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 Abbreviation List

B

Bulk waiver application submission feature

The bulk waiver application submission feature on the CMS EPCS Prescriber Portal enables a user to submit a single waiver application for a group of prescribers who are considered non-compliant with the Centers for Medicare & Medicaid Services (CMS) Electronic Prescribing for controlled Substances (EPCS) Program for the measurement year, entering each prescriber's National Provider Indicator (NPI) number. This submission then creates a separate waiver application for each individual prescriber included in the group waiver application. Submitters should be aware that they must complete and submit a group waiver application in a single session in the CMS EPCS Prescriber Portal before logging out as it can't be saved and returned to at a later time.

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 information, including their 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 them from meeting the program's compliance threshold.
- Check the prescriber's waiver application status.

To log into 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 period is open from mid-September to mid-November after the measurement year. To receive notifications about 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 Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (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 program compliance threshold or qualified for an automatic exception for the measurement year.

Compliance information

Compliance information is the information available to prescribers on the CMS EPCS Prescriber Portal related to their compliance with the program requirement for the measurement year. This information is released on the EPCS Prescriber Portal in mid-September after the measurement year during the notification period and the waiver application submission period. The available compliance information includes the prescriber's:

- Compliance status for the measurement year
- Total number of Part D prescriptions filled during the measurement year
- Total number of those prescriptions prescribed electronically
- Percentage of those prescriptions prescribed electronically
- Granted automatic exceptions

Compliance Requirement

The compliance requirement, established for the program by CMS through rulemaking, is that prescribers must meet the compliance threshold unless they qualify for at least 1 of the automatic exceptions or receive the CMS-approved waiver exception for the measurement year. All prescribers who issue Schedule II–V controlled substance prescriptions for patients covered under Medicare Part D or Medicare Advantage prescription drug (MA-PD) plans in the measurement year are federally mandated to meet the compliance requirement.

Compliance status
The compliance status shows the status of a prescriber's compliance with the CMS EPCS Program for the measurement year and is released on the CMS EPCS Prescriber Portal after the compliance analysis period. Prescribers are required to receive a final compliance status of compliant each measurement year.

Compliance threshold
The compliance threshold must be met by prescribers for them to be considered compliant with the program for the measurement year unless the prescriber qualified for at least 1 of the automatic exceptions or received the CMS-approved waiver exception for the measurement year. Meeting the compliance threshold means that the prescriber e-prescribed at least 70% of their qualifying Schedule II–V controlled substance prescriptions for patients covered under Medicare Part D

D

Declared disaster exception
The declared disaster exception is granted by CMS automatically to prescribers in the geographic area of a disaster or an emergency identified by CMS. 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 e-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 nonenforcement 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 entire medical history. A patient's EHR is maintained by providers over time and may include all the key administrative and clinical data relevant to that patient's care. Prescribers of controlled substances typically e-prescribe through an EHR software program.

Electronic medical record

An electronic medical record (EMR) is an electronic version of paper charts in provider offices, clinics, and hospitals. EMRs contain notes and information collected by and for providers in an office, a clinic, or a hospital and are used mostly by providers for diagnosing and treating patients.

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

There are exceptions to the program's compliance threshold, which is that prescribers must e-prescribe at least 70% of their Schedule II–V controlled substance prescriptions for patients with Medicare Part D, after exceptions, each measurement year. Prescribers are exempt from this requirement when they qualify for at least 1 of these exceptions.

- Small prescriber exception: CMS grants this exception automatically to prescribers who issue 100 or fewer qualifying Medicare Part D controlled substance prescriptions in the measurement year.
- Declared disaster exception: CMS grants this exception automatically to prescribers in the geographic area of an emergency or a disaster identified by CMS. CMS posts a list of the qualifying disasters and emergencies for each measurement year on the CMS EPCS Program webpage.
- CMS-approved waiver exception: CMS grants this exception to each prescriber who submits and then receives an approved waiver application because the prescriber explained how they were unable to meet the program compliance threshold due to circumstances beyond their control.

F

Final non-compliance

A prescriber's final non-compliance under the CMS 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 U.S. Health and Human Services 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.

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 into 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 into 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, the notification period, and 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) number to measure their compliance with the CMS EPCS Program.

N

National Council for Prescription Drug Programs 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) number 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 number can be used nationally, contains no "intelligence" about the provider, and is issued for life. For each measurement year, CMS analyzes the Medicare Part D Schedule II–V controlled substance prescription claims attributed to a prescriber's NPI number to calculate their compliance with the CMS EPCS Program.

Non-compliance action
A non-compliance action is a consequence for not meeting the program compliance threshold and not receiving an automatic exception. The CMS EPCS Program's non-compliance action is the non-compliance notice.

Non-compliance notice
The non-compliance notice is the non-compliance action for the CMS EPCS Program. Each prescriber identified by CMS as non-compliant with the program threshold, after automatic exceptions, for the measurement year receives the non-compliance notice during the notification period.

The notice includes:

- Information to prescribers that they're violating the program requirement
- Information about how they can come into compliance
- Information on the benefits of e-prescribing controlled substances
- A link to the CMS EPCS Prescriber Portal where they can check their compliance status and may submit a waiver application for circumstances beyond their control.

Notification period
The notification period takes place mid-September to mid-November after the measurement year and is when prescribers can review their compliance information, including their compliance status, and non-compliant prescribers receive the non-compliance notification and information on the available waiver application submission and review processes before CMS determines prescribers' final compliance statuses.

P

Compliance calculation
The compliance calculation (≥70% required for compliance) is the prescriber's total number of issued e-prescriptions divided by the prescriber's total number of prescriptions, represented as a percentage. Note that only qualifying Part D Schedule II–V controlled substance prescriptions are included in the compliance calculation.

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 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

The small prescriber exception is granted automatically to prescribers who issued 100 or fewer qualifying Medicare Part D Schedule II–V controlled substance prescriptions 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 aren't 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 application
A waiver application for the program can be submitted by a prescriber or their designated representative through the CMS EPCS Prescriber Portal during the waiver application submission period, open from mid-September to mid-November after the measurement year. A prescriber or their designated representative has the opportunity to submit a waiver application if the prescriber experienced circumstances beyond their control that prevented them from meeting the program's compliance threshold or if they didn't receive an automatic exception. Once a waiver application has been approved by a waiver application reviewer, the prescriber is granted a CMS-approved waiver exception for the measurement year.

Waiver application reviewer
A waiver application reviewer is a CMS-appointed reviewer of submitted waiver applications. A waiver application reviewer ensures that a waiver application goes through the waiver application review process. The reviewer also reviews certain waiver applications and determines whether each is either approved or denied or requires additional information from the waiver application submitter before the reviewer can make a final decision on the waiver application.

Waiver application submission period
The waiver application submission period occurs from mid-September to mid-November after the measurement year. This period is when prescribers and their designated representatives can log into the CMS EPCS Prescriber Portal to look up a prescriber's compliance information, including their compliance status, and submit a waiver application for circumstances beyond the prescriber's control. CMS then determines each prescriber's final compliance status.

Waiver application submitter
A waiver application submitter is either a non-compliant prescriber or their designated representative who fills out and submits a waiver application for the prescriber for the measurement year.

Abbreviation List

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

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