

EPCS Program Glossary

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

C

Compliance Threshold

To be considered compliant, at least 70 percent of controlled substance (Schedule II-V) prescriptions under Medicare Part D must be transmitted electronically each measurement year, after exceptions are applied.

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D

Disaster

An event that disrupts the normal functioning of a community, as declared by a Federal, State, or local government entity. A disaster can be short- or long-term with unexpected timing and consequences that impact the prescriber's ability to electronically prescribe controlled substances.

Drug Enforcement Administration (DEA)

The governmental agency that enforces the controlled substances laws and regulations of the United States and brings to the criminal and civil justice system of the United States, or any other competent jurisdiction, those organizations and principal members of organizations, involved in the growing, manufacture, or distribution of controlled substances appearing in or destined for illicit traffic in the United States; and recommends and supports non-enforcement programs aimed at reducing the availability of illicit controlled substances on the domestic and international markets.

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E

Electronic Health Record (EHR)

An electronic health record (EHR) is software that's used to securely document, store, retrieve, share, and analyze information about individual patient care. An EHR system is the software that healthcare providers use to track patient data.

Electronic Prescribing for Controlled Substances (EPCS)

Electronic prescribing for controlled substances (EPCS) refers to the prescriber's ability to electronically transmit an accurate, error-free, and understandable prescription for controlled substances directly to a pharmacy from the point-of-care.

Electronic Prescribing for Controlled Substances Program

The program enacted into law in 2018 which mobilized Federal efforts to address the nation's ongoing opioid crisis. Section 2003 of the SUPPORT Act mandates that the prescribing of a Schedule II, III, IV, or V controlled substance under Medicare Part D should be done electronically in accordance with an electronic prescription drug program, subject to any exceptions, which the Department of Health and Human Services (HHS) may specify.

EPCS Program Prescriber

A provider who prescribes controlled substances to beneficiaries under Medicare Part D prescription drug plans (Medicare Part D) in accordance with state and federal laws, such as physicians, nurse practitioners, physician assistants and dentists.

Exceptions

- Prescribers will be exempt from, or particular prescriptions will not be considered for purposes of determining compliance with, this requirement in the following situations:
 - Prescriptions for controlled substances issued when the prescriber and dispensing pharmacy are the same entity.
 - Prescribers who issue 100 or fewer qualifying Medicare Part D controlled substance prescriptions per calendar year.
 - Prescribers who CMS determines are in the geographic area of an emergency or disaster declared by a Federal, State, or local government entity.
 - Prescribers who have received a CMS-approved waiver because the prescriber is unable to conduct electronic prescribing of controlled substances due to circumstances beyond the prescriber's control.

Compliance actions for prescriptions for beneficiaries in a long-term care (LTC) facility will begin January 1, 2025.

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H

HCQIS Access, Roles and Profile (HARP) system

Healthcare Quality Information System (HCQIS) Access, Roles and Profile (HARP) System is a secure identity management portal provided by the Centers for Medicare and Medicaid Services (CMS). Creating an account via HARP provides users with a user ID and password that can be used to sign into many CMS applications. It also provides a single location for users to modify their user profile, change their password, update their challenge question, and add and remove two-factor authentication devices. A HARP account is required to access the EPCS Dashboard which will provide access to prescriber level compliance information and the waiver application. .

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L

Low Volume Prescriber

Prescribers who issue 100 or fewer Medicare Part D Schedule II, III, IV or V controlled substance prescriptions per calendar year.

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Measurement Year

The time period used to collect data and measure outcomes for the EPCS Program. The EPCS measurement period for the first compliance year is January 1, 2023 through December 31, 2023. Future measurement periods will begin on January 1st and end on December 31st of each calendar year.

Medicare Part D

The prescription drug benefit offered by Medicare that includes stand-alone prescription drug plans (PDPs) and Medicare Advantage prescription drug (MA-PD) plans. Medicare Part D claims will be the data source for EPCS compliance.

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N

National Council for Prescription Drug Programs (NCPDP) SCRIPT standard version 2017071

The standard that facilitates the secure electronic transmission of prescription information between pharmacists, prescribers, and payers.

National Provider Identifier (NPI)

A unique 10-digit identification number issued to health care providers as defined in 45 CFR 160.103 by the CMS-administered National Plan and Provider Enumeration System (NPPES).

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P

Penalty

The consequence that occurs when a prescriber does not meet EPCS requirements. For the first measurement year the penalty will be a letter of non-compliance from CMS. Section 2003 of the SUPPORT Act authorizes the Secretary of the Department of Health and Human Services, through

rulemaking, to enforce and specify appropriate penalties for non-compliance with the EPCS Program. Future penalties will be proposed through rulemaking in the Physician Fee Schedule

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S

Scheduled Controlled Substances (II, III, IV, V)

Medications that have the potential for physical and psychological dependence and are included in the EPCS Program. Schedule I controlled substances are not included in the EPCS Program.

- **Schedule II** drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Some examples of Schedule II drugs are: combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin
- **Schedule III** drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Some examples of Schedule III drugs are: products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, testosterone
- **Schedule IV** drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence. Some examples of Schedule IV drugs are: Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, Tramadol
- **Schedule V** drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes. Some examples of Schedule V drugs are: cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, Parepectolin

Source: [DEA](#)

SUPPORT Act (The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act)

The SUPPORT Act became law in October 2018. Broadly, this law addresses the nation's opioid overdose epidemic and includes measures affecting law enforcement, public health, and federal programs, including Medicaid and Medicare. Section 2003 of the SUPPORT Act establishes an electronic prescription drug program to ensure that health care providers who prescribe controlled substances under Medicare Part D transmit these prescriptions electronically.

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W

Waiver

A valid CMS-granted exception from the EPCS requirements. Prescribers will have the opportunity to request an EPCS Program waiver based on extraordinary circumstances, such as economic hardship, technological limitations, or other circumstance outside of the prescriber's control. Waivers for the EPCS Program are applicable for up to one measurement year.

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