RESOURCES AND PATIENT MANAGEMENT SYSTEM

IHS Pharmacy Modifications

(APSP)

EPCS Supplemental User Guide

Version 7.0 Patch 1023
August 2019

Office of Information Technology
Division of Information Technology
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Preface

The purpose of this manual is to provide the user with the information needed to process prescriptions within the new Electronic Prescribing of Controlled Substance (EPCS) function of Indian Health Service (IHS) Resource and Patient Management System (RPMS).

This manual contains reference information about new processes and step-by-step procedures to show end users how to perform activities related to processing prescriptions to meet both Drug Enforcement Administration (DEA) and the Department of Health and Human Services (HHS) regulations. Further, it walks through the safe-ordering and pharmacy-fulfillment processes when controlled substances are integrated into the patient’s plan of care.

EPCS builds upon the already existing functionality of RPMS-EHR ordering and medication components and the outpatient pharmacy suite within RPMS. Customization of the RPMS menus is allowed, therefore some screenshots contained within this manual may differ from the provider’s version; however, all functionality remains consistent.

For more information about EPCS, the DEA list of controlled substances, or other matters related to e-prescribing, users may consult these resources:

- EPCS: [www.ihs.gov/ehr](http://www.ihs.gov/ehr).
- EPCS Training: [https://www.ihs.gov/rpms/training](https://www.ihs.gov/rpms/training).
1.0 Introduction

In 2014, the Office of the National Coordinator (ONC) for Health Information Technologies published its second set of rules related to the adoption of standards, implementation, and certification criteria for Electronic Health Record (EHR) technology. IHS must meet these HHS ONC 2014 certification requirements, and EPCS has been created to accomplish this. EPCS provides enhancements to the existing electronic prescription (eRx) process within RPMS-EHR to allow for secure electronic prescribing and dispensing of controlled substance (CS) medications.

1.1 Purpose

EPCS implements key controlled substance prescribing regulations and fulfillment screens and allows practitioners to transmit a controlled substance prescription with an approved signing function. This new feature also requires a second layer of security in addition to an electronic signature that providers must use before signing the prescription. As many IHS sites are multi-divisional, EPCS permits providers associated with many facilities to order controlled substances for patients in multiple sites. The Pharmacy component of EPCS allows controlled substances to be dispensed from internal pharmacies safely and efficiently.

By streamlining the process of ordering and fulfilling patients’ prescriptions that contain controlled drugs, medication errors and prescribing misuses may be minimized, if not avoided. EPCS supports other care-related activities directly or indirectly through various interfaces, including provider-profile credentialing for prescribing controlled medications electronically, pharmacy management and tracking of controlled substances, and patient medication management.

EPCS, along with the implementation of electronic health records, supports the continued progress of healthcare that strengthens the relationship between patients and clinicians. The ability to retrieve timely data from this system will enable providers to make better decisions and provide better care, while ensuring that patients receive the medications they need to control their pain or improve their health.

EPCS is designed for outpatient prescriptions only. Inpatient prescriptions for controlled substances do not require EPCS, however, when ordering a CS medication for an inpatient, the provider must have authority for the schedule of the CS medication selected as a validation check is now performed. Outpatient prescriptions that are sent by paper to internal or external pharmacies do not require two-factor authentication.

EPCS impacts the Outpatient Pharmacy Suite in several ways, which are explained in further detail throughout this User Manual, and include but are not limited to:

- New key and parameters
• New information and steps for processing CS orders
• New reports available

1.2 Key Terms and Definitions
There are several key terms related to EPCS which should be understood prior to reading the remainder of this user manual:

• **Two-Factor Authentication (2FA):** A type of multifactor authentication. This term indicates that a user must authenticate using two different methods. The most recognizable example for the average user will be an ATM, where you must have both a card and a PIN to get cash. If only one method is presented, no cash is dispensed. The most common methods of authentication are:
  – something you have, such as a card or token
  – something you know, such as a password or PIN
  – something you are, such as a fingerprint or facial scan.

• **Digital Signature:** In the EPCS regulations, this is defined as “a record created when a file is algorithmically transformed into a fixed length digest that is then encrypted using an asymmetric cryptographic private key associated with a digital certificate.” Each Provider wishing to use EPCS must obtain a digital signing certificate from an IHS-authorized vendor. In addition, the staff who will be verifying the Provider’s EPCS profiles will also need a digital signing certificate.

• **Electronic Signature:** In the EPCS regulations, this is defined as “a method of signing an electronic message that identifies a particular person as the source of the message and indicates the person’s approval of the information contained in the message.”

• **Electronic Signature Code:** This term is used within RPMS and EHR to refer to the specialized password used to apply an electronic signature as defined previously to an item such as an order or a note.

• **Hash:** A hash as it relates to EPCS, in extremely simplified terms, is a numerical representation of certain aspects of the order as it was created and signed by the provider. It is set at the time the provider signs the order, transmitted with the order to the pharmacy, then checked (by recalculating from the aspects used to create the hash initially) at the time the pharmacy processes the order. When the hash calculation at processing does not match the hash set at signing, it indicates that the order has been tampered with or corrupted in transmission. It is important to remember that not all hash mismatches indicate deliberate tampering.
2.0 Pharmacy-Related Configuration

This section describes the set up required in the pharmacy package, as well as the pharmacy and ordering related parameters needed to use the EPCS system.

The RPMS Pharmacy application is maintained by software releases in the APSP namespace. The APSP patch for EPCS is APSP*7.0*1023. APSP*7.0*1023 is a prerequisite of EHR*1.1*25.

Note: Although EPCS will not be live for providers until the site is turned on, all the functions and requirements for pharmacy as described in this user manual will become active immediately upon installation.

2.1 Keys and Menus

Within RPMS and EHR, security keys control both access to options and the ability to perform specific functions.

Historically, pharmacy keys have been widely allocated, often even outside the pharmacy staff. Likewise, the pharmacy manager menu is often assigned to all pharmacy personnel regardless of job duties and functions. This menu option offers access to the Delete function for prescriptions, which per the EPCS regulations must be restricted.

A new key is delivered with EPCS, and some existing keys now have additional effects. Sites should review pharmacy key and menu assignments, preferably before the installation of the EPCS patches, to ensure that users do not have access that exceeds their authority. In addition, some sites have modified the main pharmacy manager menu to include all options necessary for the highest level of pharmacy access and management, and these modifications should be considered when reviewing menu options assigned to users.

To assist in such a review, Table 2-1 provides an overview of some pharmacy keys and their effect on users. The new PSDRPH key is only to be given to those pharmacists who have the capability of processing CS orders.

<table>
<thead>
<tr>
<th>Key</th>
<th>Function</th>
<th>Effect</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSOTCORE</td>
<td>Tech menu</td>
<td>Unlocks the tech menu, PSO USER2</td>
<td>For pharmacy aides and technicians who need basic access to input and process backdoor prescriptions.</td>
</tr>
<tr>
<td>PSOPCORE</td>
<td>Pharmacist menu</td>
<td>Unlocks the pharmacist menu, PSO USER1</td>
<td>Should be the preferred menu for most pharmacy staff.</td>
</tr>
</tbody>
</table>

Table 2-1: Pharmacy Keys and their Effects
<table>
<thead>
<tr>
<th>Key</th>
<th>Function</th>
<th>Effect</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>PSOMCORE</td>
<td>Manager menu</td>
<td>Unlocks the manager menu (PSO MANAGER), including the Delete option for active/verified prescriptions</td>
<td>Allows for managing the pharmacy, including setting up cost reports, TaskMan jobs, and deleting Rx, and is not intended for all users</td>
</tr>
<tr>
<td>PSORPH</td>
<td>Designates person as pharmacist</td>
<td>In relation to EPCS, this key allows a user to refill processed CS prescriptions, and to enter backdoor CS orders to a non-verified status.</td>
<td>Should be given only to users with authority to process non-controlled substance orders, and to refill controlled substance prescriptions.</td>
</tr>
<tr>
<td>PSDRPH (new)</td>
<td>CS dispensing key</td>
<td>In relation to EPCS, this key allows a user to process CS orders, and to enter backdoor CS orders to a verified status. <strong>Note:</strong> This key will need to be assigned immediately after the patch is installed.</td>
<td>Should be given only to users with authority to process controlled substance orders.</td>
</tr>
</tbody>
</table>

Figure 2-1 shows a digitally signed order for a user without the PSORPH key and without the PSDRPH key. Note that the actions in parentheses – Edit, Discontinue, Finish, and Flag/Unflag – indicate the user is not allowed to select them. In this example, the user cannot perform any processing functions and can only bypass the order. The same is true for a user with the PSORPH key but without the PSDRPH key.

![Figure 2-1: Digitally signed order](image-url)
The RPMS output in Figure 2-2 displays an example of prescriptions shown as Non-verified. They are listed in a separate section titled Non-Verified and have a status of N. A CS order will go to a non-verified state if it is entered as a backdoor order by a user without the PSDRPH key.

<table>
<thead>
<tr>
<th>DEMO, PATIENT ALLTWO-FIVE</th>
<th>PID: XXX-XX-5898 (HRN: XXXX83)</th>
<th>Ht(cm): 162.56 (09/26/2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB: MAY 2,19XX (XX)</td>
<td>DOB: MAY 2,19XX (XX)</td>
<td>DOB: MAY 2,19XX (XX)</td>
</tr>
<tr>
<td>SEX: FEMALE</td>
<td>SEX: FEMALE</td>
<td>SEX: FEMALE</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>LAST REF</th>
<th>DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>513706</td>
<td>GUAIFENESIN/CODEINE 100MG/10MG/5ML SYRUP A 12-08 12-08 0 6</td>
</tr>
<tr>
<td>7</td>
<td>513702</td>
<td>IBUPROFEN 400MG TAB 40 A&gt; 12-08 12-08 0 10</td>
</tr>
<tr>
<td>8</td>
<td>513710</td>
<td>LISINOPRIL 5MG TAB 30 A&gt; 12-08 12-08 5 30</td>
</tr>
<tr>
<td>9</td>
<td>513595</td>
<td>OMEPRAZOLE 20MG EC CAP 30 A&gt; 11-02 11-02 11 30</td>
</tr>
<tr>
<td>10</td>
<td>513708</td>
<td>LORAZEPAM 0.5MG TAB 20 N&gt; 12-08 12-08 0 10</td>
</tr>
<tr>
<td>11</td>
<td>513709</td>
<td>METHYLPHENIDATE ER 18MG TAB 30 N 12-08 12-08 0 30</td>
</tr>
<tr>
<td>12</td>
<td>513715</td>
<td>OXYCODONE/APAP 5MG/325MG TAB 12 N 12-08 12-08 0 5</td>
</tr>
<tr>
<td>-------</td>
<td>----------</td>
<td>-----</td>
</tr>
</tbody>
</table>

---Outside Medications---

A user with the PSDRPH and PSORPH keys will be able to perform all functions, as shown in Figure 2-3.

Figure 2-2: Non-verified Prescriptions

A user with the PSDRPH and PSORPH keys will be able to perform all functions, as shown in Figure 2-3.

Pending OP Orders (ROUTINE) 31, 2018 12:37:06 Page: 1 of 3

<table>
<thead>
<tr>
<th>PID: XXX-XX-2480 (HRN: XXXX52)</th>
<th>Ht(cm): 177.80 (02/08/2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DOB: SEP 3,19XX (XX)</td>
<td>DOB: SEP 3,19XX (XX)</td>
</tr>
<tr>
<td>Wt(kg): 133.36 (01/23/2012)</td>
<td>Wt(kg): 133.36 (01/23/2012)</td>
</tr>
</tbody>
</table>

Processing Digitally Signed Order

(1) Orderable Item: AMPHETAMINE/DEXTROAMPHET AM CAP,SA
(2) Drug: AMPHETAMINE/DEXTROAMPHET XR 10MG CAP
(3) *Dosage: 10 (MG)
   Verb: TAKE
   Dispense Units: 1
   Noun: CAPSULE
   *Route: ORAL
   *Schedule: DY
(4) Pat Instruct: FOR ADHD
Provider Comments:
Instructions: TAKE ONE CAPSULE PO DY
SIG: TAKE ONE CAPSULE BY MOUTH DAILY FOR ADHD
Clinical Indication: Shoulder pain M25.519
---Digitally Signed Order---

BY Bypass DC Discontinue FL Flag/Unflag
ED Edit FN Finish
2.2 Parameters

There are several parameters affecting the pharmacy package and provider ordering that can be set. It is important to set these based on local laws and regulations, as well as for IHS policy and whether the site is enabled for EPCS and for Surescripts.

Most parameters can be set at multiple levels, with the more specific levels generally overriding the less specific levels. For example, if a parameter can be set at the system and user settings, a user setting will override the setting at the system level for that user. Sites are encouraged to review the current settings at each level prior to setting or re-setting the parameters described here.

2.2.1 APSP AUTO RX SCHEDULE RESTRICT

This parameter controls which schedules can be transmitted through Surescripts. It is an existing parameter but prior to EPCS the parameter was not editable. It should only be edited after the site is approved for Surescripts transmission. This parameter should have at least a 1 included as schedule 1 drugs may not be prescribed by law. This parameter may be set at the division or system levels, as shown in Figure 2-4.

2.2.2 APSP AUTO RX CII PRESCRIBING

This parameter controls whether a site can create C-II orders in the EHR for internal or external pharmacies. It is an existing parameter but should be reviewed after EPCS is installed. This parameter may be set at the user, class, division, or system levels. An example setting is shown Figure 2-5.
Select PARAMETER DEFINITION NAME: APSP AUTO RX CII PRESCRIBING
Facility allows CII prescribing

APSP AUTO RX CII PRESCRIBING may be set for the following:

- 100 User USR [choose from NEW PERSON]
- 200 Class CLS [choose from USR CLASS]
- 700 Division DIV [choose from INSTITUTION]
- 800 System SYS [2017-DEMO-HQ.ABQ.IHS.GOV]

Enter selection: 800 System 2017-DEMO-HQ.ABQ.IHS.GOV

Setting APSP AUTO RX CII PRESCRIBING for System: 2017-DEMO-HQ.ABQ.IHS.GOV
Allow CII prescribing: YES/

Figure 2-5: APSP AUTO RX CII PRESCRIBING

2.2.3 APSP AUTO RX ERX OF CS II

This parameter controls whether a site can send C-II orders to Surescripts. It is an existing parameter but was not editable prior to EPCS. This parameter should only be edited after the site is approved and configured for Surescripts, including approval for CS orders. This parameter may be set at the user, division, or system levels. An example setting is shown in Figure 2-6.

Select PARAMETER DEFINITION NAME: APSP AUTO RX ERX OF CS II
Facility allows eRx of CII medications

APSP AUTO RX ERX OF CS II may be set for the following:

- 100 User USR [choose from NEW PERSON]
- 700 Division DIV [choose from INSTITUTION]
- 800 System SYS [2017-DEMO-HQ.ABQ.IHS.GOV]

Enter selection: 800 System 2017-DEMO-HQ.ABQ.IHS.GOV

Setting APSP AUTO RX ERX OF CS II for System: 2017-DEMO-HQ.ABQ.IHS.GOV
Allow eRx of CII medications: YES/

Figure 2-6: APSP AUTO RX ERX OF CS II

2.2.4 APSP CS II ORDER DATE MAX

This new parameter holds the number of days after the issue date or the earliest fill date (if available) that a C-II order can continue to be processed. There is no default for this parameter, so it is extremely important that sites review and set this appropriately before processing CS orders. The maximum value is 365 days. This parameter may be set at the division or system levels. If the pending order is older than this value, the pharmacy is not able to process the order and it must be discontinued. An example setting is shown in Figure 2-7.
Select PARAMETER DEFINITION NAME: APSP CS II ORDER DATE MAX  CS II MAX ORDER DATE

APSP CS II ORDER DATE MAX may be set for the following:

<table>
<thead>
<tr>
<th>Division</th>
<th>DIV</th>
<th>System</th>
<th>SYS</th>
<th>[2017-DEMO-HQ.ABQ.IHS.GOV]</th>
</tr>
</thead>
<tbody>
<tr>
<td>800</td>
<td>Division</td>
<td>900</td>
<td>System</td>
<td></td>
</tr>
</tbody>
</table>

Enter selection: 900 System 2017-DEMO-HQ.ABQ.IHS.GOV

- Setting APSP CS II ORDER DATE MAX for System: 2017-DEMO-HQ.ABQ.IHS.GOV -
  Max age of CS II order: 365/

Parameter holds number of days that a CS II order is valid after written date.

Max age of CS II order: 365/

Figure 2-7: APSP CS II ORDER DATE MAX

2.2.5 APSP CS II RX EXPIRE DAYS

This new parameter holds the number of days before a C-II prescription will expire. There is no default for this parameter, so it is extremely important that sites review and set this appropriately before processing CS orders. The maximum value is 365 days. This parameter can be set at the division and system levels. An example setting is shown in Figure 2-8.

Select PARAMETER DEFINITION NAME: APSP CS II RX EXPIRE DAYS Days that CS II Rx Expires

APSP CS II RX EXPIRE DAYS may be set for the following:

<table>
<thead>
<tr>
<th>Division</th>
<th>DIV</th>
<th>System</th>
<th>SYS</th>
<th>[2017-DEMO-HQ.ABQ.IHS.GOV]</th>
</tr>
</thead>
<tbody>
<tr>
<td>800</td>
<td>Division</td>
<td>900</td>
<td>System</td>
<td></td>
</tr>
</tbody>
</table>

Enter selection: 900 System 2017-DEMO-HQ.ABQ.IHS.GOV

- Setting APSP CS II RX EXPIRE DAYS for System: 2017-DEMO-HQ.ABQ.IHS.GOV -
  Days to expire: 30/

Holds the number of days that a CS II prescription will expire from the issue date.

Days to expire: 30/

Figure 2-8: APSP CS II RX EXPIRE DAYS
2.2.6 BEHORX REQUIRE SUPERVISOR CS

This parameter controls which TIU user classes will have a supervisor set and displayed for ordering controlled substance medications. The supervisor will display on printed prescriptions, when the prescription is being processed on in-house prescriptions, in the message to Surescripts, and when viewing a prescription. Sites may use the existing user classes or create new ones as needed. This parameter can be set at the division and system levels.

Supervisors are designated in the CHIEF field of the SERVICE/SECTION file (#49). The user is then assigned to that Service/Section through their NEW PERSON file (#200) entry. Sites may create new Service/Section entries as needed. For example, if all mid-level providers at a site require a supervisor for prescribing CS medications and that supervisor is the same person for all, then the site could create a “MIDLEVEL PROVIDER” service/section, set the supervisor in the CHIEF field, and then assign that service to all the mid-level providers at the site. If only certain mid-level providers require a supervisor for CS medications, or if each mid-level requires a different supervisor, then multiple service/sections could be set up such as “MIDLEVEL – SMITH” and “MIDLEVEL – JONES” for mid-levels who will be supervised by Smith and Jones, respectively. Note that the Service/Section file and the CHIEF field will also have implications for sites who have notifications set to be forwarded to a supervisor after a set number of days. See the ehr_0110.25o_EPCS_Supplemental_User_Guide for an example of the SERVICE/SECTION set up. An example setting for BEHORX REQUIRE SUPERVISOR CS is shown in Figure 2-9.

Select PARAMETER DEFINITION NAME: BEHORX REQUIRE SUPERVISOR CS Require Supervisor Name for CS

BEHORX REQUIRE SUPERVISOR CS may be set for the following:

<table>
<thead>
<tr>
<th>100 Division</th>
<th>DIV</th>
<th>[choose from INSTITUTION]</th>
</tr>
</thead>
<tbody>
<tr>
<td>200 System</td>
<td>SYS</td>
<td>[2017-DEMO-HQ.ABQ.IHS.GOV]</td>
</tr>
</tbody>
</table>

Enter selection: 100 Division INSTITUTION
Select INSTITUTION NAME: 2017 DEMO CLINIC HEADQUARTERS WEST ALBUQUERQUE 01 NM 8068

--- Setting BEHORX REQUIRE SUPERVISOR CS for Division: 2017 DEMO CLINIC ---
Select Sequence: ?

Sequence Value
---------- ----
5 NURSE PRACTITIONER

Select Sequence: 5

Sequence: 5// 5
User Class: NURSE PRACTITIONER// NURSE PRACTITIONER
Select Sequence: 10
Are you adding 10 as a new Sequence? Yes// y YES
2.2.7 BEHORX ENABLE EARLIEST DATE

This new parameter controls the visibility of the Earliest Date field on the Outpatient Medication Ordering dialog. It may be set at the system or division level. An example setting is shown in Figure 2-10.

```
Select PARAMETER DEFINITION NAME: BEHORX ENABLE EARLIEST DATE     Enable Earliest Date Feature

BEHORX ENABLE EARLIEST DATE may be set for the following:

800 Division       DIV   [choose from INSTITUTION]
900 System         SYS   [2017-DEMO-HQ.ABQ.IHS.GOV]

Enter selection: 800 Division INSTITUTION
Select INSTITUTION NAME: 2017 DEMO CLINIC       HEADQUARTERS WEST
ALBUQUERQUE        01       NM       8068

-- Setting BEHORX ENABLE EARLIEST DATE for Division: 2017 DEMO CLINIC --
Enable: YES//
```

2.2.8 BEHORX HARDCOPY AT SIGNING

This new parameter controls the availability of a check box in the signing dialog when CS meds are present and the user is EPCS enabled. The intention of this parameter is to set it for a user when there is a compelling reason for the provider to create a paper order for a CS Medication even though they are EPCS enabled (e.g., the user left their token at home or the user is locked out of their token), and then remove it when that reason is fulfilled or no longer applicable. It is not intended to be set for all users for all time and may not be used when a user’s token is lost, stolen, or otherwise compromised. In these cases, the user’s EPCS access should be inactivated in the Credentialing Component of EHR. The parameter may be set at the system, division, and user levels, though it is strongly recommended to be set at the user level only. An example setting is shown in Figure 2-11.
2.2.9 BEHORX MAX DAYS SUPPLY CS

This new parameter controls the upper limit for days’ supply of a dispensed CS medication. The range is 1–90 days’ supply and definable for schedules 2 through 5. If a schedule is not defined, the max days’ supply will default to 30. It may be set at the system and division levels. An example setting is shown in Figure 2-12.

```
Select PARAMETER DEFINITION NAME: BEHORX MAX DAYS SUPPLY CS Maximum Allowable Days Supply CS

BEHORX MAX DAYS SUPPLY CS may be set for the following:

800 Division DIV [choose from INSTITUTION]
900 System SYS [2017-DEMO-HQ.ABQ.IHS.GOV]

Enter selection: 900 System 2017-DEMO-HQ.ABQ.IHS.GOV

- Setting BEHORX MAX DAYS SUPPLY CS for System: 2017-DEMO-HQ.ABQ.IHS.GOV -

Select Medication DEA Schedule (2-5): ?

Medication DEA Schedule (2-5) Value
-------------------------------  -----  
2                              7
3                              30
4                              30
5                              30

Select Medication DEA Schedule (2-5): 5

Medication DEA Schedule (2-5): 5// 5
Maximum Allowable Days Supply: 30//
```

Figure 2-12: BEHORX MAX DAYS SUPPLY CS
2.2.10 BEHORX PRINT FORMATS

This parameter determines the default print format the providers will see for each type of order, label, or receipt. The provider is able to change from the default as needed. This is an existing parameter but must be reviewed after EPCS installation because of significant changes made to the print formats to comply with EPCS regulations. Sites using customized formats are strongly encouraged to review the new EPCS formats and adjust any existing custom formats as needed. At minimum, the sites must add the REPRINT field to all existing CS print templates, and the DEA should be added if not already present.

Other potential changes include required clinical indication for gamma-hydroxybutyrate (GHB) medications, DEA X for detoxification, earliest fill date, and supervisor information if these types of orders might be issued. The sites may edit the delivered templates as well, though the software will not permit the removal of the REPRINT field. Sites who elect to use old templates or edit the new templates are encouraged to review the DEA regulations relating to required fields in Title 21 USC, part 1306.05, “Manner of issuance of prescriptions” at https://www.deadiversion.usdoj.gov/21cfr/cfr/1306/1306_05.htm, as well as any local or state regulations. Sites are ultimately responsible for ensuring all such regulations are met. As is already available, one site or Area may develop a regionally specific template, then export and share those with the other sites in the Area or region.

The new EPCS formats include:

- Prescription CII EPCS
- Prescription CII EPCS Spvsr
- Prescription C3-5 EPCS
- Prescription C3-5 EPCS Spvsr
- Order for Signature CII EPCS
- Order for Signature CII EPCS Spvsr
- Order for Signature C3-5 EPCS
- Order for Signature C3-5 EPCS Spvsr

The parameter may be set at the system, division, location, class, or user level. The parameter is set by print type. The designations are as follows, though only the Prescription and Order formats have been changed for EPCS:

- PC – Prescription C-II
- PF – Prescription C-III through V
- PN – Prescription non-CS
- OC – Order C-II
• OF – Order C-III through V
• ON – Order non-CS
• RC – Receipt C-II
• RN – Receipt non-C-II
• LC – Label C-II
• LN – Label non-C-II

An example setting is shown in Figure 2-13.

```
Select PARAMETER DEFINITION NAME: BEHORX PRINT FORMATS  Rx and label format

BEHORX PRINT FORMATS may be set for the following:

100 User          USR    [choose from NEW PERSON]
200 Class         CLS    [choose from USR CLASS]
300 Location      LOC    [choose from HOSPITAL LOCATION]
700 Division      DIV    [choose from INSTITUTION]
800 System        SYS    [2017-DEMO-HQ.ABQ.IHS.GOV]

Enter selection: 800  System  2017-DEMO-HQ.ABQ.IHS.GOV

--- Setting BEHORX PRINT FORMATS for System: 2017-DEMO-HQ.ABQ.IHS.GOV ---
Select Format Type: ?

<table>
<thead>
<tr>
<th>Format Type</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>OC</td>
<td>ORDER FOR SIGNATURE CII EPCS</td>
</tr>
<tr>
<td>OF</td>
<td>ORDER FOR SIGNATURE C3-5 EPCS</td>
</tr>
<tr>
<td>ON</td>
<td>ORDER FOR SIGNATURE (NON-CII)(SAMPLE)(NEW)</td>
</tr>
<tr>
<td>PC</td>
<td>PRESCRIPTION CII EPCS</td>
</tr>
<tr>
<td>PF</td>
<td>PRESCRIPTION C3-5 EPCS</td>
</tr>
<tr>
<td>PN</td>
<td>PRESCRIPTION (NON-CII)(SAMPLE)(NEW)</td>
</tr>
<tr>
<td>RC</td>
<td>RECEIPT (CII)(SAMPLE)(NEW)</td>
</tr>
<tr>
<td>RN</td>
<td>RECEIPT (NON-CII)(SAMPLE)(NEW)</td>
</tr>
</tbody>
</table>

Select one of the following:

PC        PC
PN        PN
OC        OC
ON        ON
RC        RC
RN        RN
LC        LC
LN        LN
PF        PF
OF        OF

Select Format Type: PC

Format Type: PC//  PC
```
2.2.11 BEHORX PRINT QUEUE C35

This parameter is no longer being used. The print queue will be turned on for all controlled substances that are not signed with two-factor authentication.
3.0 Pharmacy Processing

This section describes the steps in-house pharmacy staff will follow to process the EPCS medications ordered by the provider.

Unless otherwise specified, the term “order” refers to the item created by a prescribing user which has not yet been processed in the pharmacy package or has not been auto-finished, and the term “prescription” refers to the item after it has been processed or auto-finished.

Providers may order CS medications in two ways:

- A hard copy (HC), paper, signed-in-ink order:
  - Started in the EHR and then printed
  - Completely on paper with no portion already in the EHR or RPMS prior to pharmacy processing
- A digitally signed (DS) electronic prescription

Note: For prescribers who have access to the EHR system where the order will be filled, the orders should be entered in the EHR, even if they must then be printed and signed, to reduce transcription errors.

3.1 Processing Option Changes

EPCS does not add any new processing menus, but some existing menus and displays have been adjusted for EPCS. Most changes are to assist users in determining if an order is digitally signed or requires a separate, signed-in-ink hardcopy.

3.1.1 Complete Orders from OE/RR Changes

The Complete Orders from OE/RR menu option (Figure 3-1) has been adjusted to allow the user to limit the processing to only digitally signed orders.

Enter 'PA' to process orders by patients
'RT' to process orders by route (mail/window)
'PR' to process orders by priority
'CL' to process orders by clinic
'FL' to process flagged orders
or 'E' or '^' to exit

Select one of the following:

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA</td>
<td>PATIENT</td>
</tr>
<tr>
<td>RT</td>
<td>ROUTE</td>
</tr>
<tr>
<td>PR</td>
<td>PRIORITY</td>
</tr>
<tr>
<td>CL</td>
<td>CLINIC</td>
</tr>
<tr>
<td>FL</td>
<td>FLAGGED</td>
</tr>
</tbody>
</table>
After selecting DS, the user is prompted to select which schedule(s) to process (Figure 3-2).

Processing will then proceed as usual for this menu option, with the orders restricted based on the selections made by the user.

### 3.1.2 Complete OE/RR Orders LM Changes

There are few adjustments to the Complete Pending Orders (CPO) menu option, but new symbols have been added to allow the user to quickly identify HC and DS CS orders within the list.

Both types of orders will have a symbol immediately left of the patient name. There is a plus (+) symbol for the HC orders, and a dollar sign ($) for the DS orders. A user can easily remember these symbols by considering that a HC order requires the electronic order plus the hard copy, and that a DS order has a DS-initialed symbol (dollar sign = digitally signed). The symbols are displayed in Figure 3-3.
3.2 Processing Orders

There is additional information displayed when processing or viewing orders. There will be differing processes used depending on whether you are processing a HC order or a DS order. In the following sections, it is assumed that the user has the appropriate security keys to process the orders fully.

3.2.1 Medication Profile Screen Changes

The symbols of plus sign (+) for HC and dollar sign ($) for DS will also display on the patient’s medication profile screen as seen in Figure 3-4. If the order is for a C-II medication, there may also be an earliest fill date (EFDT) which will be discussed later in this guide.

Figure 3-4: Medication Profile
3.2.2 Provider Information

When processing or viewing orders, the provider information is expanded to include the provider address, DEA or VA number, and if needed, DEA X and Supervisor information. In general, the site address is used as the provider address, as that is the practice location. If the provider has no personal DEA number and is using a VA Number instead, the VA number is displayed as a suffix to the institutional DEA number and is clearly labeled as a VA Number.

A Provider using a VA number is shown in Figure 3-5.

Figure 3-5: Provider with a VA number shown concatenated to the institutional DEA number

A provider with a personal DEA number is shown in Figure 3-6.
If a provider is required to have supervisor information included (see Section 2.2.6), the provider’s supervisor information is also included as shown in Figure 3-7.

### 3.2.3 Hard Copy Orders

Once the user selects a HC order, an indicator displays at the top of the order above line 1 and on the ribbon bar. The message in the ribbon bar may disappear as the user navigates through the order depending on the terminal type set for your RPMS session. The message above line 1 will remain and is visible whenever the user navigates to that portion of the order regardless of terminal type setting.

**Figure 3-7: Provider’s Supervisor Information**

**Figure 3-6: Provider with a Personal DEA Number**
During processing, pharmacists must enter an electronic signature to verify that they have received the hard copy before processing the CS order. The RPMS output in Figure 3-9 shows the process of finishing the HC order. Note that when the user is typing in the Signature code, no indication of the input will be displayed on the screen.

**Figure 3-8: Hardcopy Order**

**Figure 3-9: Finishing a hardcopy order**
This action will be saved in the activity log (Figure 3-10) for the prescription.

<table>
<thead>
<tr>
<th>Rx Activity Log</th>
<th>Feb 12, 2018 15:23:18</th>
<th>Page: 1 of 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEMO, PATIENT THREE-FOUR</td>
<td>&lt;A&gt;</td>
<td></td>
</tr>
<tr>
<td>PID: XXX-XX-6413 (HRN: XXXX62)</td>
<td>Ft (cm): 166.37 (10/21/2016)</td>
<td></td>
</tr>
<tr>
<td>DOB: JAN 8, 19XX (XX)</td>
<td>Wt (kg): 89.58 (01/13/2017)</td>
<td></td>
</tr>
<tr>
<td>Rx #: 513806 Original Fill Released: 02/07/18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routing: Window Finished by: EPCS, PHARMACIST PSDRPH</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Activity Log:

<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>Reason</th>
<th>Rx Ref</th>
<th>Initiator Of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>02/07/18</td>
<td>PATIENT INSTR. ORIGINAL</td>
<td>ORIGINAL</td>
<td>EPCS, PHARMACIST PSDRPH</td>
</tr>
</tbody>
</table>

Comments: Patient Instructions Not Sent By Provider.

<table>
<thead>
<tr>
<th>#</th>
<th>Date</th>
<th>Reason</th>
<th>Rx Ref</th>
<th>Initiator Of Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>02/07/18</td>
<td>PKI/DEA</td>
<td>ORIGINAL</td>
<td>EPCS, PHARMACIST PSDRPH</td>
</tr>
</tbody>
</table>

Comments: Hard copy prescription was reviewed

----------Enter ?? for more actions----------------------------------------
Select Action: Quit

Figure 3-10: Activity Log

3.2.4 Digitally Signed Orders

Once the user selects a DS order, an indicator displays at the top of the order above line 1 and on the ribbon bar. The message in the ribbon bar may disappear as the user navigates through the order, depending on the terminal type set for your RPMS session. The message above line 1 will remain and is visible whenever the user navigates to that portion of the order, regardless of terminal type setting.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DEMO, PATIENT BEONE-SEVEN</td>
<td>&lt;A&gt;</td>
<td></td>
</tr>
<tr>
<td>PID: XXX-XX-2480 (HRN: XXXX52)</td>
<td>Ht (cm): 177.80 (02/08/2010)</td>
<td></td>
</tr>
<tr>
<td>DOB: SEP 3, 19XX (XX)</td>
<td>Wt (kg): 133.36 (01/23/2012)</td>
<td></td>
</tr>
</tbody>
</table>

Processing Digitally Signed Order

*(1) Orderable Item: AMPHETAMINE/DEXTROAMPHETAMINE XR CAP, SA
(2) Drug: AMPHETAMINE/DEXTROAMPHET XR 10MG CAP
(3) *Dosage: 10 (MG)
Verb: TAKE
Dispense Units: 1
Noun: CAPSULE
*Route: ORAL
*Schedule: DY
(4) Pat Instruct: FOR ADHD
Provider Comments:
Instructions: TAKE ONE CAPSULE PO DY
SIG: TAKE ONE CAPSULE BY MOUTH DAILY FOR ADHD
Clinical Indication: Shoulder pain M25.519

---------Digitally Signed Order----------------------------------------
BY Bypass | DC (Discontinue) | FL (Flag/Unflag) |
ED (Edit) | FN (Finish) |
Select Item(s): Next Screen/

Figure 3-11: Pending OP Orders

3.2.4.1 Auto-Discontinue

Each transmitted prescription includes a hash, which is set at signing and recalculated at processing. When the recalculated hash does not match the transmitted hash, the order is automatically discontinued.

When the hash does not match, a message displays to the pharmacist as shown in Figure 3-12. The software includes the term “tampered” in the message, but the hash can fail to match for many reasons, not all of them deliberate.

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>Quantity</th>
<th>ISDT</th>
<th>REF</th>
</tr>
</thead>
<tbody>
<tr>
<td>X513664</td>
<td>OXYCODONE/APAP 5MG/325MG TAB</td>
<td>1</td>
<td>12-05</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>IBUPROFEN 200MG TAB</td>
<td>30</td>
<td>12-05</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>IBUPROFEN 200MG TAB</td>
<td>30</td>
<td>12-06</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>NAPROXEN 500 MG TABLET</td>
<td>20</td>
<td>12-18</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>OXYCODONE/APAP 5MG/325MG TAB</td>
<td>1</td>
<td>01-30</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>OXYCODONE/APAP 5MG/325MG TAB</td>
<td>1</td>
<td>01-31</td>
<td>0</td>
</tr>
</tbody>
</table>

+---------Enter ?? for more actions----------------------------------------

PU  Patient Record Update   NO  New Order
PI  Patient Information     SO  Select Order

Select Action: Next Screen// 7

OXYCODONE/APAP 5MG/325MG TAB requires an FDA medication guide.
Please take appropriate action and print a patient medication guide if necessary.
Enter RETURN to continue or '^' to exit: //
Order has been modified or tampered and will be discontinued
Press ENTER to continue: //

Figure 3-12: Auto-Discontinue

The ordering provider is notified if an order is discontinued, as shown in Figure 3-13. Processing this alert will open the patient’s ordering component so the provider can attempt the order again.

Figure 3-13: Provider Alert for discontinued medication
A message like the one shown in Figure 3-14 is sent to a specific MailMan group, who will monitor these events to ensure there is no breach or fraud incident. The group membership is maintained locally.

```
Subj: 8268 - DIGITALLY SIGNED NEW ORDER AUTO DISCONTINUED [#4406]  
11/29/17@17:23 14 lines  
From: POSTMASTER In 'IN' basket. Page 1 *New* 

Following order was auto discontinued when finishing a pending order due to a tampered order 
Division: DEMO PHARMACY 
CPRS Order #: 492357 
Patient: DEMO,PATIENT TWO-NINE 
Address: 233 CR 4187 
ALBUQUERQUE, NM 87119 
Drug: DIAZEPAM 5MG TAB 
Quantity: 15 
Provider: EPCS,PROVIDER 
VA#: BU1916521-PE3XXX 
```

Figure 3-14: Email Alert for Discontinued Medication

Occasionally the hash-checking software is unavailable. From the pharmacy perspective, DS orders cannot be processed until the issue is fixed. When pharmacists begin to process one of these orders, they will get a message to that effect, as shown in Figure 3-15 in the ribbon bar above the actions. The order will remain pending until the issue is resolved.

```
Material Profile Sep 18, 2018 16:45:23 Page: 1 of 1 
DEMO,PATIENT SIX 
PID: XXX-XX-6440 (HRN: XXXX52) Ht(cm): _______ (______) 
DOB: AUG 15,19XX (XX) Wt(kg): _______ (______) 
SEX: FEMALE 

----------------------------ACTIVE OTHER PHARMACY----------------------------- 
X513498 MORPHINE 60MG SA TAB 60 A 10-18 10-18 0 30 
PENDING-- 
2 CLONAZEPAM 0.5MG TAB QTY: 15 $ ISDT: 09-11 REF: 
3 FERROUS SULFATE 325MG TAB(RED) QTY: 30 ISDT: 12-06> REF: 
1 
4 PREGABALIN 75MG CAP QTY: 90 $ ISDT: 09-11> REF: 
5 TRAMADOL HCL 50MG TAB QTY: 90 $ ISDT: 09-11 REF: 

----------------------------Outside Medications------------------------------- 
--------Digitally Signed Order Failed Verification-------------------------- 
PU Patient Record Update NO New Order 
PI Patient Information SO Select Order 
Select Action: Quit/ 
```

Figure 3-15: Order verification failure
### 3.2.4.2 Editing Starred Fields

The editing of a DS order within the outpatient pharmacy package is restricted. In general, more fields are considered not editable than in a hardcopy CS Order or non-CS order. Prior to EPCS, if a user edited a starred field – which include orderable item, dosage, route, and schedule – a new order was created. With EPCS, editing these fields is not allowed. As shown in Figure 3-16, the system will allow the user to attempt to edit the starred line item 3 since item 3 contains other elements that are editable. However, editing any portion of this item other than the verb or adding a limited duration (which is then not editable) is not allowed.

```
Select Item(s): Next Screen// 3
Possible SIG: TAKE 1 TABLET BY MOUTH EVERY 4 HOURS IF NEEDED FOR SEVERE PAIN
          **MAY CAUSE DROWSINESS**
Available Dosage(s)
  1. 1 TABLET
  2. 2 TABLETS

Select from list of Available Dosages, Enter Free Text Dose
or Enter a Question Mark (?) to view list: 1 TABLET// 2 2 TABLETS

You entered 2 TABLETS is this correct? Yes// YES
VERB: TAKE// TAKE
ROUTE: ORAL// ORAL
Schedule: Q4H// (EVERY 4 HOURS)
LIMITED DURATION (IN DAYS, HOURS OR MINUTES):
CONJUNCTION:
```

Figure 3-16: Editing starred fields

Attempting to edit a non-editable field generates an error message like the one in Figure 3-17. This message displays in the ribbon bar and so it may be difficult to see that no changes have been saved to the order.

```
Pending OP Orders (ROUTINE)   Feb 01, 2018 18:20:48      Page:    1 of    3
DEMO,PATIENT ALLTHREE-ONE
PID: XXX-XX-1956  (HRN: XXXX53)               Ht(cm): 172.72 (06/22/2016)
DOB: OCT 10,19XX (XX)                         Wt(kg):  83.01 (06/22/2016)
---------------------------------------------------------------------------
*(1) Orderable Item: ACETAMINOPHEN/OXYCODONE TAB
(2)           Drug: OXYCODONE/APAP 5MG/325MG TAB
Verb: TAKE
(3)   *Dosage: 1 TABLET
   *Route: ORAL
   *Schedule: Q4H
(4)   Pat Instruct: IF NEEDED FOR SEVERE PAIN **MAY CAUSE DROWSINESS**
Provider Comments:
Instructions: TAKE 1 TABLET PO Q4H
SIG: TAKE 1 TABLET BY MOUTH EVERY 4 HOURS IF NEEDED FOR SEVERE PAIN **MAY CAUSE DROWSINESS**
(5) Patient Status: OUTPATIENT
```
3.2.4.3 Editing Other Fields

Users may edit some other fields via the outpatient pharmacy package. However, there are additional restrictions on certain fields that are not present in non-DS orders. The # of Refills and Provider fields are not editable. The QTY and Days’ Supply fields are editable but may only ever be decreased. These fields may not be increased, even if the user edited the quantity and then wants to return to the original quantity. The RPMS output in Figure 3-18 shows a quantity (QTY) edit. Attempting to edit Days’ Supply results in a similar error message.

As is standard, everything done in RPMS is logged. Changes to the digitally signed prescriptions are logged, tagged with the logged-in user’s name, and visible in the activity log. The activity log can also be searched in FileMan if necessary.
Note: It is advisable to add a comment to the prescription to indicate the reason for the change or to document the reasons in a note, in EHR, or both. Sites will decide which option will be used. Comments in prescriptions are less visible but are tied to the prescription in question. Notes in EHR are more visible but are not tied to the prescription. Using both methods requires a duplication of effort but covers both association with the order and discoverability.

3.2.5 Pharmacy Entry of Order (Backdoor Entry)

The entry of controlled substance orders through the outpatient pharmacy package is still allowed. However, when entering these backdoor orders, there will still be a check of the provider’s credentials as shown in Figure 3-20. Both the allowed schedules and the DEA/VA number validity are checked. You will not be able to select a provider who does not have the proper authority for the medication being entered. For prescribers who are not physically present in the facility and for whom the DEA expiration date is unknown, the system will assume the DEA is current if the DEA expiration date is not filled in.

Figure 3-20: Backdoor entry of order
3.2.6 Earliest Fill Date and Multiple Orders

EPCS introduces the ability of providers to create C-II medication orders with a fill date in the future. In addition, it is now possible for a provider to create multiple orders for the same drug on the same day with different fill dates and have them remain pending until the desired fill date is reached.

3.2.6.1 Earliest Fill Date

The Earliest Fill Date field was introduced to allow providers to create orders that may not be filled until a future date. When enabled, the Earliest Fill Date will be present for C-II orders, defaulted to today. If the provider enters a future date for the earliest fill date, the pharmacy will not be able to process the order until the indicated date.

When a provider creates more than one order for the same medication in the same session, there are controls that force the selection of appropriate earliest fill dates based on the days’ supply selected and the previously selected earliest fill date. Orders with a pick-up location of Clinic will be excluded from this check, as these orders are generally for items administered in the clinic or items dispensed by the provider directly. The pharmacist may not fill an order prior to the designated earliest fill date, as shown in Figure 3-21. In addition, the orders will not show in the Complete OE/RR Orders LM option until the Earliest Fill Date is reached. The Earliest Fill Date field may be used for a single order or in a series of orders as described here and in Section 3.2.6.2.

<table>
<thead>
<tr>
<th>Medication Profile</th>
<th>Jul 26, 2018 18:49:05</th>
<th>Page: 1 of 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEMO, PATIENT TWO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PID: XXX-XX-3710</td>
<td>(HRN: XXXX92)</td>
<td>Ht(cm): 73.66 (08/31/2015)</td>
</tr>
<tr>
<td>DOB: JUN 14, 20XX (XX)</td>
<td>Wt(kg): 16.78 (12/20/2016)</td>
<td></td>
</tr>
<tr>
<td>SEX: FEMALE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>LAST REF DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>04-10 04-26</td>
</tr>
<tr>
<td>2</td>
<td>08-04</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HYDROCODONE/ACETAMINOPHEN 5MG/325MG TAB</th>
</tr>
</thead>
<tbody>
<tr>
<td>QTY: 5</td>
</tr>
<tr>
<td>$ ISDT: 07-26 EFDT: 08-04</td>
</tr>
</tbody>
</table>

-----Enter ?? for more actions-----
PU  Patient Record Update  NO  New Order
PI  Patient Information  SO  Select Order
Select Action: Quit// 2

HYDROCODONE/ACETAMINOPHEN 5MG/325MG TAB requires an FDA medication guide.
Please take appropriate action and print a patient medication guide if necessary.
Enter RETURN to continue or '^' to exit: //
3.2.6.2 Multiple Orders

The EPCS system introduces the ability to create multiple orders for the same medication in a single session, with fill dates progressively into the future, and allow them to remain pending even as the current order is processed. Orders for the same medication that are not created in a single session will behave as normal, with any remaining pending orders being discontinued in order to process the current order. For the purposes of the RPMS software, a “single session” is the same calendar day. This functionality is closely tied to the Earliest Fill Date field (Section 3.2.6.1).

When processing a pending C-II order where multiple orders were created, there will be no prompt to discontinue any orders with the same issue date and with an earliest fill date later than today. The current order will be processed but the others will remain pending.

However, if duplicate pending orders for the same drug exist from previous issue dates, the user will be prompted to discontinue pending orders as is currently done.

3.2.7 Partial Fills

Partial fills of CS orders are no longer permitted in RPMS. The DEA regulations regarding partial fills could not be fulfilled with the currently available Partial function.
3.3 Verification Options

If a user without the PSDRPH key enters a backdoor CS medication order, the prescription will be left in a non-verified status. Other orders including non-CS medication orders may also be left in a non-verified status, depending on the site and user set up. Any non-verified CS prescriptions must be verified by a user with the PSDRPH key in order to print a label. There are several ways to verify a prescription, from verifying a single prescription using the patient profile, to batch verifying prescriptions in the main pharmacy options. There are also options to count or list non-verified prescriptions.

3.3.1 List Non-Verified Orders

The Verification menu option on the main pharmacist and pharmacy manger menus provides a user with the ability to list the non-verified prescriptions, though this option is not limited to CS orders.

The process is shown in Figure 3-22. From the Verification menu option in RPMS, select the List Non-Verified Scripts option. The “Sort By Patient or Clerk:” prompt displays with a default of Patient. Select the desired sort method.

The “Device” prompt displays. Choose a device to print or press Enter to display to the screen. The list will include a heading noting the date and time, the sort method, and the body of the report listing the prescriptions in an unverified state. Information present includes Patient name, Rx #, Issue date, Drug, and the Internal Entry Number (IEN) of the user who processed the order.

<table>
<thead>
<tr>
<th>Patient name</th>
<th>Page: 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rx #               Issued    Drug                                        Entry By</td>
<td>---------</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>DEMO, PATIENT THREE-THREE</td>
<td>514015 08/23/18 ACETAMINOPHEN/COD #3 TABLET      2543</td>
</tr>
<tr>
<td>DEMO, PATIENT TWO-TWO</td>
<td>513859 03/05/18 LISINOPRIL 10MG TAB 1000'S        2543</td>
</tr>
</tbody>
</table>
3.3.2 Non-Verified Counts

The process is shown in Figure 3-23. From the Verification menu option in RPMS, select the Non-Verified Counts option. The “Device” prompt displays. Press Enter to display the information to the screen or select a printer for a hard copy report.

```
Select Verification Option: non-verified Counts
DEVICE: HOME// TELNET

NON-VERIFIED PRESCRIPTION COUNTS
NOV 6,2018@18:01:03

TOTAL NUMBER OF NON-VERIFIED PRESCRIPTIONS : 2

NUMBER OF PATIENTS WITH ONE OR MORE NON-VERIFIED PRESCRIPTIONS : 2

(NOTE: Total number of patients listed here may not always equal the number at the bottom, since some patients at the bottom may be counted more than once, possibly having non-verified Rx's entered on different days.)

<table>
<thead>
<tr>
<th>Date</th>
<th># of Non-verified Rx's</th>
<th># of Different Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-05-18</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>08-23-18</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
```

Enter RETURN to continue or '^' to exit:

Figure 3-23: Non-Verified Counts

3.3.3 Verify from the Verification Menu

The process is shown in Figure 3-24. From the Verification menu option in RPMS, select Rx Verification by Clerk. The “Enter Clerk Name:” prompt displays. Enter the name of the user who entered or processed the orders and was unable to verify them. Each order awaiting verification will be shown in turn, with an “EDIT” prompt. The available choices include Yes, No (default), and Profile. Select Yes to edit the prescription, Profile to review the patient’s medication profile, or No to verify the prescription. The PSDRPH key is required to use this option to verify a prescription.

```
Select Verification Option: RX Verification by Clerk

Enter Clerk Name: EPCS EPCS,PHARMACIST PE

HRX: 514015  PATIENT: DEMO, PATIENT THREE-THREE (XXXX42)
```
STATUS: Non-Verified
DRUG: ACETAMINOPHEN/COD #3 TABLET
NDC: 00603-2338-21 (0.421200) (0.082200)
QTY: 20 4 DAY SUPPLY
NDC: 00603-2338-21 (0.421200) (0.082200)
SUBSTITUTION : ALLOWED
DISCHARGE MEDICATION: NO
CASH DUE:
SIG: TAKE 1 TABLET BY MOUTH EVERY 4 HOURS IF NEEDED FOR PAIN
LATEST: 08/30/2018 # OF REFILLS: 0 REMAINING: 0
ISSUED: 08/23/18 PROVIDER: EPCS, PROVIDER NEDSCII-V
LOGGED: 08/23/18 CLINIC: DEMO
EXPIRES: 02/23/19 DIVISION: 2017 DEMO PHARMACY
NDC: 00603-2338-21 (0.421200) (0.082200)
CAP: SAFETY ROUTING: MAIL
ENTRY BY: EPCS, PHARMACIST VERIFIED BY:

ACTIVITY LOG:
#  DATE       REASON     RX REF         INITIATOR OF ACTIVITY
1  08/30/18   PATIENT INST.ORIGINAL
COMMENTS: Patient Instructions Sent By Provider.
2  08/30/18   PKI/DEA    ORIGINAL       EPCS, PHARMACIST
COMMENTS: Hard copy prescription was reviewed
PATIENT STATUS : OUTPATIENT COPIES : 1
EDIT:  (Y/N/F): N// O
Fill Priority: WAITING// WAITING

Print/Queue/Cpro/Med sheet/pWh/Hold/SUspend/Refill/CAncel//'^'=Exit: P//
rint Label
DEMO, PATIENT THREE-THREE 112642
TAKE 1 TABLET BY MOUTH EVERY 4
HOURS IF NEEDED FOR PAIN
Fill 1 of 1
ACETAMINOPHEN/COD #3 TABLET
Rx 514015 [00603-2338-21] MAMN#20 TAB
EPCS, P. MD 8-30-18

Enter Clerk Name:

Figure 3-24: Verify from the Verification menu
3.3.4 Verify from the Medication Profile

The process is shown in Figure 3-25. From the patient’s medication profile, select the non-verified prescription. Select the hidden option VF for verify. The prescription details show with the “EDIT” prompt. The available choices include Yes, No (default), and Profile. Select Yes to edit the prescription, Profile to review the patient’s medication profile, or No to verify the prescription. The PSDRPH key is required to use this option to verify a prescription.

```
Rx #: 513859
(1) *Orderable Item: LORAZEPAM TAB
(2) CMOP Drug: LORAZEPAM 0.5MG TAB
(3) *Dosage: 0.5(MG)
   Verb: TAKE
   Dispense Units: 1
   Noun: TABLET
   *Route: ORAL
   *Schedule: DAILY
(4) Pat Instructions: FOR ANXIETY
   SIG: TAKE ONE (1) TABLET BY MOUTH DAILY FOR ANXIETY
Clinical Indication:
(5) Patient Status: OUTPATIENT
(6) Issue Date: 03/05/18    (7) Fill Date: 03/05/18
---Enter ?? for more actions----------------------------------------
DC Discontinue      FR (Partial)      RL (Release)
ED Edit            RF (Refill)         RN (Renew)
Select Action: Next Screen// VF VF
```

```
HRX: 513859          PATIENT: DEMO,PATIENT TWO-TWO (XXXX92)
STATUS: Non-Verified
   DRUG: LORAZEPAM 0.5MG TAB
   NDC: 00378-2321-01 (.01449) (.0114)
   QTY: 30       30 DAY SUPPLY
   NDC: 00378-2321-01 (.01449) (.0114)
SUBSTITUTION:
DISCHARGE MEDICATION:
CASH DUE:
   SIG: TAKE ONE (1) TABLET BY MOUTH DAILY FOR ANXIETY
   LATEST: 03/05/2018    # OF REFILLS: 0 REMAINING: 0
   ISSUED: 03/05/18     PROVIDER: EPCS,PROVIDER EDSCII-V
   LOGGED: 03/05/18     CLINIC: NOT ON FILE
   EXPIRES: 03/06/19    DIVISION: 2017 DEMO PHARMACY
   CAP: SAFETY           ROUTING: WINDOW
   ENTRY BY: EPCS,PHARMACIST   VERIFIED BY:
   PATIENT Status : OUTPATIENT COPIES : 1
   EDIT: (Y/N/P): N// O
```

```
Medication Profile Nov 06, 2018 18:06:26 Page: 1 of 2
```
DEMO,PATIENT TWO-TWO  
PID: XXX-XX-6982 (HRN: )  
DOB: MAR 25,19XX (XX)  
(11/17/2015)  
SEX: FEMALE  

---------------------------------------------------------------------------
----------------------------------ACTIVE-----------------------------------
1 513859  LORAZEPAM 0.5MG TAB  30 A> 03-05 03-05   0  30

----------------------------------PENDING----------------------------------
4 ACETAMINOPHEN/COD #3 TABLET QTY: 10 + ISDT: 01-26 REF: 
5 APAP/CODEINE 120MG/12MG/5ML ELIXIR QTY: 120 + ISDT: 01-22 REF: 
+---------Enter ?? for more actions----------------------------------------
PU  Patient Record Update NO  New Order 
PI  Patient Information SO  Select Order Select Action: 

Fill Priority: WAITING// WAITING

Print/Queue/Cpro/Med sheet/pWh/Hold/SUspend/Refill/CAncel///'^'=Exit: P//
rint Label
DEMO,PATIENT TWO-TWO  112492 
TAKE ONE (1) TABLET BY MOUTH 
DAILY FOR ANXIETY 

Fill 1 of 1

LORAZEPAM 0.5MG TAB
Rx 513859 [00378-2321-01] PE #30 TAB
EPCS,P. MD  3-05-18

Figure 3-25: Verify from the medication profile

3.4 Viewing Prescriptions

The process is shown in Figure 3-26. From the Rx (Prescriptions) option, select VIEW PRESCRIPTIONS. The “VIEW PRESCRIPTION” prompt displays. Enter the prescription number and press Enter to view the prescription details. The full prescription details including the log information displays on successive screens. No edits or other processing may occur from this screen. The same provider information that appears in the processing screens will be shown here.

Select Rx (Prescriptions) Option: VIEW Prescriptions

VIEW PRESCRIPTION: 513860  OXYCODONE/APAP 5MG/325MG TAB  00406-0512-01
Rx View (Expired)  Nov 08, 2018 16:07:15  Page:  1 of  5
DEMO,PATIENT ACNINE-ZERO  <NO ALLERGY ASSESSMENT>
PID: XXX-XX-2665 (HRN: XXXX62)  
DOB: DEC 16,19XX (XX)  

Rx #: 513860  
Orderable Item: ACETAMINOPHEN/OXYCODONE TAB  
Drug: OXYCODONE/APAP 5MG/325MG TAB  
NDC: 00406-0512-01
BENCHMARK PRICE: 0.178400  UP: 0.029500

TRIPLICATE #:  
SUBSTITUTION: ALLOWED 
DISCHARGE MEDICATION: NO  
CASH DUE:  
Verb: TAKE  
*Dosage: 1 TABLET  
*Route: ORAL  
*Schedule: Q4H  
Patient Instructions: IF NEEDED FOR SEVERE PAIN **MAY CAUSE DROWSINESS**  
SIG: TAKE 1 TABLET BY MOUTH EVERY 4 HOURS IF NEEDED FOR SEVERE PAIN **MAY CAUSE DROWSINESS****

+---------Digitally Signed Order-------------------------------------------
Select Action:Next Screen//  NEXT SCREEN
Rx View (Expired) Nov 08, 2018 16:07:24  Page: 2 of 5
DEMO,PATIENT ACNINE-ZERO  <NO ALLERGY ASSESSMENT>
PID: XXX-XX-2665  (HRN: XXXX62)  Ht(cm): _______ (______)
DOB: DEC 16,19XX (XX)  Wt(kg): _______ (______)

Clinical Indication: Chart evaluation by healthcare professional |  202.9

Patient Status: OUTPATIENT  
Issue Date: 03/01/18  Fill Date: 03/06/18  
Last Fill Date: 03/06/18 (Window)  
Last Release Date: 03/06/18 (Window)  
Expires: 09/01/18  
Days Supply: 1  QTY (TAB): 1  
# of Refills: 0  Remaining: 0  
Provider: EPCS,PROVIDER  
DEA#: AP123XXXX  DEA X#: XK234XXXX  
Site Address: 5300 Homestead RD NE  
ALBUQUERQUE, NEW MEXICO 87110  
Routing: Window  
Copies: 1  
Method of Pickup:

Select Action:Next Screen//  NEXT SCREEN
Rx View (Expired) Nov 08, 2018 16:07:34  Page: 3 of 5
DEMO,PATIENT ACNINE-ZERO  <NO ALLERGY ASSESSMENT>
PID: XXX-XX-2665  (HRN: XXXX62)  Ht(cm): _______ (______)
DOB: DEC 16,19XX (XX)  Wt(kg): _______ (______)

Clinic: DEMO  
Division: 2017 DEMO PHARMACY (8068)  
Pharmacist:  
Remarks:  
Finished By: EPCS,PHARMACIST  
Entry By: EPCS,PROVIDER  Entry Date: 03/01/18 12:01:50  
Original Fill Released:  Routing: Window

Refill Log:  
#  Log Date  Refill Date  Qty  Routing  Lot #  Pharmacist
===========================================================================
There are NO Refills For this Prescription

Partial Fills:
### 3.5 Printing Prescriptions – VA Laser Labels

Printed labels that use the VA Laser label format are slightly altered for EPCS. The portion of the laser label document that has the Pharmacy fill and patient fill sections will have a designation of whether the order had been digitally signed. This designation will **not** display on the portion that affixes to the bottle. Figure 3-27 and Figure 3-28 show examples of the designations.
Figure 3-27: Not digitally signed

Figure 3-28: Digitally signed
4.0 Supervisor Functions

EPCS regulations require that access to functions such as deleting orders and prescriptions be limited to authorized personnel only. The site should review the assignment of the PSO MANAGER menu option within the facility and any menu modifications that were done locally.

4.1 Deleting Orders or Prescriptions

The Outpatient Pharmacy Suite Supervisor menu includes the PSO RXDL Delete a Prescription option. This allows a user to logically delete a prescription from view, though there remains a record of the prescription and the actions taken on it, including the deletion. The process of deleting a prescription is shown in Figure 4-1.

Select Supervisor Functions Option: DELeate a Prescription

DELETE PRESCRIPTION: 513820 LORAZEPAM 0.5MG TAB 00378-2321-01
DEMO, PATIENT ONE
PID: XXX-XX-7062 (HRN: XXXX82) Ht(cm): _____ (___)
DOB: OCT 24, 19XX (XX) Wt(kg): _____ (___)

Rx #: 513820
Orderable Item: LORAZEPAM TAB
CMOP Drug: LORAZEPAM 0.5MG TAB
NDC: 00378-2321-01
BENCHMARK PRICE: .075 UP: .0136
TRIPLICATE #: SUBSTITUTION: ALLOWED
DISCHARGE MEDICATION:
CASH DUE:
*Dosage: 0.5MG
Verb: TAKE
Dispense Units: 1
Noun: TABLET
*Route: ORAL
*Schedule: TID PRN
Patient Instructions: FOR ANXIETY
+----------Enter ?? for more actions----------------------------------------
Select Action: NEXT SCREEN

Rx View (Expired) Dec 03, 2018 19:22:30 Page: 2 of 5
DEMO, PATIENT ONE
PID: XXX-XX-7062 (HRN: XXXX82) Ht(cm): _____ (___)
DOB: OCT 24, 19XX (XX) Wt(kg): _____ (___)

SIG: TAKE ONE (1) TABLET BY MOUTH THREE TIMES A DAY IF NEEDED
FOR ANXIETY
Clinical Indication:
Patient Status: OUTPATIENT
Issue Date: 02/13/18 Fill Date: 02/13/18
Last Fill Date: 02/13/18 (Window)
Last Release Date: 02/13/18 Lot #:
Expires: 08/16/18 MFG:
Days Supply: 10 QTY (TAB): 10
# of Refills: 3 Remaining: 3
Provider: EPCS,PROVIDER EDSCII-V
DEA#: PE456XXXX
Site Address: 5300 Homestead RD NE
ALB, NEW MEXICO 87110
Routing: Window

---------Enter ?? for more actions----------------------------------------

Select Action:Next Screen// NEXT SCREEN

DEMO, PATIENT ONE
PID: XXX-XX-7062 (HRN: XXXX82) Ht(cm): _______ (______)
DOB: OCT 24,19XX (XX) Wt(kg): _______ (______)

-------------------------------
Copies: 1
Method of Pickup:
Clinic: Not on File
Division: 2017 DEMO PHARMACY (8068)
Pharmacist: EPCS,PROVIDER RPH
Remarks:
Finished By: EPCS,PROVIDER RPH
Entry By: EPCS,PROVIDER RPH Entry Date: 02/13/18 18:26:50

Original Fill Released: 02/13/18 Routing: Window

Refill Log:
# Log Date Refill Date Qty Routing Lot # Pharmacist
==========================================================================
There are NO Refills For this Prescription

---------Enter ?? for more actions----------------------------------------

Select Action:Next Screen// NEXT SCREEN

Rx View (Expired) Dec 03, 2018 19:22:34 Page: 4 of 5
DEMO, PATIENT ONE
PID: XXX-XX-7062 (HRN: XXXX82) Ht(cm): _______ (______)
DOB: OCT 24,19XX (XX) Wt(kg): _______ (______)

Partial Fills:
# Log Date Date Qty Routing Lot # Pharmacist
===========================================================================
There are NO Partials for this Prescription

Activity Log:
# Date Reason Rx Ref Initiator Of Activity
1 02/13/18    PATIENT INSTR. ORIGINAL
Comments: Patient Instructions Sent By Provider.

Label Log:
#   Date       Rx Ref          Printed By
===========================================================================
1 02/13/18  ORIGINAL           EPCS,PROVIDER RPH
Comments: From RX number 513820

+-------Enter ?? for more actions----------------------------------------

Select Action:Next Screen//    NEXT SCREEN

Rx View (Expired)               Dec 03, 2018 19:22:36          Page:    5 of 5
DEMO,PATIENT ONE
PID: XXX-XX-7062  (HRN: XXXX82)                  Ht(cm): _______ (______)
DOB: OCT 24,19XX (XX)                           Wt(kg): _______ (______)
---------------------------------------------------------------------------

ECME Log:
#   Date/Time           Rx Ref          Initiator Of Activity
===========================================================================
There's NO ECME Activity to report

-------Enter ?? for more actions----------------------------------------

Select Action:Quit//    QUIT

The Original Fill has already been released for Rx # 513820
Drug: LORAZEPAM 0.5MG TAB                      DEMO,PATIENT ONE

Return this fill to stock and delete the prescription? N// YES

Returning Medication to Stock..

Comments: this is a test of the delete function
Rx # 513820 Returned to Stock.

Deleting prescription..

Nature of Order: SERVICE CORRECTION//        S
Comments: Per Pharmacy Request Replace
...PRESCRIPTION #513820 MARKED DELETED!!

DELETE PRESCRIPTION:

Figure 4-1: Deleting Orders or Prescriptions
4.2 Editing a Provider

The Outpatient Pharmacy Suite Supervisor menu includes the PSO PROVIDER EDIT option. This option allows a user to view and edit provider information such as the DEA number, the VA number, authorized schedules, the provider’s address, the provider class, and many others.

Once the site is enabled for EPCS, the preferred method of editing many of these fields is the EHR EPCS Credentialing component. This component may be used to edit providers even if they are not currently enabled for EPCS. However, the PSO PROVIDER EDIT option may still be used for providers who are not yet enabled or for sites which are not yet EPCS sites, or for adding non-IHS (outside) providers for whom your pharmacy may fill written prescriptions.

With the EPCS release, the editing of certain fields must be more tightly controlled. The PSO PROVIDER EDIT option will no longer display certain fields when the user is attempting to edit these fields for an EPCS provider at an EPCS-enabled site. The following fields no longer display or are available to edit once a provider is EPCS enabled: DEA#, DEA Expiration Date, VA#, DEA X#, and all the schedule fields.

The RPMS outputs in Figure 4-2 and Figure 4-3 compare the available fields for a non-EPCS-enabled provider and an EPCS-enabled provider at the same site.

**Provider Is Not EPCS Enabled:**

```
Select Provider: EPCS,PROVIDER NOTENABLED     PNE
Provider: EPCS,PROVIDER NOTENABLED
AUTHORIZED TO WRITE MED ORDERS: YES   DEA#: PE162XXXX
PROVIDER CLASS: MD                    PROVIDER TYPE: FULL TIME
FAX NUMBER: 555-123-1234

NON-VA PRESCRIBER:
TAX ID:
EXCLUSIONARY CHECK PERFORMED:
DATE EXCLUSIONARY LIST CHECKED:
ON EXCLUSIONARY LIST:
AUTHORIZED TO WRITE MED ORDERS: YES//
DEA#: PE562XXXX//
DEA EXPIRATION DATE: MAY 1,2019//
VA#:
DEA X#:
SCHEDULE II NARCOTIC: Yes//
SCHEDULE II NON-NARCOTIC: Yes//
SCHEDULE III NARCOTIC: Yes//
SCHEDULE III NON-NARCOTIC: Yes//
SCHEDULE IV: Yes//
SCHEDULE V: Yes//
INACTIVE DATE:
PROVIDER CLASS: MD//
PROVIDER TYPE: FULL TIME//
```
Figure 4-2: Editing a non-EPCS-enabled provider

Provider Is EPCS Enabled:

Select Provider: EPCS,PROVIDER ENABLED
Provider: EPCS,PROVIDER ENABLED

AUTHORIZED TO WRITE MED ORDERS: YES  DEA#: AN798XXXX
PROVIDER CLASS: MD  PROVIDER TYPE: FULL TIME
DETOX/MAINTENANCE ID NUMBER: XN298XXXX

FAX NUMBER: 555-123-1212

Figure 4-3: Editing an EPCS-enabled provider
5.0 Reports

There are many new and revised reports available for EPCS. The available reports are outlined in the sections that follow.

Some reports are mandated by regulation, while others are based on IHS policies and procedures. These reports also contain personally identifiable information as well as protected health information, so access is restricted by security key. Reports are in two general locations: The IHS-Specific Pharmacy Options (PIHS) and the RPMS-EHR Configuration Master Menu (BEH). In some cases, the reports appear in both locations.

It is important to note that while the CSM report gained some new functionality, the actual output of that report is not sufficient for the regulatory requirements and is not considered an official “EPCS report” here. The changes to the CSM report are listed at the end of this section.

The EPCS report related PIHS menu option structure is as follows, with security keys noted:

- **PIHS: IHS-Specific Pharmacy Options**
  - **EPCS: EPCS Pharmacy Reports… (locked with PSDRPH)**
  - **CSO: Controlled Substance Order Report**
  - **CSA: Controlled Substance Audit Report**
  - **IND: Individual Dig Sig Order Export (locked with PSDRPH)**
  - **PAL: EPCS Pharmacy Audit Log Summary (locked with PSDRPH)**
  - **RXE: Pharmacy Dig Sig RX Export (locked with PSDRPH)**

The EPCS report related BEH menu option structure is as follows, with security keys noted:

- **BEH: RPMS-EHR Configuration Master Menu (locked with BEHOZMENU)**
  - **EPCS IHS EPCS Main Menu**
  - **AUD: EPCS Audit Reports (Locked with BEHOZEPCSREPORT)**
    - **PAR: EPCS Ad hoc Provider Audit Report (locked with BEHOZEPCSREPORT)**
    - **PPI: EPCS Provider Profile Integrity Report (locked with BEHOZMENU)**
    - **ALS: EPCS Audit Log Summary (locked with BEHOZMENU)**
    - **PIR: EPCS Provider Profile Integrity Mismatch Report (locked with BEHOZMENU)**
- PCR: EPCS Provider Certificate Name Report (locked with BEHOZMENU)
- PHAR EPCS Pharmacy Reports (locked with BEHOZEPCSREPORT)
  - CSO: Controlled Substance Order Report
  - CSA: Controlled Substance Audit Log Report
  - PAL: EPCS Audit Log Summary (locked with BEHOZMENU)
  - VAL: EPCS Validation Reports
    - CFG: Provider Incomplete Configuration
    - DEX: DEA X List
    - DUP: Duplicate VA Numbers
- CONF EPCS Configuration Menu: (locked with OREPCSSITE)
  - CFGC Check Provider EPCS Configuration
- EXP: EPCS Export Reports: (locked with BEHOZEPCSREPORT)
  - AD: EPCS Ad hoc Provider Order Export
  - ORD: Export Orders for Provider
  - RX: Digitally Signed Rxs Export

## 5.1 Controlled Substance Order Report

The **Controlled Substance Order Report (CSO)** option shows orders written by one, multiple, or all providers over a selected date range. This report retrieves its data from the ORDER DEA ARCHIVE INFO file, which is also the file used to run the provider’s monthly report. It does not run off the ORDER (100) file or the PRESCRIPTION (52) file. The report is intended for printing or browsing on screen. It is pre-paginated and 80 columns wide. An example report is shown in Figure 5-1.

```
Controlled Substance Orders Report

*** Date Range Selection ***
Begin with DATE: DEC 03, 2018//
End with DATE: DEC 03, 2018//

Select one of the following:
1. C-II
2. C-II through C-V
3. C-III through C-V

Drug Class Types: 2// C-II through C-V

Select one of the following:
1. One Provider
2. Multiple Providers
```
 Prescriber Selection: 1// 3  All Providers

Select one of the following:

1  Drug Name
2  Sign Date
3  Patient

Enter response: // 1  Drug Name
Include TEST Patients? No// YES
DEVICE: HOME// TELNET

Provider Controlled Substance Orders. Run:12/04/2018 10:15
Report Criteria:
- Inclusive Dates: 12/03/2018 to 12/03/2018
- Pharmacy Division: All
- Drug Class: C-II through C-V
- Providers: ALL
- Sorted by: Drug Name
- Test Pts: Included
- Type of Data: SENSITIVE (CUI:PRVCY),(CUI:HLTH)

Report contains 5 pages

<table>
<thead>
<tr>
<th>Signed Date</th>
<th>Patient Name</th>
<th>HRN</th>
<th>DOB</th>
<th>Drug</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Back Door Order</td>
</tr>
<tr>
<td>SIG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Provider: EPCS,PROVIDER EDNSCII-V
12/03/2018 DEMO,PATIENT BEFIVE XXXX14 01/18/19XX DAYTRANA 30MG/9HR
30   Internal
SIG: APPLY ONE (1) PATCH TO CLEAN NON-HAIRY AREA ON THE SKIN DAILY

Provider: EPCS,PROVIDER EDNSCIII-V
12/03/2018 DEMO,PATIENT ALLNINE XXXX29 04/30/19XX DEXMETHYLPHENIDATE XR
30   Internal
SIG: TAKE ONE (1) TABLET BY MOUTH EVERY MORNING

Provider: EPCS,PROVIDER EDNSCIII-V
12/03/2018 DEMO,PATIENT ACONENI XXXX76 03/11/19XX ACETAMINOPHEN/COD #3 T
20   Test Pharmacy 3
SIG: TAKE ONE (1) TABLET BY MOUTH EVERY 4 HOURS AS NEEDED

Provider: EPCS,PROVIDER EDNSCIII-V
12/03/2018 DEMO,PATIENT ACONE-SE XXXX56 12/15/19XX ACETAMINOPHEN/COD #3 T
20   Internal
SIG: TAKE ONE (1) TABLET APAP/CODEINE 300MG/30MG TAB BY MOUTH EVERY 6
12/03/2018 DEMO, PATIENT ACONE-SE XXXX56 12/15/19XX
ASA/BUTALBITAL/CAFFEIN
30 Internal
SIG: TAKE 1-2 CAPSULES ASA/BUTALBITAL/CAFFEINE CAP BY MOUTH EVERY 4 HOURS

12/03/2018 DEMO, PATIENT ACNINE-Z XXXX62 12/16/19XX
ASA/BUTALBITAL/CAFFEIN
30 Internal
SIG: TAKE 1-2 CAPSULES ASA/BUTALBITAL/CAFFEINE CAP BY MOUTH EVERY 4 HOURS

Signed Date: 2/03/2018
Patient Name: ALLFOUR-XXX91
DOB: 07/15/19XX
Drug: LORAZEPAM 0.5MG TAB
Quant: 20
Pharmacy: Test000 Pharmacy Store 10.6
Back Door Order: Provider: EPCS, PROVIDER EDSCIV-V

**No Data Found for Requested Date Range**

Provider: EPCS, PROVIDER EDSCIIV-V

**No Data Found for Requested Date Range**

Provider Totals:

Provider: EPCS, PROVIDER EDNSCII-V
DAYTRANA 30MG/9HR PATC: 1
DEXMETHYLPHENIDATE XR: 1
CLASS II: 2
Total: 2

Provider: EPCS, PROVIDER EDNSCIII-V
ACETAMINOPHEN/COD #3 T: 2
ASA/BUTALBITAL/CAFFEIN: 2
LORAZEPAM 0.5MG TAB: 1
CLASS III: 4
CLASS IV: 1
Total: 5

Provider: EPCS, PROVIDER EDSCIV-V
Total: 0

Provider: EPCS, PROVIDER EDSCIIV-V
Total: 0

Totals
5.2 Controlled Substance Audit Report

The **Controlled Substance Audit Report (CSA)** option displays the most information about CS orders. The data in this file comes from the APSP CS AUDIT LOG file. This file is a compilation of all the actions taken on a controlled substance order, from both the order and the pharmacy sides. Users have a wide range of options for data inclusion and exclusion with this report. While the report can be printed (to a 132-column printer) or browsed on screen, using the XML export provides the most complete data. The process of running the XML report is shown in Figure 5-2, and a portion of the resulting XML report as imported into Excel is shown in Figure 5-3.

```
Select EPCS Pharmacy Reports <TEST ACCOUNT> Option: CSA Controlled Substance Audit Report

EPCS Audit Report

*** Date Range Selection ***
Begin with DATE: DEC 03, 2018/-180 (JUN 07, 2018)
End with DATE: DEC 03, 2018/T (DEC 04, 2018)
Would you like all divisions? Yes// YES

Select one of the following:
1 C-II
2 C-II through C-V
3 C-III through C-V

Med Class Types: 2// C-II through C-V

Select one of the following:
1 Include order attempts
2 Exclude order attempts
3 Only order attempts

Order Attempts: 2// 1 Include order attempts

Select one of the following:
1 Include tampered entries
2 Exclude tampered entries
```
### 3. Only tampered entries

**Tampered entries:** 2 // 1 Include tampered entries

Select one of the following:

1. Include pharmacy entries
2. Exclude pharmacy entries
3. Only pharmacy entries

**Pharmacy order entry:** 2 // 1 Include pharmacy entries

Select one of the following:

1. Summary
2. Detail

**Report Type:** 2 // Detail

Select one of the following:

1. Medication
2. Event Date
3. Med Schedule/Med Name
4. Patient
5. Prescriber
6. Event Actor

Sort report by: 3 // Med Schedule/Med Name

Select one of the following:

1. Standard Report
2. Data Export

**Output Mode:** 1 // 2 Data Export

Export report totals? No // YES

Export ALL activity for audit record? No // YES

**DEVICE:** HOME // HFS HOST FILE SERVER

**HOST FILE NAME:** F:\TMP\TMP.HFS // F:\EHR-TEST\TMP\CSA.XML

ADDRESS/PARAMETERS: "WN S"

Won't you queue this? Y // NO

---

**Figure 5-2:** Controlled Substance Audit Report

**Figure 5-3:** Controlled Substance Audit Report example
5.2.1 Controlled Substance Audit Report (Task)

The same report with default selections is available to run as a tasked job. Users who require this option to be tasked should contact the personnel who manage the RPMS database for their site to set it up for them.

5.3 Individual Dig Sig Order Export

The Individual Dig Sig Order Export (IND) option exports a single CS order, which may be needed for DEA audits or incident response activities. This must be run as an export, as it will be in XML format even if printed or browsed on the screen. Note that because this is exporting an order, the order number and not the prescription number is needed. Pending orders can be exported as well. The process of running the option is shown in Figure 5-4, and a portion of an example output as imported into Excel is shown in Figure 5-5.

---

```
Controlled Substance Individual Pharmacy Export
This report is designed for Export ONLY of one digitally signed controlled substance order. The data will be created in XML format for uploading into EXCEL or uploaded into some other database.

*** Order Selection ***
Select Order: 494210
DEVICE: HOME//HFS HOST FILE SERVER
HOST FILE NAME: F:\TMP\TMP.HFS//F:\EHR-TEST\TMP\IND.XML
ADDRESS/PARAMETERS: "WN S"

Won't you queue this? Y//NO
```

---

Figure 5-4: Individual Digitally Signed Order Export

---

![Figure 5-4: Individual Digitally Signed Order Export example](image)

---

5.4 EPCS Pharmacy Audit Log Summary

The EPCS Pharmacy Audit Log Summary (PAL) option is a snapshot of the Pharmacy Audit log. It includes potential incidents and compares events to defined thresholds. This report should be reviewed daily. It is usually tasked to run nightly to be sent as a MailMan message. The report may be printed or browsed on the screen as well. An example report is shown in Figure 5-6. Note that the thresholds on the test system were set to be extremely sensitive to trigger the warning language. Each section is further discussed below.
Select EPCS Pharmacy Reports <TEST ACCOUNT> Option: PAL EPCS Pharmacy Audit Log Summary

Report is available in Roll and scroll only!
The report can be exported to the HFS host system or sent through MailMan.
A site has the ability to assign a user (i.e. security officer) to access the report.

Report DATE: -1  (DEC 04, 2018)
DEVICE: 0;80;999  TELNET

Pharmacy Audit Summary Report  DEC 05, 2018  10:18  PAGE 1

Report Date Range: 12/4/2018 through 12/4/2018

PHARMACY ENABLED PROVIDER AUTHENTICATION

Failed RPMS Login Attempts
- Number of Failed Events: 0
- Total Logon Events: 6
- Ratio: 0

Electronic Signature - Paper Prescription
- Number of Failed Events: 0
- Total Events: 2
- Ratio: 0

PHARMACY PROVISIONING

Number of EPCS Enabled Pharmacists
- Total: 42
- Assigned: 1
- Removed: 1

Provision Pharmacy Keys
- Total: 4
- Assigned: 2
- Removed: 2

PHARMACY SYSTEM STATUS

Time Synchronization
- Total Events: 3
- Failed Checks: 0
- Events Over 3 Minutes: 0
- Events Over 5 Minutes: 0
- Last Event: Time Sync Check, offset: -52 ms

ORDER HANDLING

Received Orders
- Total: 4
- Failed Integrity: 0

Pharmacy Orders
- Number of Pharmacists: 1
CS Rx Dispense                               2
Pharmacy Discontinued Order                  4

SYSTEM INTEGRITY
====================================================================

Audit Log
Number of Records                        46099
Number of Mismatches                        18
Number of Deletions                          0

Prescription Archive File
Number of Records                          366
Number of Mismatches                         4
Number of Deletions                         24

THRESHOLD SUMMARY
====================================================================

Please initiate appropriate incident response to look into identified issues.

*** Large percentage of pharmacists added. This could indicate an attempt to tamper with system.
*** Large percentage of pharmacists removed. This could indicate an attempt to tamper with system.
*** Large percentage of Received Orders were discontinued. This could indicate potential tampering with system.
*** Large number of Prescriptions were dispensed by pharmacists. This could indicate potential tampering with system.
*** Large percentage of pharmacists had EPCS related keys added. This could indicate potential tampering with system.
*** Large percentage of pharmacists had EPCS related keys removed. This could indicate potential tampering with system.
*** Issue found in BUSA integrity check process, possible system problem.
*** HASH Mismatch found in 3 BUSAS IENs:
***          521163  on: 2/6/2018
***          521164  on: 2/6/2018
***          521165  on: 2/6/2018
*** Issue found in Pharmacy Order Integrity process, possible system problem.
*** Missing IEN identified:
***          APSPDEA is missing entry for IEN: 349
***          APSPDEA is missing entry for IEN: 388
***          APSPDEA is missing entry for IEN: 389
***          APSPDEA is missing entry for IEN: 390
*** HASH Mismatch found:
***          HASH Mismatch in APSPDEA IEN: 350
***          HASH Mismatch in APSPDEA IEN: 379
***          HASH Mismatch in APSPDEA IEN: 459
***          HASH Mismatch in APSPDEA IEN: 581

Please initiate appropriate incident response to look into identified issues
5.4.1 Pharmacy Enabled Provider Authentication

This section consists of the Failed RPMS Login Attempts and Electronic Signature – Paper Prescription portions. A large number of failures in either portion may indicate an attempt to “brute force” an Access and Verify code to gain access to RPMS or an Electronic Signature code to process a hardcopy order when not authorized to do so. Sites should investigate these failures as needed according to site-defined procedures.

5.4.2 Pharmacy Provisioning

This section consists of the Number of EPCS Enabled Pharmacists and Provision Pharmacy Keys portions. Both portions are looking at the assignment or removal of the PSORPH or PSDRPH keys, the first in relation to the overall number of key holders, and the second in relation to the overall number of key provisioning events. The provisioning of keys for this section includes both outright allocation as well as the delegation of keys to a user. Large numbers of assignments or removals may indicate an attempt to bypass normal key allocation processes or attempts to bypass the EPCS security controls. Sites should investigate as needed according to site-defined procedures.

5.4.3 Pharmacy System Status

This section consists of the time synchronization events, and includes total events, failed events, checks that are off by over three or over five minutes, and information on the last time sync check. If the time sync is failing, or if the offset is high, the site should investigate the issue according to site-defined procedures. Note that entries in the “Events Over 5 Minutes” are of particular concern as per the DEA regulations, the system clock should stay within five minutes of the National Institute of Standards and Technology (NIST) clock.

5.4.4 Order Handling

This section consists of the Received Orders and Pharmacy Orders portions. The Received Orders portion lists the total orders sent to the pharmacy, and the number that failed verification. The Pharmacy Orders portion lists the number of pharmacists involved in dispensing events, the number of CS dispensing events, and the number of orders that were either canceled or automatically discontinued due to hash mismatches. Large numbers of failures or discontinues may indicate a system problem or attempts to fraudulently edit orders. A larger-than-normal number of CS dispensing or a smaller-than-normal number of pharmacists involved may also indicate an issue. Sites should investigate according to site-defined procedures.
5.4.5 System Integrity

This section consists of the Audit Log and Prescription Archive File portions. These are making sure that no tampering was done to the two files. Any mismatches or deletions should be investigated according to site-defined procedures.

5.4.6 Threshold Summary

This section offers various messages about the preceding sections, if any portion of those sections exceeds the defined thresholds. Thresholds are set in the EPCS Configuration Menu using the **EPCS Incident Report Variable Edit** option, described below. There are default thresholds, which should be appropriate for the majority of the sites, with the possible exception of the Pharmacy Orders CS Dispense threshold. Potential messages include but are not limited to:

- Excessive Failed verify code attempts. This could indicate an attempt to brute force verify codes.
- Excessive Failed electronic signature code attempts. This could indicate an attempt to brute force electronic signature codes.
- Large percentage of pharmacists added. This could indicate an attempt to tamper with system.
- Large percentage of pharmacists removed. This could indicate an attempt to tamper with system.
- Large percentage of pharmacists had EPCS related keys added. This could indicate potential tampering with system.
- Large percentage of pharmacists had EPCS related keys removed. This could indicate potential tampering with system.
- Large number of Prescriptions were dispensed by pharmacists. This could indicate potential tampering with system.
- Large percentage of Received Order Integrity checks failed. This could indicate potential tampering with system.
- Large percentage of Received Orders were discontinued. This could indicate potential tampering with system.
- Excessive number of failed time synchronization checks. Indicates a possible configuration issue with time checks.
- Time drift is exceeding +/- 3 minutes. Indicates a possible issue with time synchronization.
- Time drift is exceeding +/- 5 minutes. Indicates system may no longer be in compliance with DEA time synchronization regulations.
- Mismatch detected in daily integrity check, possible system problem.
− Missing EPCS100 indicator for starting the nightly BUSA compile check.
− Missing EPCS101 indicator for completing the nightly BUSA compile check.

• Mismatch detected Pharmacy Order Integrity Compile, possible system problem.
  − Missing EPCS106 indicator for Pharmacy Order Integrity Compile check.

• Mismatch detected in BUSA Integrity Compile, possible system problem.
  − Missing EPCS108 indicator for BUSA Integrity Compile check.
  − Missing EPCS109 indicator for completing BUSA Integrity Compile check.

• Issue found in Pharmacy Order Integrity process, possible system problem.
  − HASH Mismatch found followed by IEN.
  − Missing IEN identified followed by IEN.

• Issue found in BUSA integrity check process, possible system problem
  − Number of records is incorrect in BUSA integrity check process.
  − Missing <n> BUSAS IENs followed by a list of IENs.
  − HASH Mismatch found in <n> BUSAS IENs followed by a list of IENs and creation date.
  − Missing Timestamp in BUSAS IEN followed by a list of IENs.

• HASH code mismatch detected, possible system compromise followed by a list of IENs.

5.4.6.1 Adjusting Thresholds

The default thresholds delivered with the system should be adequate for most, if not all, sites, with the possible exception of the Pharmacy Orders CS Dispense (for pharmacy audit) and EPCS Orders per Providers (for EPCS audit). The site does have the ability to adjust thresholds if needed. Extreme caution should be used when adjusting the thresholds to avoid excessive warnings and MailMan messages and to ensure that appropriate warnings are triggered for potential incidents. Adjusting the thresholds should only be done with the approval of the site personnel assigned to monitor EPCS security.

To adjust the thresholds, an authorized user will navigate to the EPCS Configuration Menu. From there, select the appropriate variables: EPCS or Pharmacy. A list of variables will display and can be edited as shown in Figure 5-7. The pharmacy variable edit is shown; the EPCS variable edit will be the same process. Once the site has set a variable, it will be listed in the Site Value column.

Select RPMS-EHR Configuration Master Menu Option: EPCS  IHS EPCS Main Menu

| AUD  | EPCS Audit Reports ... |
| PHAR | EPCS Pharmacy Reports ... |
| CONF | EPCS Configuration Menu ... |
| EXP  | EPCS Export Reports ... |
Select IHS EPCS Main Menu Option: CONF  EPCS Configuration Menu

SITE   EPCS Site Configuration
CFGC   Check Provider EPCS Configuration
VAR    EPCS Incident Report Variable Edit

Select EPCS Configuration Menu Option: VAR  EPCS Incident Report Variable Edit

Daily Incident Threshold Variable Edit     Jul 11, 2019

Select one of the following:

1         EPCS Variables
2         Pharmacy Variables

Enter '1' for EPCS or '2' for Pharmacy variables.
Selection (1/2) : 2  Pharmacy Variables

Daily Incident Threshold Variable Edit     Jul 11, 2019

Select one of the following variables to modify:

<table>
<thead>
<tr>
<th>Variable name</th>
<th>Default Value</th>
<th>Site Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Pharmacy Discontinued Order</td>
<td>35.00%</td>
<td>-</td>
</tr>
<tr>
<td>2 Pharmacy EPCS Assigned Pharmacists</td>
<td>80.00%</td>
<td>-</td>
</tr>
<tr>
<td>3 Pharmacy EPCS Keys Added</td>
<td>30.00%</td>
<td>-</td>
</tr>
<tr>
<td>4 Pharmacy EPCS Keys Removed</td>
<td>30.00%</td>
<td>-</td>
</tr>
<tr>
<td>5 Pharmacy EPCS Removed Pharmacists</td>
<td>80.00%</td>
<td>-</td>
</tr>
<tr>
<td>6 Pharmacy Login Failures</td>
<td>20.00%</td>
<td>-</td>
</tr>
<tr>
<td>7 Pharmacy Orders CS Dispense</td>
<td>150</td>
<td>-</td>
</tr>
<tr>
<td>8 Pharmacy Paper Signature Failures</td>
<td>20.00%</td>
<td>-</td>
</tr>
<tr>
<td>9 Pharmacy Received Orders Integrity</td>
<td>30.00%</td>
<td>-</td>
</tr>
<tr>
<td>10 Pharmacy Time Synchronization Checks</td>
<td>20.00%</td>
<td>-</td>
</tr>
</tbody>
</table>

Enter the number of variable to modify : 7  POCD
Modifying the Site defined value:
Pharmacy Orders CS Dispense     Default Value: 150
To delete the existing Site Value enter '@'
Enter an integer number with no decimals : 80

Daily Incident Threshold Variable Edit     Jul 11, 2019

Select one of the following variables to modify:

<table>
<thead>
<tr>
<th>Variable name</th>
<th>Default Value</th>
<th>Site Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Pharmacy Discontinued Order</td>
<td>35.00%</td>
<td>-</td>
</tr>
<tr>
<td>2 Pharmacy EPCS Assigned Pharmacists</td>
<td>80.00%</td>
<td>-</td>
</tr>
<tr>
<td>3 Pharmacy EPCS Keys Added</td>
<td>30.00%</td>
<td>-</td>
</tr>
<tr>
<td>4 Pharmacy EPCS Keys Removed</td>
<td>30.00%</td>
<td>-</td>
</tr>
<tr>
<td>5 Pharmacy EPCS Removed Pharmacists</td>
<td>80.00%</td>
<td>-</td>
</tr>
<tr>
<td>6 Pharmacy Login Failures</td>
<td>20.00%</td>
<td>-</td>
</tr>
</tbody>
</table>
Figure 5-7: EPCS Incident Report Variable Edit

If the site wishes to remove the Site Value and return to the default value, the at (@) symbol is used as shown in Figure 5-8. Once again, the Pharmacy variable edit is shown; the EPCS variable edit is the same process. When the Site Value is removed, it will no longer display in the table.

<table>
<thead>
<tr>
<th>Variable name</th>
<th>Default Value</th>
<th>Site Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy Discontinued Order</td>
<td>35.00%</td>
<td>-</td>
</tr>
<tr>
<td>Pharmacy EPCS Assigned Pharmacists</td>
<td>80.00%</td>
<td>-</td>
</tr>
<tr>
<td>Pharmacy EPCS Keys Added</td>
<td>30.00%</td>
<td>-</td>
</tr>
<tr>
<td>Pharmacy EPCS Keys Removed</td>
<td>30.00%</td>
<td>-</td>
</tr>
<tr>
<td>Pharmacy EPCS Removed Pharmacists</td>
<td>80.00%</td>
<td>-</td>
</tr>
<tr>
<td>Pharmacy Login Failures</td>
<td>20.00%</td>
<td>-</td>
</tr>
<tr>
<td>Pharmacy Orders CS Dispense</td>
<td>150</td>
<td>80</td>
</tr>
<tr>
<td>Pharmacy Paper Signature Failures</td>
<td>20.00%</td>
<td>-</td>
</tr>
<tr>
<td>Pharmacy Received Orders Integrity</td>
<td>30.00%</td>
<td>-</td>
</tr>
<tr>
<td>Pharmacy Time Synchronization Checks</td>
<td>20.00%</td>
<td>-</td>
</tr>
</tbody>
</table>

Enter the number of variable to modify: 7  POCD

Modifying the Site defined value:
Pharmacy Orders CS Dispense  Default Value: 150  Current Site Value: 80
To delete the existing Site Value enter '0'
Enter an integer number with no decimals: @
5.4.6.2 Pharmacy Variables

The Pharmacy Variables should be set at a threshold that will pick up potential incidents while not triggering excessive false alarms. The Pharmacy Variables are as follows:

- Pharmacy Discontinued Order – The percentage of the total orders received to orders canceled by pharmacy or auto-discontinued due to hash mismatch.
- Pharmacy EPCS Assigned Pharmacists – The percentage of pharmacists assigned the PSORPH or PSDRPH key to the total number of active EPCS-enabled pharmacists.
- Pharmacy EPCS Keys Added – The percentage of keys assigned to the total number of key-provisioning events.
- Pharmacy EPCS Keys Removed – The percentage of keys removed to the total number of key-provisioning events.
- Pharmacy EPCS Removed Pharmacists – The percentage of pharmacists with PSORPH or PSDRPH keys removed to the total number of active EPCS pharmacists.
- Pharmacy Login Failures – The percentage of failed login attempts to total login events where the access code used corresponds to a user holding the PSORPH and PSDRPH keys.
- Pharmacy Orders CS Dispense – The ratio of CS orders finished to the total number of active EPCS enabled pharmacists. This will essentially be the average number of CS prescriptions processed per EPCS pharmacist.
- Pharmacy Paper Signature Failures – The percentage of HC signature failures to total HC signature events.
- Pharmacy Received Orders Integrity – The percentage of orders that fail the integrity check to the total number of received orders.
- Pharmacy Time Synchronization Checks – The percentage of failed time synchronization checks to total time-synchronization events.
5.5 Pharmacy Dig Sig Rx Export

The **Pharmacy Dig Sig Rx Export (RXE)** option exports all digitally signed prescriptions for a provider over a defined date range. The basis of this report is the ORDER DEA ARCHIVE FILE (101.52), but since this is an export of prescriptions, it uses this file to retrieve the prescription and then includes the prescription data in the fields. The export is in XML format and can be imported into Excel or another system. The process to initiate the export is shown in Figure 5-9, and a portion of an example of the output as imported into Excel is shown in Figure 5-10.

Digitally Signed Controlled Substance Pharmacy Export
This report is designed for Export ONLY.
The data will be created in XML format for uploading into EXCEL or uploaded into some other database.

*** Provider Selection ***
Select Prescriber: EPCS, PROVIDER PE

*** Date Range Selection ***
Begin with DATE: DEC 03, 2018// -180 (JUN 07, 2018)
End with DATE: DEC 03, 2018// T (DEC 04, 2018)
Include TEST Patients? No// YES
DEVICE: HOME// HFS HOST FILE SERVER
HOST FILE NAME: F:\TMP\TMP.HFS//F:\EHR-TEST\TMP\RXE.XML
ADDRESS/PARAMETERS: "WN S"

Won't you queue this ? Y// NO

Figure 5-9: Pharmacy Dig Sig Rx Export

Figure 5-10: Digitally Signed Controlled Substance Pharmacy Export example
5.6 **EPCS Ad Hoc Provider Audit Report**

The **EPCS Ad hoc Provider Audit Report (PAR)** option shows the actions taken to create, edit, verify, and revoke a provider or verifier in the EPCS Credentialing component. The user selects the date range and may select one, multiple, or all users who took an action. To select specific users, type a name at the “Select User Name” prompt. Type additional names at successive user name prompts or enter past to stop user selection. To select all users, press Enter at the first “Select User Name” prompt; typing `all` at this prompt will trigger a search for a user name starting with “all.” An example is shown in Figure 5-11.

<table>
<thead>
<tr>
<th>LOG DATE/TIME</th>
<th>USER NAME</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NOV 07, 2018@16:11:31</td>
<td>EPSC, ADMIN USER</td>
<td>Copy</td>
</tr>
<tr>
<td></td>
<td>Verify EPCS Provider Access Admin: 2501 - EPSC, PROVIDER EPCSPAA</td>
<td></td>
</tr>
<tr>
<td>NOV 07, 2018@16:12:59</td>
<td>EPSC, ADMIN USER</td>
<td>Copy</td>
</tr>
<tr>
<td></td>
<td>Pending Profile Activated, Provider: 2561 - EPSC, PROVIDER PPA</td>
<td></td>
</tr>
<tr>
<td>NOV 07, 2018@16:12:59</td>
<td>EPSC, ADMIN USER</td>
<td>Copy</td>
</tr>
<tr>
<td></td>
<td>Pending Profile Created, Provider: 2561 - EPSC, PROVIDER PPA</td>
<td></td>
</tr>
<tr>
<td>NOV 07, 2018@16:29:58</td>
<td>EPSC, PROVIDER EPCSPAA</td>
<td>Copy</td>
</tr>
<tr>
<td></td>
<td>Verify Provider Profile, Provider: 2561 - EPSC, PROVIDER PAA, Status Change:</td>
<td></td>
</tr>
<tr>
<td>NOV 29, 2018@13:23:07</td>
<td>EPSC, PROVIDER</td>
<td>Copy</td>
</tr>
<tr>
<td></td>
<td>Pending Profile Created, Provider: 2543 - EPSC, PROVIDER</td>
<td></td>
</tr>
<tr>
<td>NOV 29, 2018@13:23:25</td>
<td>EPSC, PROVIDER CII-V</td>
<td>Copy</td>
</tr>
<tr>
<td></td>
<td>Pending Profile Created, Provider: 2543 - EPSC, PROVIDER</td>
<td></td>
</tr>
</tbody>
</table>
Figure 5-11: EPCS Ad hoc Provider Audit Report

5.7 EPCS Provider Profile Integrity Report

The **EPCS Provider Profile Integrity Report (PPI)** option (Figure 5-12) shows any user with an EPCS hash in the **New Person** file and displays the status. Select one or more providers by typing the names at the successive “User Name” prompts, or view all providers by entering past the “Select User Name” prompt. Users with a hash mismatch will display first.

<table>
<thead>
<tr>
<th>NAME</th>
<th>DEA#</th>
<th>HASH STATUS</th>
<th>ACCOUNT STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPCS,PROVIDER EDNSCII-V</td>
<td>PE123XXXX</td>
<td>MISMATCH</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>EPCS,PROVIDER EDNSCIII-V</td>
<td>PE234XXXX</td>
<td>MISMATCH</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>EPCS,PROVIDER EDNSCIV-V</td>
<td>PE345XXXX</td>
<td>MISMATCH</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>EPCS,PROVIDER EDSCII-V</td>
<td>PE456XXXX</td>
<td>MISMATCH</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>EPCS,PROVIDER EDSCIII-V</td>
<td>PE567XXXX</td>
<td>MISMATCH</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>EPCS,PROVIDER EDSCIV-V</td>
<td>PE678XXXX</td>
<td>MISMATCH</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>EPCS,PROVIDER ENDSNC</td>
<td></td>
<td>MISMATCH</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>EPCS,PROVIDER II-EPCSCP</td>
<td>AE564XXXX</td>
<td>MISMATCH</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>EPCS,PROVIDER NEDSCII-V</td>
<td>PE891XXXX</td>
<td>MISMATCH</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>EPCS,PROVIDER NEDSCIV-V</td>
<td>PE145XXXX</td>
<td>MISMATCH</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>EPCS,PROVIDER NENDNSNC</td>
<td></td>
<td>MISMATCH</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>EPCS,PROVIDER CHANGEABLE ONE</td>
<td>FE562XXXX</td>
<td>MATCH</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>EPCS,PROVIDER CHANGEABLE TWO</td>
<td>MATCH</td>
<td>ACTIVE</td>
<td></td>
</tr>
<tr>
<td>EPCS,PROVIDER CHANCEABLE THREE</td>
<td>MATCH</td>
<td>ACTIVE</td>
<td></td>
</tr>
</tbody>
</table>
5.8 EPCS Audit Log Summary

The EPCS Audit Log Summary (ALS) option is a snapshot of the EPCS Audit log. This report is like the PAL report but shows the audit log events for the ordering side instead of the pharmacy side. It includes potential incidents and compares events to defined thresholds. This report should be reviewed daily. It is usually tasked to run nightly to be sent as a MailMan message.

The report may be printed or browsed on the screen as well. An example report is shown in Figure 5-13; note that the thresholds on the test system were set to be extremely sensitive to trigger the warning language. Each section is further discussed below.

---

Figure 5-12: EPCS Provider Profile Integrity Report

<table>
<thead>
<tr>
<th>EPCS, PROVIDER</th>
<th>EPCSPAA</th>
<th>MATCH</th>
<th>ACTIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPCS, PROVIDER NEDNSCII-V2</td>
<td>AE200XXXX</td>
<td>MATCH</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>EPCS, PROVIDER NEDSCIII-V</td>
<td>PE956XXXX</td>
<td>MATCH</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

[END OF REPORT]
Unable to Complete Authentication
  Number of Failed Events                      0

EPCS CREDENTIALING AND PROVISIONING
=====================================
Number of EPCS Enabled Divisions
  Total                                        2
  Assigned                                     0
  Removed                                      0

Number of EPCS Enabled Providers
  Total                                       23
  Assigned                                     0
  Removed                                      0

Number of Credentials
  Total                                        0
  Assigned                                     0
  Removed                                      0

Edit Provider Profile
  Total                                        0
  Created                                      0
  Removed                                      0
  Failed                                       0

Verify/Activate Provider Profile
  Total                                        0
  Assigned                                     0
  Failed                                       0

EPCS DIGITAL SIGNING CERTIFICATE
==================================
Number of Certificates
  Total                                        0
  Revoked                                      0

EPCS SYSTEM STATUS
==================================
Time Synchronization
  Total Events                                 4
  Failed Checks                                0
  Events Over 3 Minutes                        0
  Events Over 5 Minutes                        0
  Last Event                                    Time Sync Check, offset: -9 ms

EPCS Certificate Checks
  Total Checks                                 8
  Unsuccessful Checks                          0

EPCS ORDERS
==================================
Prescribing Events
  Number of EPCS Providers                     3
  Created                                      6
<table>
<thead>
<tr>
<th>Category</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Edits</td>
<td>3</td>
</tr>
<tr>
<td>Canceled</td>
<td>2</td>
</tr>
<tr>
<td>Digitally Signed</td>
<td>3</td>
</tr>
<tr>
<td>Transmitted</td>
<td>3</td>
</tr>
<tr>
<td>Failed Events</td>
<td>0</td>
</tr>
</tbody>
</table>

**SYSTEM INTEGRITY**

**Provider Profile**
- Number of Records: 27
- Number of Mismatches: 8
- Number of Deletions: 0
- Number of Failed Checks: 0

**CS Order Integrity Check**
- Number of Records: 816
- Number of Mismatches: 124
- Number of Deletions: 4
- Number of Failed Checks: 0

**Audit Log**
- Number of Records: 46099
- Number of Mismatches: 18
- Number of Deletions: 0
- Number of Failed Checks: 0

**Unaccounted System Type Events**
- Total Events: 8
- Successful Events: 8
- Failed Events: 0
- Last Event:  

**THRESHOLD SUMMARY**

Please initiate appropriate incident response to look into identified issues.

*** Large percentage of cancelled order events. This could indicate an attempt to tamper with system.
*** Excessive Failed verify code attempts. This could indicate an attempt to brute force verify codes.
*** Issue found in BUSA integrity check process, possible system problem.
*** Hash Mismatch found in 5 BUSAS IENs:
   - 521176 on: 2/6/2018
   - 521163 on: 2/6/2018
   - 521164 on: 2/6/2018
   - 521165 on: 2/6/2018
   - 521166 on: 2/6/2018
*** Issue found in EPCS Monitoring Hash Check process, possible system problem.
*** Hash Check failed on 7/24/2018 6:36:36 am for: 20-EPCS,PROVIDER NOSPI
*** Issue found in CS Order Integrity Compile process, possible system problem.
*** Missing IEN identified:
   - ORPA(101.52) is missing entry for IEN: 22
   - ORPA(101.52) is missing entry for IEN: 23
5.8.1 EPCS Enabled Provider Authentication

This section consists of the RPMS Login Attempts, MFA Authentication Number Attempts, Electronic Signature Code, Token PIN, and Unable to Complete Authentication portions. A large number of failures in any portion may indicate an issue with the EPCS Monitoring system or attempts by unauthorized persons to gain access to the system or order CS medications. Sites should investigate these failures as needed according to site-defined procedures.

5.8.2 EPCS Credentialing and Provisioning

This section consists of the Number of EPCS Enabled Divisions, Number of EPCS Enabled Providers, Number of Credentials, Edit Provider profile, and Verify/Activate Provider Profile portions. Large numbers of divisions or providers added or removed, or credentials assigned or removed, may indicate attempts to misuse the system. Large numbers of Provider profiles created, removed, or verified may also indicate misuse, while large numbers of failures in these portions may indicate a problem with the system. Sites should investigate as needed according to site-defined procedures.

5.8.3 EPCS Digital Signing Certificate

This section shows the Number of Certificates and how many have a status of revoked.
5.8.4 EPCS System Status

This section consists of the Time Synchronization and EPCS Certificate Checks portions. The Time Synchronization includes total events, failed events, checks that are off by over three or over five minutes, and information on the last time-sync check. Large numbers of failures in either portion or large offsets in time-synchronization checks may indicate a problem with the EPCS Monitoring service or other system problem. Note that entries in the “Events Over 5 Minutes” are of particular concern as per the DEA regulations, the system clock should stay within five minutes of the NIST clock. The site should investigate any issues according to site-defined procedures.

5.8.5 EPCS Orders

This section consists of the Prescribing Events, with information on number of EPCS providers authoring events, along with numbers of created, edited, canceled, digitally signed, transmitted, and failed events. Large numbers of failed events may indicate a system problem. Large numbers of edits or cancels or a very small number of digitally signed orders compared to orders created may indicate attempts to misuse the system. The site should investigate any issues according to site-defined procedures.

5.8.6 System Integrity

This section consists of the Provider Profile, CS Order Integrity Check, Audit Log, and Unaccounted System Type Events portions. These are to ensure that no tampering was done to the various files by providing information on total records, mismatches, deletions, and failures. Large numbers of failures may indicate a system problem. Mismatches or deletions may indicate attempts to misuse the system. The site should investigate according to site-defined procedures.

5.8.7 Threshold Summary

This section offers various messages about the preceding sections, if any portion of those sections exceeds the defined thresholds. Thresholds are set in the EPCS Configuration Menu using the EPCS Incident Report Variable Edit option, described in section 5.4.6.1. There are default thresholds which should be appropriate for the majority of the sites, with the possible exception of the EPCS Orders per Providers threshold. Potential messages include but are not limited to:

- Excessive Failed verify code attempts. This could indicate an attempt to brute force verify codes.
- Excessive number of failed multifactor authentication attempts. This could indicate an attempt to brute force verify Electronic Signature Code.
- Large percentage of providers added. This could indicate an attempt to tamper with system.
- Large percentage of providers removed. This could indicate an attempt to tamper with system.
- Large percentage of pharmacists added. This could indicate an attempt to tamper with system.
- Large percentage of assigned/verified provider profiles events. This could indicate an attempt to tamper with system.
- Large percentage of failed verify provider profiles events. This could indicate an attempt to tamper with system.
- Large percentage of cancelled order events. This could indicate an attempt to tamper with system.
- Excessive number of failed time synchronization checks. Indicates a possible configuration issue with time checks.
- Time drift is exceeding +/- 3 minutes. Indicates a possible issue with time synchronization.
- Time drift is exceeding +/- 5 minutes. Indicates system may no longer be in compliance with DEA time synchronization regulations.
- Large percentage of created provider profile events. This could indicate an attempt to tamper with system.
- Large percentage of removed provider profile events. This could indicate an attempt to tamper with system.
- Large percentage of failed provider profile events. This could indicate an attempt to tamper with system.
- Large number of providers assigned EPCS access. This could indicate an attempt to tamper with system.
- Large number of providers had EPCS access removed. This could indicate an attempt to tamper with system.
- Large number of created orders per prescribing provider. This could indicate an attempt to tamper with system.
- Excessive number of failed certificate revocation checks. This could indicate a configuration issue or possible attempt to tamper with system.
- Mismatch detected in daily integrity check, possible system problem.
  - Missing EPCS100 indicator for starting the nightly BUSA compile check.
  - Missing EPCS101 indicator for completing the nightly BUSA compile check.
- Mismatch detected BUSA audit integrity check, possible system problem.
  - Missing EPCS108 indicator for starting the nightly BUSA compile check.
  - Missing EPCS109 indicator for completing the nightly BUSA compile check.
• Issue found in BUSA integrity check process, possible system problem
  – Number of records is incorrect in BUSA integrity check process.
  – HASH Mismatch found in \(<n>\) BUSAS IENs followed by a list of IENs and creation date.
  – Missing Timestamp in \(<n>\) BUSAS IENs followed by a list of IENS.
  – Missing \(<n>\) BUSAS IENs followed by a list of IENs.
• Issue found in CS Order Integrity Compile process, possible system problem.
  – Missing IEN identified followed by missing IEN number.
  – HASH Mismatch found in ORPA(101.52) followed by list of IENs.

5.8.7.1 Adjusting Thresholds
See section 5.4.6.1 for instructions on adjusting the thresholds.

5.8.7.2 EPCS Variables
The EPCS Variables should be set at a threshold that will pick up potential incidents while not triggering excessive false alarms. The EPCS Variables are as follows:

• EPCS Assigned Verify Provider Profile – The percentage of verification events that are successful to the total number of verification events.
• EPCS Created Order Events – The percentage of canceled or deleted orders to the total number initiated.
• EPCS Created Provider Profile – The percentage of created or edited profiles to total profile events.
• EPCS Failed Certification Checks – The percentage of failed certificate checks to total certificate check events.
• EPCS Failed Provider Profile – The percentage of failed provider profile creations, edits, or deletions to total provider profile events.
• EPCS Failed Verify Provider Profile – The percentage of failed verification events to total verification events.
• EPCS Login Failures – The percentage of failed login attempts to total login events where the access code used corresponds to a user holding the ORES key.
• EPCS Multifactor Authentication – The percentage of failed MFA attempts to total MFA events.
• EPCS Number of Credentials Assigned – The percentage of assigned credential events to total credential events.
• EPCS Number of Credentials Removed – The percentage of removed credential events to total credential events.
• EPCS Orders Created – Signed – The percentage of the orders eligible for digital signature that were not signed to the total number of order created.

• EPCS Orders per Providers – The ratio of CS orders initiated to the total number of active EPCS enabled providers. This will essentially be the average number of CS orders created per EPCS provider.

• EPCS Pharmacists Added – The ratio of EPCS Provider Profile Administrators and EPCS Provider Access Administrators added divided by the total EPCS Provider Profile Administrator and EPCS Provider Access Administrator added or deleted.

• EPCS Providers Added – The percentage of providers added as EPCS enabled to the total number of EPCS-enabled providers.

• EPCS Providers Removed – The percentage of providers removed as EPCS enabled to the total number of EPCS-enabled providers.

• EPCS Removed Provider Profile – The percentage of provider profiles removed to the total provider profile events.

• EPCS Time Synchronization – The percentage of failed time-synchronization checks to total time-synchronization events.

5.9 EPCS Provider Profile Integrity Mismatch Report

The EPCS Provider Profile Integrity Mismatch Report (PIR) option (Figure 5-14) is like the Provider Profile Integrity report but only shows the providers with a hash mismatch and does not allow selection of providers. This report is only viewable on the screen.
5.10 EPCS Provider Certificate Name Report

The EPCS Provider Certificate Name Report (PCR) provides information about the digital signing certificates used by EPCS, specifically allowing for a comparison of the name on the certificate and the user name in RPMS. Additionally, the report will show the certificate issuer, expiration date, verification status, and certificate status.

Verification status, listed as Verify Status on the report, denotes whether the EPCS profile has been verified. The options for verification status are proposed, active, and retired. Proposed means the certificate was added to the EPCS profile, but the profile is not yet verified. Active means the certificate was added to the profile, and the profile was verified. Retired means the certificate was once part of the listed user’s profile but is no longer attached to that provider. This may happen if the certificate was added to a different user’s profile, or if the listed user has obtained a new certificate that was added to their profile.

Certificate status, listed as Cert Status on the report, denotes the status of the certificate according to the issuer. This will be either valid or revoked, though it will be blank when the EPCS provider profile is not verified.

The selection criteria allow for a specific user or users or for all users to be selected as well as selection of the verification status (Active, Retired, Proposed, or All). An example of creating the report is shown in Figure 5-15, while Figure 5-16 shows an example of the report output.
Enter the certificate verification status to display

Select one of the following:

- R  RETIRED
- A  ACTIVE
- P  PROPOSED
- L  ALL

Which certificate verification status would you like to display: ALL/

This report requires a 132 character wide printer device

DEVICE: 0;132;9999  VIRTUAL

Figure 5-15: Running the EPCS Provider Certificate Name report

Figure 5-16: Example EPCS Provider Certificate Name report output

5.11 EPCS Validation Reports

The EPCS Validation Reports (VAL) option is used to find providers who have an incomplete configuration, who have a DEA X number, or who have duplicate or similar VA numbers.

5.11.1 Provider Incomplete Configuration

The Provider Incomplete Configuration (CFG) report (Figure 5-17) shows all active providers unable to sign CS orders, and the specific deficiencies in the configuration for EPCS. For the purposes of this report, a provider is a user holding the ORES key. If you choose to list the prescribable schedules, then all providers are listed and not just the ones unable to sign. You may opt to include inactive users too.
(including those providers that are properly configured).

Do you want to include prescribable schedules in the output? NO// y YES

Do you want to include DISUSERed and TERMINATED users in the output? NO/

Select division: 2017 DEMO CLINIC// 8999
Select another division:

DEVICE: 0;80;999 TELNET

 PROVIDER INCOMPLETE CONFIGURATION REPORT      OCT 18, 2018  16:34   PAGE 1
DIVISION: 2017 DEMO CLINIC

PROVIDER NAME                        DEFICIENCY/PRESCRIBABLE SCHEDULES
-------------------------------------------------------------------------------------------
EPCS,PROVIDER CHANGEABLE THREE        Has neither a DEA number nor a VA number.  
                                          Has not been verified as an EPCS provider in the credentialing component. 
                                          Is not authorized to write medication orders. 
                                          Is permitted to prescribe all schedules. 
                                          Provider hash is good
EPCS,PROVIDER CHANGEABLE TWO          Has a DEA number with no expiration date. 
                                          Has not been verified as an EPCS provider in the credentialing component. 
                                          Is permitted to prescribe all schedules. 
                                          Provider hash is good
                                          User cannot sign on.
EPCS,PROVIDER CHANGEABLE ONE          Is permitted to prescribe all schedules. 
                                          Provider hash is good
EPCS,PROVIDER EDNSCII-V               Is permitted to prescribe all schedules. 
                                          Provider hash does not exist or has been tampered
EPCS,PROVIDER EDNSCIII-V              Is permitted to prescribe schedules III NARCOTIC, III NON-NARCOTIC, IV and V. 
                                          Provider hash does not exist or has been tampered

[END OF REPORT]

Figure 5-17: Provider Incomplete Configuration

5.11.2 DEA X List

The **DEA X List (DEX)** report (Figure 5-18) shows all users who have a DEA X number assigned. You can choose to include the inactive users or not.

Select the data validation report to run: DEX DEA X List

This report identifies all users who have a DEA X number in the NEW PERSON FILE (#200).
Do you want to include DISUSERed and TERMINATED users in the output? NO/

DEVICE: 0;80;999 TELNET

### PROVIDERS WITH A DEA X ID

<table>
<thead>
<tr>
<th>DEVICE</th>
<th>DATE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TELNET</td>
<td>DEC 05, 2018 10:32</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DEA X NAME</th>
<th>ID NUMBER</th>
<th>ACCOUNT STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROVIDER CHANGEABLE ONE</td>
<td>XE625XXXX</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>PROVIDER EDNSCIIV-V</td>
<td>XJ123XXXX</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>PROVIDER EPCS-EPCSCP</td>
<td>XE564XXXX</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

[END OF REPORT]

Figure 5-18: DEA X List

### 5.11.3 Duplicate VA Numbers

The **Duplicate VA Numbers** report shows users who have the same or similar VA Numbers. The system will find numbers that are identical as well as those that differ only by capitalization, hyphens, spaces, etc. as seen in Figure 5-19.

Select the data validation report to run: dup Duplicate VA Numbers

This report identifies all users with similar VA numbers. To identify similar numbers, the software builds a temporary index. First, it removes all non-alphanumeric characters (such as punctuation and spaces) from the user's VA number, then changes all letters to uppercase, and finally adds the VA number to the temporary index. It then uses that index to build a list of similar or duplicate numbers. For example, kc123, KC 123, and KC-123 are considered similar.

Do you want to include DISUSERed and TERMINATED users in the output? NO/

DEVICE: TELNET

### NON-UNIQUE VA NUMBERS REPORT

<table>
<thead>
<tr>
<th>VA#</th>
<th>NAME</th>
<th>ACCOUNT STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1234567</td>
<td>PROVIDER,TEST A</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>1234567</td>
<td>PROVIDER,TEST D</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>PE-2932</td>
<td>PROVIDER TEST Q</td>
<td>ACTIVE</td>
</tr>
<tr>
<td>PE2932</td>
<td>PROVIDER TEST H</td>
<td>ACTIVE</td>
</tr>
</tbody>
</table>

[END OF REPORT]

Figure 5-19: Duplicate VA Numbers
5.12 Check Provider EPCS Configuration

The **Check Provider EPCS Configuration (CFGC)** option (Figure 5-20) is for display only (i.e., this is not a printed or exported report). The option allows a user to check the configuration of a single provider. The output will contain the EPCS status, hash status, and authorized schedules.

```
Select the provider: EPCS, PROVIDER NEDSCIV-V PE

This provider is not able to write controlled substance orders for the following reasons:
Has neither a DEA number nor a VA number.
Has not been verified as an EPCS provider in the credentialing component.
Provider hash is good

Once all of the issues above are resolved, the provider is permitted to prescribe all schedules.
```

Figure 5-20: Check Provider EPCS Configuration

5.13 EPCS Export Reports

The **EPCS Export Reports (EXP)** menu meets DEA regulations that require the ability to export orders and prescriptions, though this should be used in extremely rare instances within IHS. The available exports are described in the following sections.

5.13.1 EPCS Ad hoc Provider Order Export

The **EPCS Ad Hoc Provider Order Export (AD)** report can be printed or exported as an XML file. This report mirrors the monthly CS report that providers receive as a notification. The data for this report comes from the ORDER DEA ARCHIVE DATA (101.52), **not** the ORDER (100) file. The printed report is pre-paginated, and an example of the printed report is shown in Figure 5-21. A portion of the XML version as imported into Excel is shown in Figure 5-22.

```
Select EPCS Export Reports <TEST ACCOUNT> Option: AD  EPCS Ad hoc Provider Order Export

Controlled Substance Ad Hoc Report
The printed report can be printed or sent to an HFS file.
The data export will be created in XML format.

*** Provider Selection ***
Select Prescriber:    EPCS, PROVIDER EDSCII-V PE

*** Date Range Selection ***
Begin with DATE: DEC 04, 2018// -180 (JUN 08, 2018)
End with DATE: DEC 04, 2018// T (DEC 05, 2018)

Select one of the following:
```
Figure 5-21: EPCS Ad hoc Provider Order Export

5.13.2 Export Orders for Provider

This option creates an export of the selected provider’s digitally signed orders. The data in this report comes from the ORDER DEA ARCHIVE FILE (101.52), not the ORDER (100) file. It must be exported and cannot be printed. The user selects the provider and date range, and whether to include test patients. An example of creating the export is shown in Figure 5-23, and a portion of the resulting export (as imported into Excel) is shown in Figure 5-24.

Select EPCS Export Reports <TEST ACCOUNT> Option: ORD Export Orders for Provider

Digitally Signed Controlled Substance Order Export

This report is designed for Export ONLY.

The data will be created in XML format for uploading into EXCEL or
uploaded into some other database.

*** Provider Selection ***
Select Prescriber: EPCS, PROVIDER EDSCII-V PE

*** Date Range Selection ***
Begin with DATE: DEC 04, 2018/-180 (JUN 08, 2018)
End with DATE: DEC 04, 2018/T (DEC 05, 2018)
Include TEST Patients? No/ Y YES
DEVICE: HOME/ hfs HOST FILE SERVER
HOST FILE NAME: F:\TMP\TMP.HFS/F:\EHR-TEST\TMP\ORD.XML
ADDRESS/PARAMETERS: "WNS"/

Won't you queue this? Y// N NO

Figure 5-23: Export Orders for Provider

![Figure 5-23: Export Orders for Provider](image)

**Figure 5-24: Export Orders for Provider example**

### 5.13.3 Digitally Signed Rxs Export

This option is the same as the Pharmacy Dig Sig Rx Export (RXE) described previously in Section 5.5.

### 5.14 Controlled Substance Management

The **Controlled Substance Management (CSM)** report (Figure 5-25) has a new option for EPCS Provider. Within this category, users may choose one or all providers and can include only EPCS (digitally signed) or all CS orders. This report is not fully compliant with regulatory requirements, so it is only here to provide information to pharmacy users. Other reports listed contain all required information for EPCS reporting and should be used preferentially.

![Controlled Substance Management Report](image)

**Controlled Substance Management Report**

*** Date Range Selection ***
Begin with DATE: DEC 03, 2018/-30 (NOV 04, 2018)
End with DATE: DEC 03, 2018/T (DEC 04, 2018)
Would you like all pharmacy divisions? Yes// YES

Select one of the following:

1 C-II
2 C-II through C-V
3 C-III through C-V

Drug Class Types: 2// C-II through C-V
Select one of the following:

1. Summary
2. Detail
3. EPCS Provider

Report Type: 2 // 3 EPCS Provider
Would you like all prescribers? Yes // YES
EPCS orders only? Yes // YES

Select one of the following:

1. Standard Report
2. Data Export

Output Mode: 1 // Standard Report
Would you like dosing information included? Yes // YES
Do you want CMOP fills included? Yes // YES
Include TEST Patients? No // y YES
DEVICE: HOME // 0;80;9999 TELNET

Controlled Substance Management Report (Detail) 12/04/2018 16:12 Page: 1
Report Criteria:
Inclusive Dates: 11/04/2018 to 12/04/2018
Pharmacy Division: All
Drug Class: C-II through C-V
Sorted by: Provider, Signed Date, Drug Name, Patient
CMOP meds: Included
Test Pts: Included

<table>
<thead>
<tr>
<th>Date Signed</th>
<th>Drug</th>
<th>Patient</th>
<th>HRN</th>
<th>Rx Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clonazepam 1mg tab</td>
<td>Demo, patient</td>
<td>XXXX72</td>
<td>514032</td>
</tr>
<tr>
<td></td>
<td>C-IV</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>ELEC</td>
<td>60</td>
<td>30</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Days Supply</td>
<td>0</td>
<td></td>
<td>Internal</td>
</tr>
<tr>
<td></td>
<td>Nature</td>
<td>Dosing: take one (1) tablet by mouth twice a day</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Qty</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Days Supply left CMOP/Mail Pharmacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Refills left</td>
<td></td>
<td></td>
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Pharmacy Division: 2017 DEMO PHARMACY
Provider: EPCS, PROVIDER A DEA: AE098XXXX

11/30/2018 12:18  Clonazepam 1mg tab

11/29/2018 18:59  Lorazepam 0.5mg tab
Figure 5-25: Controlled Substance Management
Appendix A: Pharmacy Responsibilities

The EPCS regulations specify the Pharmacy responsibilities in sections 1311.200 and 1311.215. The relevant text of each of these sections follows:

§1311.200 Pharmacy responsibilities

(a) Before initially using a pharmacy application to process controlled substance prescriptions, the pharmacy must determine that the third-party auditor or certification organization has found that the pharmacy application does the following accurately and consistently:

(1) Import, store, and display the information required for prescriptions under Section 1306.05(a) of this chapter.

(2) Import, store, and display the indication of signing as required by Section 1311.120(b)(17).

(3) Import, store, and display the number of refills as required by Section 1306.22 of this chapter.

(4) Import, store, and verify the practitioner's digital signature, as provided in Section 1311.210(c), where applicable.

(b) If the third-party auditor or certification organization has found that a pharmacy application does not accurately and consistently import, store, and display other information required for prescriptions under this chapter, the pharmacy must not process electronic prescriptions for controlled substances that are subject to the additional information requirements.

(c) If a pharmacy application provider notifies a pharmacy that a third-party audit or certification report indicates that the application or the application provider no longer meets the requirements of this part or notifies it that the application provider has identified an issue that makes the application non-compliant, the pharmacy must immediately cease to process controlled substance prescriptions using the application.

(d) A pharmacy that receives a notification that the pharmacy application is not in compliance with the requirements of this part must not use the application to process controlled substance prescriptions until it is notified that the application is again compliant and all relevant updates to the application have been installed.
(e) The pharmacy must determine which employees are authorized to enter information regarding the dispensing of controlled substance prescriptions and annotate or alter records of these prescriptions (to the extent such alterations are permitted under this chapter). The pharmacy must ensure that logical access controls in the pharmacy application are set so that only such employees are granted access to perform these functions.

(f) When a pharmacist fills a prescription in a manner that would require, under part 1306 of this chapter, the pharmacist to make a notation on the prescription if the prescription were a paper prescription, the pharmacist must make the same notation electronically when filling an electronic prescription and retain the annotation electronically in the prescription record or in linked files. When a prescription is received electronically, the prescription and all required annotations must be retained electronically.

(g) When a pharmacist receives a paper or oral prescription that indicates that it was originally transmitted electronically to the pharmacy, the pharmacist must check its records to ensure that the electronic version was not received and the prescription dispensed. If both prescriptions were received, the pharmacist must mark one as void.

(h) When a pharmacist receives a paper or oral prescription that indicates that it was originally transmitted electronically to another pharmacy, the pharmacist must check with that pharmacy to determine whether the prescription was received and dispensed. If the pharmacy that received the original electronic prescription had not dispensed the prescription, that pharmacy must mark the electronic version as void or canceled. If the pharmacy that received the original electronic prescription dispensed the prescription, the pharmacy with the paper version must not dispense the paper prescription and must mark the prescription as void.

(i) Nothing in this part relieves a pharmacy and pharmacist of the responsibility to dispense controlled substances only pursuant to a prescription issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice.

§1311.215(c) Internal Audit Trail

(c) The pharmacy must determine whether any identified auditable event represents a security incident that compromised or could have compromised the integrity of the prescription records. Any such incidents must be reported to the pharmacy application service provider, if applicable, and the Administration within one business day.
Appendix B: Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is FOR OFFICIAL USE ONLY. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (ROB) and must acknowledge that they have received and read them prior to being granted access to a RPMS system, in accordance IHS policy.

- For a listing of general ROB for all users, see the most recent edition of IHS General User Security Handbook (SOP 06-11a).
- For a listing of system administrators/managers rules, see the most recent edition of the IHS Technical and Managerial Handbook (SOP 06-11b).

Both documents are available at this IHS Web site: http://security.ihs.gov/.

The ROB listed in the following sections are specific to RPMS.

B.1 All RPMS Users

In addition to these rules, each application may include additional ROBs that may be defined within the documentation of that application (e.g., Dental, Pharmacy).

B.1.1 Access

RPMS users shall

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller’s identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or nonpublic agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions Indian Health Manual Part 8, “Information Resources Management,” Chapter 6, “Limited Personal Use of Information Technology Resources.”

RPMS users shall not

- Retrieve information for someone who does not have authority to access the information.
• Access, research, or change any user account, file, directory, table, or record not required to perform their official duties.

• Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.

• Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their jobs or by divulging information to anyone not authorized to know that information.

B.1.2 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS users shall

• Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the functions they perform, such as system administrator or application administrator.

• Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.

B.1.3 Accountability

RPMS users shall

• Behave in an ethical, technically proficient, informed, and trustworthy manner.

• Log out of the system whenever they leave the vicinity of their personal computers (PCs).

• Be alert to threats and vulnerabilities in the security of the system.

• Report all security incidents to their local Information System Security Officer (ISSO)

• Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.

• Protect all sensitive data entrusted to them as part of their government employment.

• Abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.
B.1.4 Confidentiality

RPMS users shall

• Be aware of the sensitivity of electronic and hard copy information, and protect it accordingly.
• Store hard copy reports/storage media containing confidential information in a locked room or cabinet.
• Erase sensitive data on storage media prior to reusing or disposing of the media.
• Protect all RPMS terminals from public viewing at all times.
• Abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations to ensure patient confidentiality.

RPMS users shall not

• Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
• Store sensitive files on a portable device or media without encrypting.

B.1.5 Integrity

RPMS users shall

• Protect their systems against viruses and similar malicious programs.
• Observe all software license agreements.
• Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, and/or database software and database tables.
• Comply with all copyright regulations and license agreements associated with RPMS software.

RPMS users shall not

• Violate federal copyright laws.
• Install or use unauthorized software within the system libraries or folders.
• Use freeware, shareware, or public domain software on/with the system without their manager’s written permission and without scanning it for viruses first.

B.1.6 System Logon

RPMS users shall

• Have a unique User Identification/Account name and password.
• Be granted access based on authenticating the account name and password entered.
• Be locked out of an account after five successive failed login attempts within a specified time period (e.g., one hour).

B.1.7 Passwords
RPMS users shall
• Change passwords a minimum of every 90 days.
• Create passwords with a minimum of eight characters.
• If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
• Change vendor-supplied passwords immediately.
• Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts or batch files).
• Change passwords immediately if password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.
• Keep user identifications (IDs) and passwords confidential.
RPMS users shall not
• Use common words found in any dictionary as a password.
• Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user’s name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
• Share passwords/IDs with anyone or accept the use of another’s password/ID, even if offered.
• Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
• Post passwords.
• Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.
• Give a password out over the phone.
B.1.8 Backups

RPMS users shall

• Plan for contingencies such as physical disasters, loss of processing, and
disclosure of information by preparing alternate work strategies and system
recovery mechanisms.

• Make backups of systems and files on a regular, defined basis.

• If possible, store backups away from the system in a secure environment.

B.1.9 Reporting

RPMS users shall

• Contact and inform their ISSO that they have identified an IT security incident
and begin the reporting process by providing an IT Incident Reporting Form
regarding this incident.

• Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP
05-03).

RPMS users shall not

• Assume that someone else has already reported an incident. The risk of an
incident going unreported far outweighs the possibility that an incident gets
reported more than once.

B.1.10 Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt
after no more than 5 minutes of inactivity.

RPMS users shall

• Utilize a screen saver with password protection set to suspend operations at no
greater than 10 minutes of inactivity. This will prevent inappropriate access and
viewing of any material displayed on the screen after some period of inactivity.

B.1.11 Hardware

RPMS users shall

• Avoid placing system equipment near obvious environmental hazards (e.g., water
pipes).

• Keep an inventory of all system equipment.

• Keep records of maintenance/repairs performed on system equipment.
RPMS users shall not
• Eat or drink near system equipment.

B.1.12 Awareness
RPMS users shall
• Participate in organization-wide security training as required.
• Read and adhere to security information pertaining to system hardware and software.
• Take the annual information security awareness.
• Read all applicable RPMS manuals for the applications used in their jobs.

B.1.13 Remote Access
Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that
• Are in writing.
• Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
• Outline the work requirements and the security safeguards and procedures the employee is expected to follow.
• Ensure adequate storage of files, removal, and nonrecovery of temporary files created in processing sensitive data, virus protection, and intrusion detection, and provide physical security for government equipment and sensitive data.
• Establish mechanisms to back up data created and/or stored at alternate work locations.

Remote RPMS users shall
• Remotely access RPMS through a virtual private network (VPN) whenever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote RPMS users shall not
• Disable any encryption established for network, internet, and Web browser communications.
B.2 RPMS Developers

RPMS developers shall

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.
- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces for which they have been assigned as part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Not access live production systems without obtaining appropriate written access, and shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Observe separation of duties policies and procedures to the fullest extent possible.
- Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer’s initials, date of change, and reason for the change.
- Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Follow industry best standards for systems they are assigned to develop or maintain, and abide by all Department and Agency policies and procedures.
- Document and implement security processes whenever available.

RPMS developers shall not

- Write any code that adversely impacts RPMS, such as backdoor access, “Easter eggs,” time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

B.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.
Privileged RPMS users shall

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.

- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.

- Advise the system owner on matters concerning information technology security.

- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.

- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.

- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.

- Verify that users have received appropriate security training before allowing access to RPMS.

- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.

- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO), and systems owner.

- Protect the supervisor, superuser, or system administrator passwords.

- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).

- Watch for unscheduled, unusual, and unauthorized programs.

- Help train system users on the appropriate use and security of the system.

- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.

- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized system. Passwords forgotten by their owner should be replaced, not reissued.

- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords, and delete or reassign related active and backup files.
• Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.

• Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator’s database.

• Shall follow industry best standards for systems they are assigned to, and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not

• Access any files, records, systems, etc., that are not explicitly needed to perform their duties

• Grant any user or system administrator access to RPMS unless proper documentation is provided.

• Release any sensitive agency or patient information.
Glossary

APSP
The namespace of the IHS modifications to the Outpatient Pharmacy Suite.

Backdoor Order
A pharmacy order that is not entered using RPMS EHR but is entered by the pharmacist using the RPMS Pharmacy options.

Controlled Substance
This is any medication that has a DEA level of 1-5 assigned to it. A controlled substance requires a user to have a DEA# in order to prescribe it.

C2
Class 2 Controlled Substance – A C2 medication is the strongest and most regulated that can be prescribed. Although C1 medications exist, they may not be prescribed. Rules generally restrict the number of refills to 0 and many states have enacted specific rules on the number of pills and the number of days they may be prescribed. May also be referred to as C-II or CII.

C35
Class 3 through 5 Controlled Substances. These categories have fewer Federal restrictions but may have additional state regulations. May also be referred to as C-III-V.

DEA X
A special DEA authorization to prescribe narcotic addiction treatment to outpatients. Also known as a Narcotics Addiction DEA Number or NADEAN.

Digital Signature
A digital signature is an encoded and hashed version of the data in the prescription that is stored in a file in RPMS. This digital signature can be compared at a later date with the current data in the file to see if anything has been modified by unauthorized entry into the files.

eRx
Electronic prescribing or an electronic prescription.

Hard Copy
A prescription order that has been printed and the provider has written their signature on the paper form.
Multi-Factor Authentication

This term indicates that a user must authenticate using more than one method. The most recognizable example for the average user will be an ATM, where you must have both a card and a PIN to get cash. If only one method is presented, no cash is dispensed. The most common methods of authentication are:

- Something you have, such as a card or token.
- Something you know, such as a password or PIN.
- Something you are, such as a fingerprint or facial scan.

Rx or Rxs

A prescription or prescriptions.

Two-Factor Authentication

A type of multi-factor authentication. With EPCS, providers must digitally sign controlled substance orders with a method of 2FA. These orders then are limited in the actions that can be taken against them.
## Acronym List

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<thead>
<tr>
<th>Acronym</th>
<th>Meaning</th>
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<tbody>
<tr>
<td>2FA</td>
<td>Two-Factor Authentication</td>
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<tr>
<td>CS</td>
<td>Controlled Substance</td>
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<tr>
<td>CISO</td>
<td>Chief Information Security Officer</td>
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<tr>
<td>CPO</td>
<td>Complete Pending Orders</td>
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<tr>
<td>DEA</td>
<td>Drug Enforcement Administration</td>
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<td>DOB</td>
<td>Date of Birth</td>
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<tr>
<td>DS</td>
<td>Digitally Signed</td>
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<tr>
<td>EFDT</td>
<td>Earliest Fill Date</td>
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<td>EHR</td>
<td>Electronic Health Record</td>
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<td>Electronic Prescribing of Controlled Substances</td>
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<td>eRx</td>
<td>Electronic Prescription</td>
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<td>Hard Copy</td>
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<td>HHS</td>
<td>Department of Health and Human Services</td>
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<td>Health Insurance Portability and Accountability Act</td>
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<td>HRN</td>
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<td>IEN</td>
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<td>Indian Health Service</td>
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<td>ISSO</td>
<td>Information System Security Officer</td>
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<td>IT</td>
<td>Information Technology</td>
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<tr>
<td>LM</td>
<td>List Manager</td>
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<tr>
<td>NIST</td>
<td>National Institute of Standards and Technology</td>
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<td>OE/RR</td>
<td>Order Entry/Results Reporting</td>
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<td>ONC</td>
<td>Office of the National Coordinator</td>
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<tr>
<td>PC</td>
<td>Personal Computer</td>
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<td>QTY</td>
<td>Quantity</td>
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<tr>
<td>ROB</td>
<td>Rules of Behavior</td>
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<td>RPMS</td>
<td>Resource and Patient Management System</td>
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<tr>
<td>SAC</td>
<td>Standards and Conventions</td>
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<td>VA</td>
<td>U.S. Department of Veterans Affairs</td>
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<tr>
<td>VPN</td>
<td>Virtual Private Network</td>
</tr>
<tr>
<td>XML</td>
<td>eXtensible Markup Language</td>
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Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

**Phone:** (888) 830-7280 (toll free)
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