

EPCS Waiver Application

CMS

Opening Screen to Apply for a Waiver

EPCS Dashboard

From the main page of the CMS EPCS Prescriber Portal, you can view your NPI compliance status.

- **One or Multiple NPIs separated by commas can be entered in the Search NPI box below. OR**
- **A CSV file with multiple NPIs can be uploaded in the Upload Data box below.**

- Go to the Check NPI Compliance Status / Submit Waiver Application section. Enter the prescriber's NPI into the box. Click Check Status.

[Clinician Interface & Scoring Landing Page](#) / [EPCS Dashboard](#)

EPCS Submitter Portal

View, request and manage waiver applications.

How it Works

To check the status of an NPI or to apply for a waiver, enter an NPI number below to check its status, which will return one of the following results:

- NPI meets the EPCS requirements (no further action required)
- NPI has already submitted an EPCS waiver application (no further action required)
- NPI does not meet the EPCS requirements (submit a waiver application)

To manage an existing waiver application, locate the waiver in the table below. Access to submitted waivers is limited to waivers you submitted, or that you are listed as an Additional Email Address on the waiver form at submission of the request.

For more information on current EPCS requirements, [click here](#).

Check NPI Compliance Status / Submit Waiver Application

Enter the prescriber's NPI below to check compliance status. Non-compliance prescribers who have experienced extraordinary circumstance(s) beyond their control will be able to submit a waiver application for the measurement year.

DRAG & DROP

Upload Data

Your CSV file here, or [browse](#).

or

NPI

Search by full NPI separated by comma

Check Status

Note: Please double-check that the correct NPI was entered.

For more information on current CMS EPCS requirement, [visit CMS E-Prescribing](#)

EPCS Waiver Applications

No waivers requested

Next, you will see one of the following boxes that indicates your status. For prescribers who are part of the CMS EPCS Program, the boxes contain the prescriber’s name, taxonomy (specialty), prescribing data, and exceptions.

- Example 1:
Green Box –
No Further
Action
Required:
NPI meets
the CMS
EPCS
Program
requirement.

✓ NO FURTHER ACTION REQUIRED: NPI meets the CMS EPCS Program requirement.

ROGER A. SIMONS, MD

Internal Medicine

Total Part D Prescriptions ⓘ

1,000

Total Prescribed Electronically ⓘ

750

% Prescribed Electronically ⓘ

75%

Declared Disaster Exception ⓘ

Yes

Small Prescriber ⓘ

No

*CMS automatically calculated
prescribing data and exceptions

- A Green Box indicates the NPI met at least one of the following compliance criteria:
 - At least 70% of Medicare Part D Schedule II-V controlled substances were prescribed electronically,
 - has been provided a Declared Disaster Exception, and/or
 - has been provided a Small Prescriber Exception.

- Example 2:
Red Box –
Consider
Submitting a
Waiver.

Check NPI Compliance Status / Submit Waiver Application

Enter the prescriber’s NPI below to see if the NPI is on the EPCS non-compliant list. NPIs on the non-compliant list will be able to submit a waiver application for the measurement year.

Performance Year

2024

NPI

1000000939

Check Status

Reset

✗ CONSIDER SUBMITTING A WAIVER: NPI (1000000939) has not met the CMS EPCS Program compliance.

The checked NPI does not meet or exceed the 70% e-prescribing threshold for CMS EPCS for the measurement year

The checked NPI has not met any exception for the measurement year

Please consider applying for a waiver for this NPI if the prescriber has experienced circumstance beyond control that prevented the prescriber from meeting the CMS EPCS compliance during the measurement year.

MICHAEL F. PAGE, MD

Family Medicine

Total Part D Prescriptions ⓘ

1,000

Total Prescribed Electronically ⓘ

660

% Prescribed Electronically ⓘ

66%

Declared Disaster Exception ⓘ

No

Small Prescriber ⓘ

No

Apply for Waiver >

- A Red Box indicates the NPI does not meet the EPCS requirement in measurement year 2024. The prescriber may use the waiver application to report circumstances beyond control.

Note: See the Submitting a Waiver section of this user guide for more information.

- Example 3:
Blue Box –
No further
action
required for
the checked
NPI.

ⓘ No further action required for the checked NPI.

No further action required for the checked NPI.

Check a different NPI number to proceed. CHECK THE WAIVER STATUS TABLE: NPI (1000000020) has a waiver application.

CHRISTINA L. PARANDII, MD General Practice		<i>*CMS automatically calculated prescribing data and exceptions</i>	
Total Part D Prescriptions ⓘ	1,000	Declared Disaster Exception ⓘ	No
Total Prescribed Electronically ⓘ	660	Small Prescriber ⓘ ≤100 Part D Prescriptions	No
% Prescribed Electronically ⓘ ≥70% required for compliance	▲ 66%		

- The Example 3 Blue Box indicates the NPI originally had a Red Box but has submitted a waiver application.

- Example 4:
Blue Box –
No Further
Action
Required:
NPI is not part of the
CMS EPCS
Program....

ⓘ NO FURTHER ACTION REQUIRED: NPI (1000001358) is not part of the CMS EPCS Program for the measurement year (no further actions required)

- The Example 4 Blue Box indicates the NPI is not part of the CMS EPCS Program for the measurement year.

PRA Disclosure Statement

The CMS Electronic Prescribing for Controlled Substances (EPCS) Program collects information from Medicare prescribers as part of the EPCS Application hardship waiver request and review process. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1455 (Expires 11/30/2025). This is a voluntary information collection, however, failure to submit necessary information may affect CMS efforts to review your hardship waiver request and could negatively impact your EPCS status.

The time required to complete this information collection is estimated to average 0.1667 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. In addition to the OMB control number, authority for the collection of this information is covered under section 1860D-4(7) of the Social Security Act (the Act), as added by Section 2003 of the SUPPORT for Patients and Communities Act of 2018 which mandates EPCS. CMS may use and disclose the prescriber's responses as specified in the System of Records Notice (SORN) "Quality Payment Program (QPP)", System No. 09-70-0539, 83 Federal Register 6587, February 14, 2018, and as permitted by the Privacy Act of 1974. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

****CMS Disclosure**** Please do not send applications, claims, payments, medical records, or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have any questions or concerns regarding where to submit your documents, please contact EPCS-EPrescribe@cms.hhs.gov.

Enter Waiver Application Information

Submitter Details

- Name
- Email Address
- Additional Email Address
- Phone Number
- Relationship to Prescriber

Waiver Details

- Reasons for Submitting a Waiver Application
- Documentation Upload to provide existence of a circumstance beyond control that prevented the prescriber from conducting EPCS

Attestation Statement

Single NPI entry

CMS EPCS Waiver Application

2024 EPCS Measurement Year (1/1/24 - 12/31/24)

Welcome to the CMS EPCS Waiver Application

To submit this waiver application, you must complete all the required fields below and click the "Submit Application" button. You can also click the "Save & Close" button to save your progress and come back to complete it later.

Prescriber Details

NPI

1000000129

Prescriber Name

Test Prescriber 12

Prescriber Type

Internal Medicine

Note:

CMS EPCS sources the above prescriber data from the CMS PECOS and NPPES systems of record. Also, CMS PECOS and NPPES are also the systems of record for disasters and notifications. If this data is not accurate, please contact PECOS and NPPES using the information on the [CMS EPCS Privacy Page](#). Please proceed with the completion of the CMS EPCS Waiver Application at this time as the corrected information may not be populated into CMS EPCS until the next calendar year.

* Indicates required field

Submitter Details

Name

Jerome Bukstein

Email Address

jerome.bukstein+epcs_prescriber@RainmakersSolutions.com

Multiple (Bulk) NPI



Welcome to the CMS EPCS Waiver Application



To submit this waiver application, you must complete all the required fields below and click the "Submit Application" button. You can also click the "Save & Close" button to save your progress and come back to complete it later.

Prescriber Details



NPI	Prescriber Name	Prescriber Type
9977551133	AVERY LEWIS	Unknown
NPI	Prescriber Name	Prescriber Type
1973751132	MICHEAL F. FIELDS	Unknown
NPI	Prescriber Name	Prescriber Type
9774416213	BALLOT MURPHY	Unknown

Note: EPCS sources the above prescriber data from the CMS PECOS and NPPES systems of record. If this data is not accurate, please contact PECOS and NPPES using the information on the [EPCS Privacy Page](#). Please proceed with the completion of the EPCS Waiver Application at this time as the corrected information may not be populated into EPCS until the next calendar year.

* Indicates required field

Submitter Details

Name

Carrie Barrows (you)

* Email Address

name@website.com

Additional Email Address(es) ?

name@website.com



name@website.com



Hit enter/comma to add multiple

* Phone Number

Extension

(000) 000-0000

Optional

Relationship to Prescriber ?

Prescriber



Waiver Details

*** Reason(s) for Submitting a Waiver Application**

- ☐ Software limitations are not within the control of the prescriber. (No system for conducting electronic prescribing or no electronic health record system installed.)
- ☐ Technological limitations are not within the control of the prescriber. (The service area lacks broadband access or pharmacies in the area do not have the technology to accept electronic prescriptions.)
- ☐ Local disaster or emergency that prevented the use of electronic prescribing. (Dates and documentation of the event or reason.)
- ☐ Other

*** In the box below, please provide a detailed explanation of the technical or other circumstances beyond the prescriber's control that prevent the prescriber from meeting the CMS EPCS Program requirement:**

Enter Description here

5,000 characters allowed

You may upload any documentation that supports your CMS EPCS Program waiver request description of the circumstances beyond the prescriber's control that prevent the prescriber from conducting EPCS in the measurement year. Please see the bullets below for examples of types of documentation you may consider uploading to support your description:

- Documentation showing speed and bandwidth limitations from the available internet service providers)
- Vendor or pharmacy correspondence supporting a continued technical issue
- Evidence of a localized disaster or emergency that affected your ability to electronically prescribe (e.g., news article, local disaster declaration, communication with insurance agency)

Drop files to upload

or

Select Files

(.pdf, .jpg, .jpeg, .png, .tiff, .doc, .docx, .xls, .xlsx, .msg)

Maximum upload file size: 20 MB

Attestation

☐ *** I attest that:**

On behalf of the Prescriber listed, or as the Prescriber in this attestation, I am applying for this EPCS Waiver Application and attest that the Prescriber is unable to conduct Electronic Prescribing of Controlled Substances (EPCS) due to circumstances beyond the Prescriber's control.

Collection of information in this form is covered by OMB-10834 – please see the [EPCS Privacy Page](#) for more details.

Delete Draft

Save & Close

Submit Application

Certify and Submit

- Review previously submitted details and general notice
- Select “Certify & Submit” button

Certify & Submit - Single NPI

X



By submitting this EPCS Waiver Application, I am certifying that the details entered are correct to the best of my knowledge. Furthermore, I am submitting this waiver application as if I physically signed and submitted a hard copy of this form.

Submission Summary

Prescriber Details

NPI	Prescriber Name	Prescriber Type	Mailing Address
1000000111	Test Prescriber 11	Family Medicine	123 Testing St Suite 11 Mechanicsville, PA 12345-1234

Submitter Details

Name	Email Address	Phone Number
Natalia1 Furman	natalia1.sviriduk@semanticbits.com	(301) 515-0239

Relationship to Prescriber	Additional Email Address(es)
Consultant	• nsviriduk@yahoo.com

Waiver Details

Reason(s) for Submitting Waiver Application

- Economic hardship prevents acquisition of system necessary to conduct EPCS

General Notice

No Electronic Prescribing for Controlled Substances (EPCS) Waiver may be granted unless this application is completed.

Disclosures


Submission of this EPCS Waiver Application is voluntary. Failure to provide necessary information to identify the prescriber will result in processing delays or denial of the EPCS Waiver Application.

Notice

Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Cancel

Certify & Submit

 By submitting this EPCS Waiver application, I am certifying that the details entered are correct to the best of my knowledge. Furthermore, I am submitting this waiver application as if I physically signed and submitted a hard copy of this form.

Submission Summary

PRESCRIBER DETAILS			
NPI	Prescriber Name	Prescriber Type	Mailing Address
9977551133	Avery Lewis	Unknown	14 Sunset Drive, Suite 100 Vergennes, VT 05491
NPI	Prescriber Name	Prescriber Type	Mailing Address
1973751132	MICHEAL F. FIELDS	Unknown	14 Sunset Drive, Suite 100 Vergennes, VT 05491
NPI	Prescriber Name	Prescriber Type	Mailing Address
9774416213	BALLOT MURPHY	Unknown	14 Sunset Drive, Suite 100 Vergennes, VT 05491
SUBMITTER DETAILS			
Name	Email Address	Phone Number	
Carrie Barrows (you)	carrie.barrows@semanticbits.com	(802) 734-7619 ext. 123	
Relationship to Prescriber	Additional Email Address(es)		
Service Center Representative	<ul style="list-style-type: none">• laura.hassey@semanticbits.com• ben.traynham@semanticbits.com		

WAIVER DETAILS

Reason(s) for Submitting Waiver Application

Other circumstance outside of prescriber's control

Other Circumstance Specifics

COVID-19 related

Documentation proving existence of a circumstance beyond control that prevented the prescriber from conducting EPCS

FILENAME	FILE SIZE	DATE UPLOADED
EPCS-A123-HE-Data-08082022.pdf	1.2 MB	01/13/2023
EPCS-A122-HE-Data-09122022.xlsx	4.6 MB	01/13/2023
Q32022--EPCS-Data-Report.jpg	3.7 MB	01/13/2023
EPCS-A123-HE-Data-08082022.pdf	1.2 MB	01/12/2023

General Notice

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Sed ut perspiciatis unde omnis iste natus error sit voluptatem accusantium doloremque laudantium, totam rem aperiam, eaque ipsa quae ab illo inventore veritatis et quasi architecto beatae vitae dicta sunt explicabo. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est.

Ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore

Cancel

Certify & Submit

General Notice Text

The image on this slide captures the complete text included in the general notice box.

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Notice

Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Certification of Prescriber

I certify that the information contained in this EPCS Waiver Application is true, accurate, and complete to the best of my knowledge, information and belief. If I become aware that any information contained in this application is not true, accurate, and complete, I will inform CMS promptly. I understand that:

- By filing the EPCS Waiver Application, I am submitting information that will be used to assess a claim for exception from federal statute.
- Any person who knowingly files a statement of claim containing any false, incomplete, or misleading information, may be guilty of a criminal act punishable under Federal and state law and may be subject to civil penalties.

I hereby agree to keep all records required related to this EPCS Waiver Application and to furnish them upon request by the Department of Health and Human Services, or a contractor acting on its behalf.

Certification of Submitter Working on Behalf of Prescriber(s)

I certify that I am submitting this EPCS Waiver Application on behalf of the prescriber(s) that has(have) authorized me to make this submission on their behalf. I certify that the information contained in this EPCS Waiver Application is true, accurate, and complete to the best of my knowledge, information, and belief. If I become aware that any information contained in this application is not true, accurate, and complete, I will inform CMS promptly. I understand that any person who knowingly files a statement of claim containing any false, incomplete, or misleading information, may be guilty of a criminal act punishable under Federal and state law and may be subject to civil penalties. I hereby agree to keep all records related to this EPCS exception application and to furnish them upon request by the Department of Health and Human Services, or a contractor acting on its behalf.

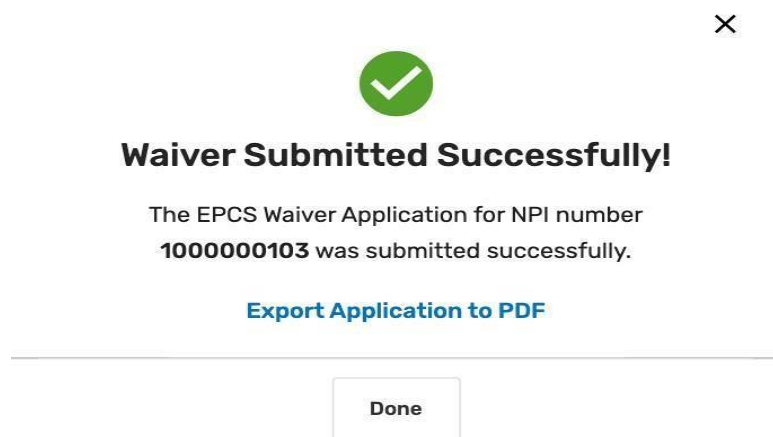
Cancel

Certify & Submit

EPCS Waiver Application Submitted

Upon completion of these steps, the site confirms the successful submission of the EPCS waiver application

Single NPI



EPCS Waiver Application Submitted-

Multiple (Bulk) NPI

