

Q&As From Measurement Year 2023 Prescriber Compliance Status: EPCS Prescriber Portal for Checking Status and Applying for Waiver

#	Question	Answer	Category
1.	Q. How can I get to the EPCS Prescriber Portal?	<p>A. Prescribers and their designated representatives can access the Centers for Medicare & Medicaid Services (CMS) Electronic Prescribing for Controlled Substances (EPCS) Prescriber Portal.</p> <p>Note that users need a Health Care Quality Information Systems (HCQIS) Access Roles and Profile (HARP) account user ID and password to log in to the CMS EPCS Prescriber Portal, which are the same login credentials for accessing the Quality Payment Program (QPP) Portal. If a user does not have a HARP account, they can apply for one on the HARP Create an Account webpage.</p>	EPCS Prescriber Portal
2.	<p>Q. Will there be any way that you can get an Excel file for all providers associated with an NPI? Otherwise, you have to enter every NPI.</p> <p>We had over 100 providers, and this is very time consuming.</p>	A. At the time of the September 2024 webinar, the CMS EPCS Prescriber Portal did not have that function. However, the CMS EPCS Program has since then looked into this request.	EPCS Prescriber Portal

#	Question	Answer	Category
3.	Q. Is an individual NPI search the only way to see a provider? Would we be able to search at the TIN level for all our provider's data based on their NPI number? An Excel export would be greatly appreciated. Individual searches would be very burdensome for a large health care organization.	<p>A. A prescriber and their designated representative can check the prescriber's compliance status using their National Provider Identifier (NPI) on the CMS EPCS Prescriber Portal. At the time of the September 2024 webinar, the EPCS Prescriber Portal did not have the function to allow users to check a prescriber's compliance at the level of the taxpayer identification number (TIN). However, the EPCS Program has since then looked into the request of submitting multiple NPIs at the same time to check compliance statuses and of submitting multiple waiver applications at the same time. Note that the EPCS compliance is at the prescriber level, not practice level.</p> <p>To stay up to date on any changes to the EPCS Prescriber Portal, subscribe to the CMS EPCS Program LISTSERV.</p> <p>Please send any additional feedback to CCSQ Support Central through email or by submitting an online ticket.</p>	EPCS Prescriber Portal

#	Question	Answer	Category
4.	Q. Can we check the status of our physicians for 2024?	A. Not at this time. A prescriber's 2023 measurement year status is currently available for review on the CMS EPCS Prescriber Portal. Compliance statuses for measurement year 2024 will not be available until fall 2025.	EPCS Prescriber Portal

#	Question	Answer	Category
5.	Q. How can Guam Medicaid enroll Guam Medicaid and MIP active providers to the EPCS Prescriber Portal?	<p>A. The CMS EPCS Program is a compliance program, not e-prescribing software. The EPCS Prescriber Portal is where prescribers can check their EPCS Program compliance status for a measurement year and submit a waiver application if necessary. To measure a prescriber's compliance with the EPCS Program each year, CMS analyzes the Medicare Part D Schedule II–V controlled substance prescription claims attributed to the prescriber's NPI.</p> <p>All prescribers who issue controlled substance prescriptions under Medicare Part D are required to be compliant with the EPCS Program each measurement year. They do this by e-prescribing at least 70% of the qualifying Medicare Part D controlled substance prescriptions they issue in the measurement year, after exceptions. To learn more, visit the CMS EPCS Program webpage.</p> <p>Prescribers or their designated representatives can log in to the EPCS Prescriber Portal through their HARP account user ID and password, which are the same login credentials they use to access the QPP Portal. If a user does not have a HARP account, they can apply for one on the HARP Create an Account webpage.</p>	EPCS Prescriber Portal

#	Question	Answer	Category
6.	Q. Is there a limit to how many waivers you can submit?	A. Only one waiver application can be submitted for a prescriber each measurement year. Note that a prescriber's designated representative may submit a waiver application on the prescriber's behalf.	Waivers
7.	Q. If a provider electronically prescribes 100 or fewer Schedule II–V medications, do they still need to apply for the waiver?	A. No. Providers who receive the small prescriber exception do not need to submit a waiver application for the measurement year. CMS automatically grants this exception to prescribers who issue 100 or fewer qualifying Schedule II–V controlled substance prescriptions under Medicare Part D, both electronic and non-electronic, in the measurement year. However, we still encourage these prescribers to check their compliance status on the CMS EPCS Prescriber Portal .	Waivers
8.	Q. Can anybody other than the provider review their information or assist in application for a waiver?	A. Yes. A prescriber's designated representative can access the CMS EPCS Prescriber Portal to review the prescriber's compliance status and submit a waiver application for the prescriber. Note that the designated representative must have a HARP account to log in to the EPCS Prescriber Portal.	Waivers
9.	Q. What is the national public health emergency in 2023 that applied to everyone?	A. For more information on the declared national public health emergencies, visit the HHS' Administration for Strategic Preparedness & Response's (ASPR's) Declarations of a Public Health Emergency webpage .	Exceptions

#	Question	Answer	Category
10.	Q. I asked what the national public health emergency in 2023 was. The URL provided goes to a page that says, “403 Forbidden.”	A. At the time of the September 2024 webinar, the HHS’ ASPR webpage was down, but that was just temporary. At the time of posting this Q&A document, the webpage is back up for you to learn more about declared national public health emergencies.	Exceptions
11.	Q. If you are cash pay, does this program apply?	A. Yes. Regardless of how a prescriber accepts payment from their patients, they must be in compliance with the CMS EPCS Program if they issued controlled substance prescriptions filled under Medicare Part D.	Regulatory and Compliance

#	Question	Answer	Category
12.	<p>Q. Are the facilities responsible for their contract providers, or is this a provider-based penalty if not followed?</p> <p>Is this another quality control item that needs to be added, or is this on the providers to follow and submit waivers for?</p>	<p>A. CMS measures compliance with the EPCS Program at the provider NPI level, not the facility level. It is prescribers' responsibility to ensure their compliance with the program's requirement for e-prescribing controlled substances, and the non-compliance action is applied to the individual prescriber.</p> <p>CMS uses the prescriber's NPI on Medicare Part D claims to determine the prescriber's compliance, regardless of the prescriber's practice location. It is the responsibility of the prescriber or their designated representative to submit a waiver application.</p>	Regulatory and Compliance

#	Question	Answer	Category
13	<p>Q. Is there any way to get the results earlier in the year?</p> <p>We identified some providers who didn't have access to EPCS capabilities at some ASCs and hospitals.</p> <p>I am concerned that by the time we get this addressed, our score will once again be poor because we didn't get the problem addressed until too late in the reporting period to bring up our score.</p>	<p>A. For the CMS EPCS Program: Because the claims submission deadline for the measurement year (e.g., 2023) is around June 30 of the following year (e.g., July 2024), the claims data will not be finalized and ready for analysis until August of the following year (e.g., August 2024). So the claims data will be ready for analysis in September of the following year (e.g., September 2024) and cannot be ready earlier in the year. Please refer to the webpage timeline graph and other relevant materials such as the EPCS Program webinar slides.</p> <p>For prescribers who did not have access to e-prescribing controlled substances capabilities at some ASCs and hospitals, and these circumstances resulted in the prescriber not being able to meet the 70% e-prescribing compliance threshold, after exceptions, prescribers are encouraged to submit waiver applications for circumstances beyond their control.</p> <p>Regarding the scoring question, you may be mistaking the CMS EPCS Program for the e-prescribing measure that is part of the Merit-based Incentive Payment System (MIPS) under the Promoting Interoperability Performance Category. The CMS EPCS Program does not do scoring and does not require reporting from prescribers. CMS uses Part D claims to analyze prescriber compliance. The EPCS Program measures compliance at the prescriber NPI level, not the facility level. It is prescribers' responsibility to ensure their compliance with the EPCS Program's requirement for e-prescribing controlled substances, and the non-compliance action is applied to the individual prescriber. Check out the CMS EPCS Program webpage.</p>	

#	Question	Answer	Category
14.	Q. What are the penalties for non-compliance with the program?	<p>A. The non-compliance action for prescribers each measurement year is the non-compliance notice sent to each prescriber who is not yet compliant. The non-compliance notice informs the prescriber that the prescriber is violating the CMS EPCS Program requirement, gives information about how the prescriber can come into compliance and the benefits of e-prescribing controlled substances, and includes a link to the CMS EPCS Prescriber Portal where the prescriber may submit a waiver application for a circumstance beyond the prescriber's control.</p> <p>A prescriber's 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. CMS sends the notices through email when possible and as a physical letter if there was no email address for the prescriber in the Provider Enrollment, Chain, and Ownership System (PECOS) or in the National Plan and Provider Enumeration System (NPPES).</p> <p>For measurement year 2023, CMS sent informational notices to prescribers who met the compliance only due to the <u>declared national public health emergency</u>.</p>	Regulatory and Compliance

#	Question	Answer	Category
15.	Q. Is there any extension of flexibilities beyond year end?	<p>A. Prescribers who are not yet compliant with the program for a measurement year, after automatic exceptions, will have the opportunity to submit a waiver application to be considered for the waiver exception if they experienced circumstances beyond their control that prevented them from meeting the program's requirement. Once approved, the waiver will be good for the entire measurement year. The waiver application submission window for the CMS EPCS Program measurement year is usually mid-September to mid-November the following year.</p> <p>If you have any further questions, please email or submit an online ticket to CCSQ Support Central so its experts can assist you. You may also call CCSQ Support Central at 1-866-288-8292, Monday through Friday, 8 a.m.–8 p.m. Eastern time. Deaf or hearing-impaired individuals should call 711 for telecommunications relay services.</p>	Regulatory and Compliance

#	Question	Answer	Category
16.	Q. Is this a requirement to complete?	<p>A. All prescribers who issue controlled substance prescriptions under Medicare Part D are required to be compliant with the CMS EPCS Program each measurement year. Note that prescribers do not need to report anything to CMS. They need only e-prescribe at least 70% of the qualifying Medicare Part D Schedule II–V controlled substance prescriptions they issue in the measurement year, after exceptions.</p> <p>To measure a prescriber’s compliance with the EPCS Program each year, CMS analyzes the Medicare Part D Schedule II–V controlled substance prescription claims attributed to the prescriber’s NPI.</p> <p>For each measurement year, non-compliant prescribers receive non-compliance notices informing them that they are violating the EPCS Program requirement and including information about how they can come into compliance, the benefits of e-prescribing controlled substances, and a link to the CMS EPCS Prescriber Portal where they can check compliance statuses and submit waiver applications if needed.</p>	Regulatory and Compliance

#	Question	Answer	Category
17.	Q. What does the compliance status notice look like and from what email will it come from?	<p>A. The non-compliance notice is sent to prescribers who are not yet compliant for the measurement year. The non-compliance notice informs the prescriber that the prescriber is violating the CMS EPCS Program requirement, gives the information about how the prescriber can come into compliance and the benefits of e-prescribing controlled substances, and includes a link to the CMS EPCS Prescriber Portal where the prescriber can check compliance status and may submit a waiver application for circumstance beyond control.</p> <p>CMS and Rainmakers Strategic Solutions, its supporting contractor, send the notices through email when possible and as a physical letter if there was no email address for the prescriber in the Provider Enrollment, Chain, and Ownership System (PECOS) or in the National Plan and Provider Enumeration System (NPPES). Those emails will come from the CMS email address and the EPCS Program Support email address.</p> <p>CMS encourages prescribers to update their email and mailing addresses to ensure timely receipt of the notices and, therefore, the opportunity to submit a waiver application to become compliant. 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.</p> <p>Prescriber addresses are also used to determine who qualifies for the automatic declared disaster exception.</p> <p>For measurement year 2023, CMS sent informational notices to prescribers who met the compliance only due to the declared national public health emergency.</p> <p>Prescribers do not need to wait for an email to check their CMS EPCS Program compliance status. They need only log in to the CMS EPCS Prescriber Portal to see it. CMS sends LISTSERV announcements when prescribers' compliance statuses for the measurement year become available on the EPCS Prescriber Portal. Prescribers are encouraged to subscribe to the CMS EPCS Program LISTSERV.</p>	Regulatory and Compliance

#	Question	Answer	Category
18.	Q. What are providers, including PAs and APRNs, required to do for a reporting year? Any penalties?	<p>A. The CMS EPCS Program uses measurement years instead of reporting years because prescribers do not need to report data to the EPCS Program. The EPCS Program uses Medicare Part D claims to analyze prescriber compliance.</p> <p>Per 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), the EPCS Program generally requires prescribers to electronically prescribe at least 70% of their qualifying Medicare Part D Schedule II–V controlled substance prescriptions, after exceptions. The CMS EPCS Program calculates prescriber compliance each measurement year (calendar year) using Medicare Part D claims data. For more details, visit the “Compliance Overview” section of the CMS EPCS Program webpage.</p> <p>As the non-compliance action for each measurement year, CMS sends non-compliance notices to prescribers who have not yet met the CMS EPCS Program requirement. The notice includes information to prescribers that they are violating the EPCS Program requirement, information about how they can come into compliance, 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 their control. CMS sends the notices through email when possible and as a physical letter if there was no email address for the prescriber in the Provider Enrollment, Chain, and Ownership System (PECOS) or in the National Plan and Provider Enumeration System (NPPES). 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.</p>	Regulatory and Compliance

#	Question	Answer	Category
19.	Q. How will practices be notified of the results?	A. The CMS EPCS Program does not notify facilities of its prescribers' results. The program measures compliance at the prescriber NPI level, not the facility level. It is prescribers' responsibility to ensure their compliance with the program's requirement for e-prescribing controlled substances. Prescribers should also ensure that their physical and email addresses are up to date in the Provider Enrollment, Chain, and Ownership System (PECOS) and in the National Plan and Provider Enumeration System (NPPES) and that they have not blocked messages from email addresses with a CMS.HHS.gov domain name.	Regulatory and Compliance
20.	Q. What are the consequences for providers not in compliance?	<p>A. As the non-compliance action for each measurement year, CMS sends a non-compliance notices to each prescriber who has not yet met the CMS EPCS Program requirement. The notice includes information to prescribers that they are violating the EPCS Program requirement, information about how they can come into compliance, 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 their control.</p> <p>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.</p>	Regulatory and Compliance

#	Question	Answer	Category
21.	Q. What happens if a provider does not electronically prescribe controlled substances when they should?	<p>A. Per Section 2003 of the SUPPORT Act, the CMS EPCS Program generally requires prescribers to electronically-prescribe at least 70% of their qualifying Medicare Part D Schedule II–V controlled substance prescriptions, after exceptions. The EPCS Program calculates prescriber compliance each measurement year using Medicare Part D claims data. For more details, visit the “Compliance Overview” section of the CMS EPCS Program webpage.</p> <p>If a prescriber does not meet this compliance threshold of 70% during the measurement year, after automatic exceptions, they may submit a waiver application for circumstances beyond their control that prevented them from meeting the requirement.</p> <p>As the non-compliance action for each measurement year, CMS sends the non-compliance notice to each prescriber who has not yet met the CMS EPCS Program requirement. The notice includes information to prescribers that they are violating the EPCS Program requirement, information about how they can come into compliance, benefits of EPCS, and a link to the CMS EPCS Prescriber Portal where they can check their compliance and submit a waiver application for circumstances beyond their 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. CMS sends the notices through email when possible and as a physical letter if there was no email address for the prescriber in the Provider Enrollment, Chain, and Ownership System (PECOS) or in the National Plan and Provider Enumeration System (NPPES).</p> <p>For measurement year 2023, CMS sent informational notices to prescribers who met the compliance only due to the declared national public health emergency.</p>	Regulatory and Compliance

#	Question	Answer	Category
22.	Q. Are the mandates at the federal or state level or both?	A. The CMS EPCS Program is a Federal program mandated under Section 2003 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act of 2018. Individual U.S. states may have their own EPCS program requirements separate from the CMS EPCS Program.	Regulatory and Compliance
23.	Q. How are refills counted for compliance?	<p>A. The CMS EPCS Program counts unique prescriptions in the measurement year using the prescription number assigned by the pharmacy and included in the Part D claims data. Refills are not separately transmitted prescriptions; they are documented as part of the original prescription transmittal, which includes any refills issued against the original prescription.</p> <p>However, renewals of prescriptions, such as those for maintenance medications, require prescribers to generate a new prescription along with a new set of refills. Because of this distinction, CMS counts renewals as an additional prescription in the EPCS Program compliance threshold calculation and does not count refills as an additional prescription in the compliance threshold calculation unless the refill is the first occurrence of the unique prescription in the measurement year.</p>	Regulatory and Compliance
24.	Q. My state already requires me to electronically prescribe controlled substances. Am I automatically compliant for this program?	A. No, you are not automatically compliant. The CMS EPCS Program is separate from State EPCS requirements. CMS determines prescribers' compliance with its EPCS Program based on Medicare Part D claims data.	Regulatory and Compliance

#	Question	Answer	Category
25.	Q. Are electronic controlled substance scripts mandatory for Medicare patients in NJ?	A. The CMS EPCS Program is a Federal program mandated under Section 2003 of the SUPPORT Act, so meeting the requirement for this program does not vary by state. Individual U.S. states may have their own EPCS program requirements separate from the CMS EPCS Program. The CMS EPCS Program generally requires prescribers to electronically prescribe at least 70% of their qualifying controlled substance prescriptions under Medicare Part D, after exceptions. For more information, visit, the CMS EPCS Program webpage .	Regulatory and Compliance
26.	Q. When will CMS assess my EPCS compliance?	A. CMS analyzes prescribers' compliance with the EPCS Program beginning in August after each measurement year. For example, measurement year 2023 claims data was ready for analysis in August 2024. During this time, CMS reviewed Medicare Part D claims data Jan. 1–Dec. 31 of measurement year 2023. Prescribers could then see their compliance results on the CMS EPCS Prescriber Portal in fall 2024.	Regulatory and Compliance

#	Question	Answer	Category
27.	Q. How did you determine the 70% requirement?	<p data-bbox="688 241 1625 894">A. The 70% compliance threshold was finalized in the Calendar Year 2022 Medicare Physician Fee Schedule final rule. The compliance threshold was finalized to implement the mandate effectively in a manner that balances the mandate with helping ensure that prescribers are not overly burdened and are able to issue prescriptions for their patients during the rare occurrences when EPCS is not feasible, such as cases of temporary technological failures and cases where it would be impractical for the patient to obtain medication(s) prescribed by electronic prescription in a timely manner and such delay would adversely impact the patient's medical condition. Based on our stakeholder feedback and review of PDE (Prescription Drug Event) data, AKA, the Part D claims data, we believe that EPCS is not feasible in no more than an estimated 30% of instances due to circumstances such as the ones mentioned in the paragraph. We believe that Part D prescribers should be able to conduct EPCS on 70% of their Part D controlled-substance prescriptions without being overly burdened or burdening patients.</p> <p data-bbox="688 935 1604 1040">For the operational definition of the compliance threshold, and to see how CMS calculates the threshold, see the "Compliance Overview" section on the CMS EPCS Program webpage.</p>	Regulatory and Compliance

#	Question	Answer	Category
28.	Q. I practice at various locations. How will my controlled substance prescriptions be measured?	A. CMS measures program compliance at the provider NPI level, not the facility level. CMS uses a prescriber's NPI on Medicare Part D claims to identify how many qualifying prescriptions were attributed to the prescriber's NPI, regardless of the prescriber's practice location. It is prescribers' responsibility to ensure their compliance with the program's requirement for e-prescribing controlled substances, and non-compliance actions are applied to the individual prescriber.	Practice Locations
29.	Q. Are the providers responsible for ensuring that they are compliant, especially if they work at multiple facilities? I have set up the provider for our facility but cannot control his compliance with other facilities. Does that affect our facility?	A. CMS measures compliance for its EPCS Program at the provider NPI level, not the facility level. It is prescribers' responsibility to ensure their compliance with the program's requirement for e-prescribing controlled substances, and non-compliance actions are applied to the individual prescriber. CMS uses a prescriber's NPI on Medicare Part D claims to identify how many qualifying prescriptions were attributed to the prescriber's NPI, regardless of the prescriber's practice location.	Practice Locations
30.	Q. How will each facility address compliance with prescribers?	A. CMS measures compliance for its EPCS Program at the prescriber NPI level, not the facility level. CMS uses a prescriber's NPI on Medicare Part D claims to identify how many qualifying prescriptions were attributed to the prescriber's NPI, regardless of the prescriber's practice location. It is prescribers' responsibility to ensure their compliance with the program's requirement for e-prescribing controlled substances, and non-compliance actions are applied to the individual prescriber.	Practice Locations

#	Question	Answer	Category
31.	Q. Do I need to apply for a waiver for each of my practice locations?	A. No. CMS uses a prescriber's NPI on Medicare Part D claims to identify how many qualifying prescriptions were attributed to the prescriber's NPI, regardless of their practice location. Only one waiver application needs to be submitted per prescriber.	Practice Locations

#	Question	Answer	Category
32.	<p>Q. What about prescriptions to rehab or long-term care facilities?</p> <p>There is no pharmacy in our EHR that we can send to electronically, so our providers send the patient with their paper scripts.</p>	<p>A. In Part D claims, Patient Residence Code values of 03 (Nursing facility [long-term care facility]) and 09 (intermediate care facility/Individuals with Intellectual Disabilities [ICF/IID]) are considered long-term care (LTC) facilities for the purpose of Part D EPCS compliance calculations. Please note that other residences such as Skilled Nursing Facility and Post Acute Care are not under Part D.</p> <p>In the Calendar Year 2025 Medicare Physician Fee Schedule final rule, CMS finalized the CMS EPCS Program policy that prescriptions written for a beneficiary in an LTC facility will not be included in determining compliance until January 1, 2028. CMS also finalized that compliance actions against prescribers who do not meet the compliance threshold based on prescriptions written for a beneficiary in an LTC facility will start measurement year 2028.</p> <p>NCPDP SCRIPT standard version 2023011 permits 3-way communication that would better facilitate LTC workflows in a way that NCPDP SCRIPT standard version 2017071 does not. In NCPDP SCRIPT standard version 2023011, through use of a MessageIndicatorFlag, an RxFill transaction may be sent as a copy to inform or synchronize systems. Through use of this functionality, a prescriber can electronically send a controlled substance prescription, including for a covered Part D drug, to a pharmacy, and the pharmacy can use the MessageIndicatorFlag in an RxFill transaction when dispensing the prescription to inform the LTC facility of the medication order. This function streamlines prescribers' workflows and ensures that the LTC facility responsible for providing the controlled substance to the patient is aware of the order.</p> <p>However, prescribers should remember that they may submit a waiver application if they are unable to conduct e-prescribing due to circumstances beyond their control. Additionally, the CMS EPCS Program compliance threshold is 70% of applicable prescriptions, which allows the prescriber to be compliant as long as no more than 30% of applicable prescriptions are not e-prescribed.</p>	<p>Long-Term Care Facilities</p>

#	Question	Answer	Category
33.	<p>Q. What is the penalty for non-compliance?</p> <p>Is this an organization/hospital penalty, or is this a provider penalty?</p> <p>Our providers are contracted only, not direct employees. How does this affect anything?</p>	<p>A. The CMS EPCS Program's compliance requirement is for prescribers, not for practices, organization, or hospitals. The EPCS non-compliance action is for prescribers, not for practices, organization, or hospitals.</p> <p>As the non-compliance action for each measurement year, CMS sends the non-compliance notice to each prescriber who has not yet met its EPCS Program requirement. The notice includes information to prescribers that they are violating the EPCS Program requirement, information about how they can come into compliance, benefits of EPCS, and a link to the CMS EPCS Prescriber Portal where prescribers can check their compliance status and may submit a waiver application for circumstances beyond their control.</p> <p>CMS and Rainmakers Strategic Solutions, its supporting contractor, sent the notices through email when possible and as a physical letter if there was no email address for the prescriber in the Provider Enrollment, Chain, and Ownership System (PECOS) and in the National Plan and Provider Enumeration System (NPPES). Those emails will come from the CMS email address and the EPCS Program Support email address.</p> <p>CMS encourages prescribers to update their email and mailing addresses to ensure timely receipt of the notices and, therefore, the opportunity to submit a waiver application to become compliant. 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. Prescriber addresses are also used to determine who qualifies for the automatic declared disaster exception.</p> <p>For the EPCS Program, CMS measures compliance at the provider NPI level, not the facility level, so it does not matter whether a provider is a direct hire or a contract employee at a facility. If the prescriber issues Schedule II–V controlled substance prescriptions under Medicare Part D, they must be in compliance with the EPCS Program.</p>	<p>Penalties</p>

#	Question	Answer	Category
34.	Q. Do I need to report? When?	A. Prescribers do not need to report anything to the CMS EPCS Program. CMS automatically calculates prescriber compliance with the program using Medicare Part D claims. To be considered compliant with the program requirement, prescribers must e-prescribe at least 70% of their qualifying Schedule II–V controlled substance prescriptions under Medicare Part D and Medicare Advantage prescription drug plans, after exceptions. For more on program compliance, visit the “Compliance Overview” section on the EPCS Program webpage .	Reporting
35.	Q. Will this data be published on Medicare Compare?	A. At this time, CMS is not publishing its EPCS Program data on Medicare.gov. Any change to program requirements will be proposed and finalized in the annual Physician Fee Schedule rule.	Reporting

#	Question	Answer	Category
36.	Q. I have a HARP. Can I look up any NPI?	A. Yes, once you log in to the CMS EPCS Prescriber Portal with your HARP account, you may look up any prescriber's NPI. Note that CMS has access to EPCS Prescriber Portal analytics on data such as which HARP account submitted a waiver application on behalf of a prescriber and more.	Account Management

#	Question	Answer	Category
37.	Q. Can you set up your HARP account to see all providers in your practice?	<p>A. On the CMS EPCS Prescriber Portal, once your HARP account is approved, you can enter and view the compliance status for each prescriber by entering the prescriber's NPI. At the time of the September 2024 webinar, the EPCS Prescriber Portal did not have the function to allow users to bulk-check NPIs by practice, as the CMS EPCS Program mandates the prescriber compliance, not the practice compliance. However, the EPCS Program has since then looked into the request of submitting multiple NPIs at the same time to check compliance statuses and submitting multiple waiver applications at the same time. To stay up to date on the EPCS Prescriber Portal, subscribe to the CMS EPCS Program LISTSERV.</p> <p>If you have additional feedback on the CMS EPCS Program, you may email or submit an online ticket to CCSQ Support Central. You may also call CCSQ Support Central at 1-866-288-8292, Monday through Friday, 8 a.m.–8 p.m. Eastern time. Deaf or hearing-impaired individuals should call 711 for telecommunications relay services.</p>	Account Management

#	Question	Answer	Category
38.	Q. How can office staff obtain access into the portal to check provider compliance?	<p>A. Each office staff member must have a HARP account to log in to the CMS EPCS Prescriber Portal and review a prescriber's compliance status.</p> <p>To sign up for a HARP account, visit the Create an Account webpage. Signing up is simple and takes only a few minutes. Just enter your information to verify your identity.</p> <p>For more on setting up an account, visit the HARP Help webpage.</p> <p>On the CMS EPCS Prescriber Portal, a prescriber of Medicare Part D Schedule II–V controlled substances and their designated representatives can check the prescriber's compliance status and submit a waiver application for the measurement year.</p> <p>Users can log in to the EPCS Prescriber Portal with their HARP account user ID and password.</p> <p>Once in the EPCS Prescriber Portal, users can:</p> <ul style="list-style-type: none"> • Review the prescriber's compliance status for the measurement year, including any automatic exceptions • Submit a waiver application for the measurement year, if needed, based on circumstances beyond the prescriber's control • Check the prescriber's waiver application status <p>For more information, see the "CMS EPCS Prescriber Portal" section on the CMS EPCS Program webpage.</p>	Account Management

#	Question	Answer	Category
39.	Q. How do I add or remove authorized users to my account?	<p>A. If this question is asking about the account for the CMS EPCS Prescriber Portal: To establish an account for the EPCS Prescriber Portal, users need to have a HARP account. At this time, the EPCS Prescriber Portal does not have the function to add or remove authorized users to an account.</p> <p>However, a user can view a prescriber's compliance status by searching for the prescriber's NPI. A user can also submit a waiver application on behalf of a prescriber or add their email address to a waiver application to receive updates. CMS has EPCS Prescriber Portal analytics such as which HARP account submitted a waiver application on behalf of a prescriber.</p> <p>If this is asking about adding or removing HARP users associated with a practice: EPCS compliance is at the prescriber level, not practice level. For a HARP account, access to an organization's HARP account is managed by the organization's HARP security official. The HARP security official approves or denies an organization account's authorized user roles in the "Manage Access" section of HARP.</p> <p>To establish an account for the CMS EPCS Prescriber Portal, the user needs to have a HARP account. If the user does not already have a HARP account, they can create one on the HARP Create an Account webpage.</p> <p>To stay up to date on the EPCS Prescriber Portal, subscribe to the CMS EPCS Program LISTSERV.</p> <p>CMS values your input and welcomes feedback. If you have any additional suggestions, please email or submit an online ticket to CCSQ Support Central. You may also call CCSQ Support Central at 1-866-288-8292, Monday through Friday, 8 a.m.–8 p.m. Eastern time. Deaf or hearing-impaired individuals should call 711 for telecommunications relay services.</p>	Account Management

#	Question	Answer	Category
40.	Q. How do I create an account on the EPCS Prescriber Portal?	A. To establish an account for the CMS EPCS Prescriber Portal, the user needs to have a HARP account. If the user does not already have a HARP account, they can create one on the HARP Create an Account webpage .	Account Management
41.	Q. Does the EPCS Prescriber Portal integrate with my existing EHR system?	<p>A. No, a user's electronic health record does not need to be integrated with the CMS EPCS Prescriber Portal, because the CMS EPCS Program automatically calculates prescriber compliance using Medicare Part D claims.</p> <p>However, a prescriber issuing electronic prescriptions must use a software application that meets all Drug Enforcement Administration (DEA) requirements. No additional e-prescribing software program is needed to meet the EPCS Program requirement.</p>	EHR System

#	Question	Answer	Category
42.	<p>Q. I don't understand the numbers. How are they calculated?</p> <p>When I looked up one of our common prescribers, it only had 10 total prescriptions and zero electronic, which seems much too low considering that 90%+ of our patients are Medicare and narcotics are commonly prescribed.</p>	<p>A. Please email or submit an online ticket to CCSQ Support Central describing this issue, and its experts will assist you. You may also call CCSQ Support Central at 1-866-288-8292, Monday through Friday, 8 a.m.–8 p.m. Eastern time. Deaf or hearing-impaired individuals should call 711 for telecommunications relay services.</p> <p>One possible reason is that the CMS EPCS Program only looks at Part D claims and that long-term care facility prescriptions are not included in EPCS compliance calculation until measurement year 2028. For details on how the EPCS Program determines its compliance calculations, visit the “Compliance Overview” section on the CMS EPCS Program webpage. For information on EPCS Program rules that defined these numbers, visit the “CMS EPCS Rules and Regulation” section on the webpage.</p>	Technical Support

#	Question	Answer	Category
43.	Q. I am having trouble logging in to electronically prescribe controlled substances. What should I do?	<p>A. If users are having technical issues logging in to their e-prescribing system, they should contact their in-house IT support or the vendor for their electronic health record for help.</p> <p>Note that the CMS EPCS Program is not an e-prescribing software or platform. It is a compliance program that uses Part D claims data to calculate prescriber compliance.</p> <p>If users need technical assistance with the CMS EPCS Prescriber Portal, including checking EPCS compliance and submitting a waiver application, please email or submit an online ticket to CCSQ Support Central describing this issue, and its experts will assist you. You may also call CCSQ Support Central at 1-866-288-8292, Monday through Friday, 8 a.m.–8 p.m. Eastern time. Deaf or hearing-impaired individuals should call 711 for telecommunications relay services.</p>	Technical Support
44.	Q. What should I do if I get an error message in the portal?	A. If a user gets an error message while in the CMS EPCS Prescriber Portal, they should report it to CCSQ Support Central through email or by submitting an online ticket to receive help.	Technical Support
45.	Q. How do I know my patient's information is safe in this program?	A. The CMS EPCS Prescriber Portal has a summary of a prescriber's EPCS rate. It does not include any individual patient data or information. In addition, each user has to have a HARP account to log in to the EPCS Prescriber Portal.	Data Security
46.	Q. Is there some sort of how-to guide I can look at?	A. Yes. For more guidance on the CMS EPCS Prescriber Portal, users should review the CMS EPCS Prescriber Portal & Waiver Application User Guide , located on the EPCS Prescriber Portal landing page .	Program Resources

#	Question	Answer	Category
47.	<p>Q. Are there any recent changes to EPCS you can highlight for the group?</p>	<p>A. Yes. In the Calendar Year (CY) 2025 Medicare Physician Fee Schedule (PFS) final rule, CMS finalized the CMS EPCS Program policy that prescriptions written for a beneficiary in a long-term care (LTC) facility will not be included in determining compliance until January 1, 2028. CMS also finalized that compliance actions against prescribers who do not meet the compliance threshold based on prescriptions written for a beneficiary in an LTC facility will start measurement year 2028.</p> <p>The CY 2024 Medicare PFS final rule finalized the removal of the same legal entity exception while clarifying that the CMS EPCS Program will automatically align with Part D e-prescribing standards. It also clarified that CMS counts unique prescriptions in the measurement year by prescription number. It updated the exception for emergencies to allow CMS to identify which emergencies qualify for the exception and the duration for which the emergency exception would apply for the measurement year. The final rule continued the practice of issuing a prescriber the notice of non-compliance as the non-compliance action for subsequent measurement years and recognized that a prescriber's final non-compliance information may be used in the processes for identifying potential fraud, waste, and abuse.</p>	<p>Other</p>

#	Question	Answer	Category
48.	Q. Why can't a provider designate someone to complete registration for the Virginia Prescription Monitoring Program?	A. Thanks for your question. Because it is not related to the CMS EPCS Program, please reach out to the Virginia Prescription Monitoring Program directly.	Other: Out of Scope
49.	Q. How can we mitigate the additional time required for 2-factor authentication of computer systems, which is a common complaint of doctors?	<p>A. The CMS EPCS Program has the CMS EPCS Prescriber Portal, which is not an e-prescribing software or platform. It's an online portal that prescribers and their designated representatives log in to in order to check a prescriber's compliance status and, if needed, submit a waiver application.</p> <p>Two-factor authentication is a security method that helps prevent data breaches and is increasingly becoming more common with many online activities to reduce risk. Per the Drug Enforcement Administration (DEA), two-factor authentication protects the prescriber from misuse of their credential by insiders as well as protecting them from external threats because the prescriber can retain control of a biometric or hard token.</p>	Other: Out of Scope