of the SUPPORT Act (section 1860D-4(e)(7) of the Social Security Act) and the CY 2022 and CY 2023 Physician Fee Schedule final rules: <ul style="list-style-type: none"> • There are no compliance requirements for pharmacists or pharmacies in the CMS EPCS Program, as all compliance requirements are limited to prescribers of controlled substances under Medicare Part D. • A pharmacist is not required to verify that a prescriber has a waiver from the CMS EPCS Program prior to dispensing a controlled substance under Medicare Part D. • A pharmacist is not required to verify that a prescriber or prescription qualifies for an exception from the CMS EPCS Program requirements prior to dispensing a controlled substance under Medicare Part D. • The CMS EPCS Program does not limit pharmacists or pharmacies from dispensing covered Part D drugs from otherwise valid written, oral, or fax prescriptions that are consistent with current laws and regulations, including but not limited to state EPCS mandates or Drug Enforcement Administration (DEA) requirements. 	Pharmacy
45	As a primary care provider how do I get started with this process because I send Rx for Adipex for my weight loss patients?	Prescribers issuing electronic prescriptions for controlled substances must use a software application that meets all Drug Enforcement Administration (DEA) requirements, which are summarized at the DEA Electronic Prescriptions for Controlled Substances (EPCS) webpage (https://deadiversion.usdoj.gov/ecommm/e_rx/).	Other
46	We have several dental providers, is the 100 threshold per prescriber or the entire practice/entity	Compliance with the EPCS Program is assessed at the individual prescriber level. CMS will analyze Medicare Part D claims for controlled substance prescriptions in the measurement year, using the prescriber NPI.	Compliance
47	Will there be a financial penalty for non-compliant prescribers?	For the 2023 and 2024 measurement years, noncompliant prescribers will receive a noncompliance notice. CMS will propose penalties for noncompliance in future EPCS measurement years through rulemaking.	Penalties

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48	How does this impact hospice prescriptions that are covered by the hospice benefit.	The CMS EPCS Program will calculate compliance using only Medicare Part D claims. The CY 2022 Medicare Physician Fee Schedule (PFS) final rule states that “we are not creating an exemption for prescribers issuing prescriptions for individuals enrolled in hospice.” Here is a link to the hospice discussion in the final rule: https://www.federalregister.gov/d/2021-23972 .	Exceptions
49	Will the plan have to place restriction on a provider if they are below the 70% threshold?	At this time, only prescribers or their designated representatives will be notified of EPCS compliance status. For the 2023 and 2024 measurement years, noncompliant prescribers will receive a noncompliance notice. CMS will propose penalties for noncompliance in future EPCS measurement years through rulemaking.	Compliance
50	How do you enroll or register to start prescription.	Prescribers issuing electronic prescriptions for controlled substances must use a software application that meets all Drug Enforcement Administration (DEA) requirements, which are summarized at the DEA Electronic Prescriptions for Controlled Substances (EPCS) webpage (https://deadiversion.usdoj.gov/ecommm/e_rx/).	Other
51	Are there specific conditions for a dental practice	All prescribers who issue controlled substance prescriptions under Medicare Part D are included in the EPCS Program unless they qualify for an exception. Currently there are no exemptions or special provisions for dental practices.	Exceptions
52	How can I tell easily how many medicare part d rx's per provider write classes 2-5 easily??	During a measurement year, prescribers may estimate the number of Part D controlled substance prescriptions they issue by using their practice records. Some state PDMPs may also be a resource for such estimates. The CMS EPCS Program performs the compliance analysis and reports compliance status to prescribers after the close of the measurement year. The CMS EPCS Program does not report the number of Part D controlled substance prescriptions issued by prescribers during the measurement year.	Other
53	As a Hospital, will the hospital be penalized or the individual providers?	No. The EPCS Program applies to individual prescribers. CMS will analyze Medicare Part D claims for controlled substance prescriptions in the measurement year, using the prescriber NPI.	Compliance
54	what is the penalty for non-compliance	For the 2023 and 2024 measurement years, non-compliant prescribers will receive a noncompliance notice. CMS will propose penalties for noncompliance in future EPCS measurement years through rulemaking.	Penalties

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55	When can we not fill written or called in prescriptions for controls?	<p>Consistent with section 2003 of the SUPPORT Act (section 1860D-4(e)(7) of the Social Security Act) and the CY 2022 and CY 2023 Physician Fee Schedule final rules:</p> <ul style="list-style-type: none"> • There are no compliance requirements for pharmacists or pharmacies in the CMS EPCS Program, as all compliance requirements are limited to prescribers of controlled substances under Medicare Part D. • A pharmacist is not required to verify that a prescriber has a waiver from the CMS EPCS Program prior to dispensing a controlled substance under Medicare Part D. • A pharmacist is not required to verify that a prescriber or prescription qualifies for an exception from the CMS EPCS Program requirements prior to dispensing a controlled substance under Medicare Part D. • The CMS EPCS Program does not limit pharmacists or pharmacies from dispensing covered Part D drugs from otherwise valid written, oral, or fax prescriptions that are consistent with current laws and regulations, including but not limited to state EPCS mandates or Drug Enforcement Administration (DEA) requirements. 	Pharmacy
56	what impact does notice of non compliance have on prescribers?	<p>For the 2023 and 2024 measurement years, CMS will send a noncompliance notice to prescribers violating the EPCS mandate. The purpose of the notification is to educate providers on their EPCS status and give them an opportunity to make corrective actions to achieve compliance. CMS will propose penalties for noncompliance in future measurement years, through rulemaking.</p>	Compliance
57	What was the section of the program which discussed pharmacies not required to enforce the EPCS Program?	<p>Consistent with section 2003 of the SUPPORT Act (section 1860D-4(e)(7) of the Social Security Act) and the CY 2022 and CY 2023 Physician Fee Schedule Final Rules:</p> <ul style="list-style-type: none"> • There are no compliance requirements for pharmacists or pharmacies in the CMS EPCS Program, as all compliance requirements are limited to prescribers of controlled substances under Medicare Part D. • A pharmacist is not required to verify that a prescriber has a waiver from the CMS EPCS Program prior to dispensing a controlled substance under Medicare Part D. • A pharmacist is not required to verify that a prescriber or prescription qualifies for an exception from the CMS EPCS Program requirements prior to dispensing a controlled substance under Medicare Part D. • The CMS EPCS Program does not limit pharmacists or pharmacies from dispensing covered Part D drugs from otherwise valid written, oral, or fax prescriptions that are consistent with current laws and regulations, including but not limited to state EPCS mandates or Drug Enforcement Administration (DEA) requirements. 	Pharmacy

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58	Will the plan have a support line or e-Prescribing platform offered for subsidized clinics or rural health clinicians?	Providers can reach the CMS EPCS Program Service Center at: https://cmsqualitysupport.servicenowservices.com/ccsq_support_central , 1-866-288-8292, or EPCS-EPrescribe@cms.hhs.gov.	Other
59	What was the section in the SUPPORT act that specifically referenced no impact on verbal, faxed or written prescriptions?	Consistent with section 2003 of the SUPPORT Act (section 1860D-4(e)(7) of the Social Security Act) and the CY 2022 and CY 2023 Physician Fee Schedule final rules: <ul style="list-style-type: none"> • There are no compliance requirements for pharmacists or pharmacies in the CMS EPCS Program, as all compliance requirements are limited to prescribers of controlled substances under Medicare Part D. • The CMS EPCS Program does not limit pharmacists or pharmacies from dispensing covered Part D drugs from otherwise valid written, oral, or fax prescriptions that are consistent with current laws and regulations, including but not limited to state EPCS mandates or Drug Enforcement Administration (DEA) requirements. 	Other
60	We are having a hard time with retail pharmacies who may or may not enforce the rule, are they required to?	Consistent with section 2003 of the SUPPORT Act (section 1860D-4(e)(7) of the Social Security Act) and the CY 2022 and CY 2023 Physician Fee Schedule final rules: <ul style="list-style-type: none"> • There are no compliance requirements for pharmacists or pharmacies in the CMS EPCS Program, as all compliance requirements are limited to prescribers of controlled substances under Medicare Part D. • A pharmacist is not required to verify that a prescriber has a waiver from the CMS EPCS Program prior to dispensing a controlled substance under Medicare Part D. • A pharmacist is not required to verify that a prescriber or prescription qualifies for an exception from the CMS EPCS Program requirements prior to dispensing a controlled substance under Medicare Part D. • The CMS EPCS Program does not limit pharmacists or pharmacies from dispensing covered Part D drugs from otherwise valid written, oral, or fax prescriptions that are consistent with current laws and regulations, including but not limited to state EPCS mandates or Drug Enforcement Administration (DEA) requirements. 	Pharmacy
61	In preparation for this coming webinar on the 12 th I wanted to know if there is a list that can be provided with all Schedule II-V controlled substances prescribers under Medicare Part D	Currently, the CMS EPCS Program does not provide a list of prescribers who issue controlled substance prescriptions that are filled and paid for under a Medicare Part D plan.	Other
62	When does this mandate take into effect	The CMS EPCS Program took effect on January 1, 2023. CMS will notify prescribers of their 2023 EPCS compliance status in the fall of 2024.	Compliance

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63	Is there a specific system the pharmacy/vendor or provider must use to send out these scripts	CMS does not advise or recommend specific pharmacies or vendors that a prescribers must use. However, prescribers issuing electronic prescriptions for controlled substances must use a software application that meets all Drug Enforcement Administration (DEA) requirements, which are summarized at the DEA Electronic Prescriptions for Controlled Substances (EPCS) webpage (https://deadiversion.usdoj.gov/ecommm/e_rx/).	Other
64	Is there any guidance or exceptions specifically for nursing homes?	Currently there are no exemptions for prescribers issuing prescriptions for individuals who are residents of a nursing facility and covered under a Medicare Part D Plan. Prescriptions written for a beneficiary in a long-term care (LTC) facility will not be used to determine compliance until January 1, 2025.	LTC

<p>65</p>	<p>Hello, I am an 83 year old psychiatrist in private practice (Lawrence, KS). I do not send any prescriptions electronically. It is my understanding that the CMS will review all of my paid, controlled drug prescriptions for 2023. If I prescribe less than 100 paid, controlled drug substances to Medicare Part D and Medicaid patients I will be automatically exempt from the EPCS program requiring email prescriptions.</p> <p>I would like clarification on how the prescriptions qualify to be counted. Due to not sending any prescriptions electronically, will each prescription that I write or call be counted as 1 script toward my total?</p> <p>Do you count refills on controlled substances each time they are refilled? For example, every time I prescribe Ritalin, the script is only for 30 days and I have to call or write in a new script at the end of 30 days. Each time that I call or write that script, is it considered 1 script toward my total?</p> <p>Does it matter whether I call or write the script? Is each one considered a script toward my total?</p> <p>Thank you for the clarification.</p>	<p>All prescriptions for a Schedule II, III, IV, and V controlled substance that a clinician issues and that are filled and paid for under a Medicare Part D plan will be used determine compliance with the CMS EPCS Program. This includes written, faxed, electronic, and phoned-in prescriptions. A prescription generated and directly transmitted to a pharmacy by an electronic system, such as an electronic health record (EHR) or e-prescribing system, is considered an electronic prescription for purposes of the EPCS Program.</p> <p>The EPCS program will count unique prescriptions in the measurement year by using the prescription number which is assigned by the pharmacy and included in the Part D claims data. Refills are not separately transmitted prescriptions and any refills issued on the prescription are included in the initial transmission, given the same prescription number at the pharmacy, and would include the same prescription origin code (i.e., written, telephone, electronic, facsimile, pharmacy). Therefore, refills will not count towards the compliance calculation. Renewals of prescriptions would result in a new prescription number being issued by the pharmacy and therefore would count towards the compliance calculation.</p>	<p>Compliance</p>
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66	<p>Dear CMS:</p> <p>We are a multi-site institution.</p> <p>Currently employees of our institution are approved for EPCS by employees of the same institution who do not have a DEA number. Non-employees are approved by an employee that has a DEA number.</p> <p>We are currently trying to open up a sister site that will have providers who are not employees of our institution; however, the new sister site will share the same EMR as our institution.</p> <p>This creates a situation where current employees approved by EPCS may practice at our new sister institution. Is it okay for them to utilize EPCS at our sister site using the approval that they received from a non-DEA employee? To clarify, providers at our sister site would normally have gone through approval by a DEA employee.</p> <p>Please let me know if additional clarification may be necessary.</p>	<p>Questions regarding DEA registration requirements and software applications for Electronic Prescriptions for Controlled Substances (EPCS) should be directed to EPCS@dea.gov.</p>	DEA
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67	Will this be coming in the future for Commercial & Medicaid plans? Do cash prescriptions for controlled prescriptions have to be electronic?	The CMS EPCS Program applies only to prescriptions filled through Medicare Part D and Medicare Advantage prescription drug plans. This would include dual-eligible (Medicare/Medicaid) beneficiaries whose prescriptions are covered under a Medicare Part D plan. The CMS EPCS Program analyzes all Medicare Part D claims, including any claims that the patient may have submitted to the plan for direct member reimbursement. While the program does not analyze cash transactions that were not submitted through a Part D plan, many states have their own mandates specific to EPCS that are separate from the federal program. We recommend all prescribers monitor their individual state EPCS requirements.	Compliance
68	If the prescription hardcopy is not an electronic & is dated prior to 01/01/2023, will those prescriptions be impacted by this mandate?	Medicare Part D claims with a date of service or fill date from January 1, 2023, to December 31, 2023, submitted on or before June 28, 2024, will be included in the compliance analysis.	Compliance