CMS EPCS | Electronic Prescribing for Controlled Substances

CMS 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 Acronym List

C

CMS EPCS Prescriber Portal

The Centers for Medicare & Medicaid (CMS) Electronic Prescribing for Controlled Substances (EPCS) Prescriber Portal is a web platform that prescribers of Schedule II–V controlled substances under Medicare Part D and their designated representatives can access to:

- View the prescriber's compliance status for the measurement year.
- Submit a waiver application for the measurement year, if needed, explaining any circumstances beyond the prescriber's control that prevented the prescriber from meeting the program requirement.
- Check the prescriber's waiver application status.

To log in to the EPCS Prescriber Portal, users need a Health Care Quality Information Systems (HCQIS) Access, Roles, and Profile (HARP) account user ID and password. These are the same login credentials for accessing the Quality Payment Program (QPP) portal. If a user doesn't have a HARP account, they can apply for one on the HARP Create an Account webpage.

The waiver application submission window is open from mid-September to mid-November after the measurement year. To receive notifications for the exact dates each year, subscribe to the CMS EPCS Program Listserv.

CMS EPCS Program

The CMS EPCS Program, established and authorized by Section 2003 of the SUPPORT Act of 2018 (Public Law 115-271), requires that Schedule II–V controlled substance prescriptions under Medicare Part D and Medicare Advantage prescription drug (MA-PD) plans be prescribed electronically, subject to any exceptions that the U.S. Department of Health and Human Services (HHS) may specify.

CMS EPCS Program Prescriber

A CMS EPCS Program prescriber is a medical provider—such as a physician, nurse practitioner, physician assistant, and dentist—who issues Schedule II–IV controlled substances to beneficiaries under Medicare Part D and MA-PD plans in accordance with State and Federal laws.

Compliance Analysis Period

The compliance analysis period begins in August after the measurement year. During this time, CMS reviews Medicare Part D prescription claims data to determine whether prescribers have met the compliance threshold for the CMS EPCS Program.

Compliance Threshold

To be considered compliant, prescribers must transmit at least 70% of their qualifying Schedule II–V controlled substance prescriptions under Medicare Part D, after exceptions, each measurement year.

D

Declared Disaster Exception

The CMS EPCS Program automatically provides the declared disaster exception to a prescriber if they're in the geographic area of a disaster or an emergency declared by a Federal, State, or local government entity. Starting in measurement year 2024, CMS identifies which declared disasters and emergencies qualify for this exception. CMS posts a list of the disasters and emergencies that qualify for the exception for each measurement year on the CMS EPCS Program webpage. For all other disasters and emergencies, please submit a waiver application.

Disaster

A disaster is an event that disrupts the normal functioning of a community. 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

The Drug Enforcement Administration (DEA) is a governmental agency that enforces the controlled substance 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.

E

Electronic Health Record

An electronic health record (EHR) is an electronic version of a patient's medical history that is maintained by the provider over time and may include all the key administrative clinical data relevant to that person's care under a particular provider. Prescribers of controlled substances generally carry out electronic prescribing within the EHR. Although there are differences, "electronic health record" and "electronic medical record" are often used interchangeably in clinical settings.

Electronic Medical Record

An electronic medical record (EMR) is a digital version of paper charts in clinician offices, clinics, and hospitals. EMRs contain notes and information collected by and for the clinicians in an office, clinic, or hospital and are mostly used by providers for diagnosis and treatment. Although there are differences, “electronic medical record” and “electronic health record” are often used interchangeably in clinical settings.

Electronic Prescribing for Controlled Substances

Electronic prescribing for controlled substances (EPCS) is the electronic transmission of an error-free and understandable prescription for controlled substances from the issuing prescriber’s point of care to a pharmacy.

Exceptions

Prescribers must electronically prescribe at least 70% of their Schedule II–V controlled substance prescriptions for patients with Medicare Part D, after exceptions, each measurement year. Prescribers will be exempt from this requirement in the following situations.

- Small prescriber exception: CMS automatically provides this exception to prescribers who issue 100 or fewer qualifying Medicare Part D controlled substance prescriptions in the measurement year.

- Declared disaster exception: CMS automatically provides this exception to prescribers in the geographic area of a disaster or an emergency declared by a Federal, State, or local government entity. Starting in measurement year 2024, CMS identifies which declared disasters and emergencies qualify for this exception. CMS posts a list of the disasters and emergencies that qualify for the automatic exception for each measurement year on the CMS EPCS Program webpage.

- CMS-approved waiver exception: CMS provides an exception to prescribers who submit and receive a CMS-approved waiver because the prescriber was unable to meet the CMS EPCS Program requirement due to circumstances beyond their control.

Prescriptions written for a beneficiary in a long-term care facility will be included in determining compliance no earlier than January 1, 2028.

H

HARP System

The Health Care Quality Information Systems (HCQIS) Access, Roles, and Profile (HARP) system is a secure identity management portal provided by CMS. Creating a HARP account gives users a user ID and password that can be used to log in to many CMS applications. It also serves as a single location for users to modify their user profile, change their password, update their challenge question, and add or remove two-factor authentication devices.

To log in to the CMS EPCS Prescriber Portal, users need a HARP account user ID and password. Note that these are the same login credentials for accessing the QPP portal. If a user doesn't have a HARP account, they can apply for one on the HARP Create an Account webpage.

L

Long-Term Care Facility

In Part D claims, Patient Residence Code values of 03 (Nursing facility [long-term care (LTC) facility]) and 09 (intermediate care facility/Individuals with Intellectual Disabilities [ICF/IID]) are considered LTC facilities for the purpose of Part D EPCS compliance calculations.

Prescriptions written for a beneficiary in an LTC facility will be included in determining compliance no earlier than January 1, 2028.

M

Measurement Cycle

Generally, the measurement cycle takes place over 24 months and includes the measurement year, the compliance analysis period, and the notification period that includes the waiver application submission period.

Measurement Year

The measurement year begins January 1 and ends December 31 each calendar year. Prescriptions filled during this time will be collected to calculate compliance for the measurement year.

Medicare Part D

Medicare Part D is the prescription drug benefit offered by Medicare that includes stand-alone prescription drug plans (PDPs) and Medicare Advantage prescription drug (MA-PD) plans. Each year, CMS analyzes the Medicare Part D Schedule II–V controlled substance prescription claims attributed to the prescriber's National Provider Identifier (NPI) to measure their compliance with the CMS EPCS Program.

N

National Council for Prescription Drug Programs (NCPDP) SCRIPT standard

The National Council for Prescription Drug Programs (NCPDP) SCRIPT standard facilitates the secure electronic transmission of prescription information between pharmacists, prescribers, and payers.

National Provider Identifier

A National Provider Identifier (NPI) is a unique 10-digit identification number issued to health care providers as defined under the Health Insurance Portability and Accountability Act (HIPAA) of 1996 in 45 Code of Federal Regulations 160.103 by the CMS-administered National Plan and Provider Enumeration System (NPPES). A provider's NPI can be used nationally, contains no "intelligence" about the provider, and is issued for life. Each year, CMS analyzes the Medicare Part D Schedule II–V controlled substance prescription claims attributed to a prescriber's NPI to measure their compliance with the CMS EPCS Program.

Non-Compliance Action

A non-compliance action is a consequence for not meeting the CMS EPCS Program compliance threshold, as described at § 423.160(a)(5), after exceptions. The non-compliance action will be the notice of non-compliance from CMS. For each measurement year, CMS will send non-compliance notices to prescribers who have not met the CMS EPCS Program compliance requirement. The notice will include information to prescribers that they are violating the CMS EPCS Program requirement, information about how they can come into compliance and benefits of EPCS, and a link to the CMS EPCS Prescriber Portal where they can check their compliance status and may submit a waiver application for circumstances beyond the prescriber's control. A prescriber's final non-compliance under the EPCS Program may be considered in CMS processes for assessing potential fraud, waste, and abuse, which, in some instances, could result in a referral to law enforcement or revocation of billing privileges in the event that evidence of fraud, waste, or abuse is present. Section 2003 of the SUPPORT Act (Public Law 115-271) authorizes the HHS Secretary, through rulemaking, to enforce and specify appropriate actions for non-compliance with the EPCS Program. Any future changes will be proposed through rulemaking in the Physician Fee Schedule.

Notification Period

The notification period takes place mid-September to mid-November after the measurement year and is the period during which a prescriber is notified of their initial non-compliance status and any associated review or waiver process that may be available prior to CMS determining the prescriber's final compliance status.

P

Percent Prescribed Electronically (≥70% required for compliance)

For qualifying Part D Schedule II–V controlled substance prescriptions, the percent prescribed electronically (≥70% required for compliance) is the prescriber's total number of electronic prescriptions issued divided by the prescriber's total number of prescriptions, represented as a percentage.

S

Schedule II–V Controlled Substances

Schedule II–V controlled substances are medications that have the potential for physical and psychological dependence and are included in the CMS EPCS Program. Schedule I controlled substances aren't included in the CMS EPCS Program. Note that controlled substances schedule standards are set by the Drug Enforcement Administration and are subject to change.

- 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), 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 drug 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, and 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, and 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, and Parepectolin.

Small Prescriber Exception

CMS automatically provides the small prescriber exception to prescribers who issued 100 or fewer qualifying Medicare Part D Schedule II–V controlled substance prescriptions filled in the measurement year.

Prescriptions are counted using the prescription number assigned at the pharmacy, with each unique number counted once per measurement year. Refills using the same prescription number are not counted unless they are the first occurrence of the number in the measurement year.

SUPPORT Act

The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act of 2018 became Public Law 115-271 in October of the same year. 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 Schedule II–V controlled substances under Medicare Part D transmit these prescriptions electronically.

W

Waiver

A prescriber or their designated representative has the opportunity during the fall after each measurement year to submit a CMS EPCS Program waiver application if the prescriber experienced circumstances beyond their control that prevented the prescriber from meeting the CMS EPCS Program compliance requirement. Prescribers and their designated representatives can submit waiver applications through the CMS EPCS Prescriber Portal. Once applications are approved, waivers for the CMS EPCS Program will be issued for the entire measurement year.

Acronym List

Acronym	Definition
CMS	Centers for Medicare & Medicaid Services
DEA	Drug Enforcement Administration
EHR	Electronic Health Record
EMR	Electronic Medical Record
EPCS	Electronic Prescribing for Controlled Substances
HARP	Health Care Quality Information Systems (HCQIS) Access, Roles, and Profile
HCQIS	Health Care Quality Information Systems
HHS	U.S. Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
ICF/IID	Intermediate Care Facility/Individuals with Intellectual Disabilities
LTC	Long-Term Care
MA-PD	Medicare Advantage Prescription Drug
NCPDP	National Council for Prescription Drug Programs
NPI	National Provider Identifier
NPPES	National Plan and Provider Enumeration System
PDP	Prescription Drug Plan
PECOS	Medicare Provider Enrollment, Chain, and Ownership System
QPP	Quality Payment Program
SUPPORT Act	The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act