CMS EPCS | Electronic Prescribing for Controlled Substances

CMS EPCS Program: Getting Started Quick Reference Guide

How to Use This Guide

Hyperlinks are included throughout the guide to direct the reader to more information and resources.

Overview

Why Electronic Prescribing for Controlled Substances (EPCS)?

EPCS enhances patient safety through patient identity checks, medication recommendations, and timely and accurate transmission of time sensitive prescriptions. EPCS also reduces prescriber burden by deterring and detecting prescription fraud and irregularities, improving workflow efficiencies, avoiding data errors, and reducing pharmacy calls to clarify written prescriptions.

CMS EPCS Program Requirement

Per Section 2003 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act (Public Law 115-271), the CMS EPCS Program requires prescribers to electronically prescribe at least 70 percent of their Schedule II, III, IV, and V controlled substances prescriptions under Medicare Part D and Medicare Advantage prescription drug (MA-PD) plans, after exceptions, each measurement year. Each measurement year begins on January 1 and ends on December 31. The compliance analysis will include Medicare Part D claims with a date of service or fill date from January 1 to December 31 of the measurement year. Non-compliance actions start with the 2023 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 located in the geographic area of an emergency or disaster declared by a Federal, State, or local government entity. Starting in the 2024 measurement year, CMS will identify which emergencies or disasters qualify for this exception. CMS posts a list of the qualifying emergencies or disasters for each measurement year on the [CMS EPCS website](#).
- **CMS-Approved Waiver**: CMS provides this exception to prescribers who submit and receive a CMS-approved waiver because the prescriber is unable to meet the CMS EPCS Program requirement due to circumstances beyond the prescriber's control.

Prescriptions written for a beneficiary in a long-term care (LTC) facility will be included in determining compliance no earlier than January 1, 2025.

The CMS EPCS Program is separate from state EPCS program requirements.

Getting Started with the CMS EPCS Program in 4 Steps

Step 1: Set up
When: Now

Step 1A: Set up electronic prescribing

A prescriber issuing electronic prescriptions for controlled substances must use a software application that meets all [Drug Enforcement Administration (DEA)](https://www.deadiversion.usdoj.gov/ecomm/ecomm.html) requirements available at https://www.deadiversion.usdoj.gov/ecomm/ecomm.html. No additional e-prescribing software system is needed to meet the requirement for the CMS EPCS Program.

If you are new to electronically prescribing controlled substances, you will need to:

- Contact e-prescribing software vendors and confirm their software applications satisfy the DEA requirements for EPCS. There are e-prescribing software options that can integrate with EHRs or run as standalone software.
- Complete identity proofing requirements.
- Obtain dual (two-factor) authentication device or process.
- Configure logical access control.

A prescriber experiencing technical issues when electronically prescribing controlled substances should contact their in-house IT (Information Technology) support or software vendor. Examples of technical issues include log-in issues related to username or password, multi-factor authentication codes, or prescription transmission errors.

A prescriber does not need to register for the CMS EPCS Program or send data directly to CMS.

Remember to check your state laws, as you may need additional registration for controlled substance prescriptions and/or need to meet state specific EPCS requirements.

Step 1B: Verify contact information in PECOS and NPPES

Prescribers should verify and update their provider address and email in the [Medicare Provider Enrollment, Chain, and Ownership System (PECOS)](#) and [National Plan & Provider Enumeration System (NPPES)](#) as soon as possible. CMS uses this information to determine program exceptions as well as to send out non-compliance notices.

Step 1C: Set up HARP account

The [Healthcare Quality Information System (HCQIS) Access, Roles and Profile (HARP)](#) System is a secure identity management portal provided by CMS. Creating an account via HARP provides users with a user ID and password that can be used to sign into the [CMS EPCS Prescriber Portal](#), which will contain prescriber information and waiver applications beginning in September after the measurement year.

Step 2: Electronically Prescribe Schedule II, III, IV, and V controlled substance prescriptions
When: January 1 through December 31 of the measurement year

Use prescribing procedures and workflows supporting electronic prescribing for controlled substances while using a software application that meets all DEA requirements. Work with your e-prescribing software vendor if you have technical issues when electronically prescribing such as log-in issues related to username or password, multi-factor authentication codes, or prescription transmission errors.

Step 3: Review your CMS EPCS Program compliance
When: September after the measurement year ends

The CMS EPCS Program automatically calculates prescriber compliance using Medicare Part D claims.

The CMS EPCS Program compliance analysis will occur after the close of the measurement year to determine which prescribers have not met the program requirement of electronically prescribing at least 70 percent of all Schedule II, III, IV, and V controlled substance prescriptions under Medicare Part D during the measurement year, after exceptions, each measurement year.

Once the compliance analysis is completed, CMS will send non-compliance notices to prescribers who have not met the CMS EPCS Program requirement. Notices will be sent by email when possible to available email addresses in PECOS and NPPES, and by regular mail if no email address is available. CMS strongly recommends that all prescribers keep their email address accurate and up to date in both systems.

Please subscribe to the CMS EPCS Program listserv (click to subscribe) to receive announcements regarding non-compliance notices and how to access the CMS EPCS Prescriber Portal once available.

For additional information on the CMS EPCS Program background, regulations, and requirement please visit the CMS EPCS website by clicking HERE.

Step 4: Submit a waiver (if appropriate)
When: September through November after the measurement year ends

Waiver applications may be submitted by prescribers who are non-compliant for the measurement year when circumstances beyond their control prevented them from meeting the CMS EPCS Program requirement. The waiver application will be available on the CMS EPCS Prescriber Portal each Fall following the end of the measurement year after the compliance analysis is complete. Waiver requests will be accepted for 60 days after the non-compliance notices are delivered. Once approved, waivers will be issued for the entire measurement year. Please subscribe to the CMS EPCS Program listserv (click to subscribe) to receive announcements regarding waiver applications.

Where Can I Get Help?

Visit the CMS EPCS website for other help, support information, and to learn more about CMS EPCS Program.

To contact the CMS EPCS Service Center:
- Visit the following site to create a Service Center ticket online: https://cmsqualitysupport.servicenowservices.com/ccsq_support_central
- Email EPCS-EPrescribe@cms.hhs.gov
- Call 1.866.288.8292, Monday through Friday, 8 a.m.–8 p.m. Eastern Time (ET). For those who are hearing impaired, please dial 711 for TRS Communications Assistant.
  - To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.