

PHARMACY TECHS HQ RETAIL PHARMACY

- 2, 8** Medications that must be kept refrigerated should be stored at temperatures between ____°C and ____°C
- 20, -10** Medications that must be kept frozen should be stored at temperatures between ____°C and ____°C
- 23** Medications that must be kept at room temperature should be stored at ____°C
- 1965** What year was Medicare and Medicaid implemented?
- Adjudication** electronic insurance billing for medication payment
- A. FDA** Which regulatory body can issue a drug recall?
A. FDA
B. HMO
C. DEA
D. PPO
- A. Healthy infants** Which group is not covered by Medicare?
A. Healthy infants
B. Disabled patients
C. Seniors
D. Dialysis patients
- automated dispensing system (ADS)** -involves technology designed to reduce labor and increase patient safety
-store medications and control electronic dispensing
-are used in community pharmacies to monitor the inventory as tablets and capsules are dispensed into a drug vial from a bulk bin
- Average wholesale price (AWP)** the average price at which a drug is sold; the data are compiled from information provided by manufacturers, distributors, and pharmacies; the AWP is often used in calculations related to medication reimbursement
- bar code** Scanning a _____ _____ can identify the drug, strength, dosage form, quantity, cost, package size, and any other information necessary to a medication or device.
- B. dispense order as written** A one for DAW code means:
A. no refills
B. dispense order as written
C. generic substitution authorized
D. patient would like brand name only
- B. drug of choice not formulary** Reasons for obtaining a prior authorization may include _____.
A. patient is demanding the drug
B. drug of choice not formulary
C. physician is requesting
D. none of the above
- B. Generic drugs and common branded drugs for which no generic is available in the drug class** The types of drugs typically included in a formulary are:
A. New drugs
B. Generic drugs and common branded drugs for which no generic is available in the drug class
C. Uncommon drugs
D. Extremely expensive drugs
- B. Obtain information from the patient's human resources department** When a workers' compensation claim arrives at the pharmacy, the technician must:
A. Obtain permission from a government agency at a later time
B. Obtain information from the patient's human resources department
C. Collect payment from the patient, who then will be reimbursed by the insurance company
D. Wait until payment is ade by the insurance company before releasing the medication
- B. Pharmacy and therapeutics committee** Which of the following is responsible for developing the formulary used by an institution?
A. State board of pharmacy
B. Pharmacy and therapeutics committee
C. US Food and Drug Administration
D. All of the above.

16. B. POS	An inventory system that automatically orders stock as it is used is called: A. Pyxis B. POS C. Omnicell D. Baker Cell	24. C. Insurance company	In third-party billing, the third party is the: A. Pharmacy B. Patient C. Insurance company D. All of the above
17. B. Use of a generic drug	Which if the following is not a reason for the insurance company to reject a claim? A. Coverage has expired B. Use of a generic drug C. Refill too soon D. NDC not covered	25. Class 1	Drug recall class: _____ Description: recalls for drugs that may pose a serious threat to users' health or even death
18. C. Adjudicated claims	Insurance claims that are transmitted electronically to the insurance provider are called: A. E-mail claims B. NDC claims C. Adjudicated claims D. Copay claims	26. Class 2	Drug recall class: _____ Description: recalls for drugs that may cause a temporary health problem and have a low risk of creating a serious problem
19. Capitation	_____ is a method of payment in which the doctor receives a fixed amount for each member patient regardless of how many times the patient visits the physician.	27. Class 3	Drug recall class: _____ Description: recalls for drugs that violate FDA regulations concerning the container defects or have a strange taste or color
20. Capitation	-is included in HMO -some physicians are independent and see both HMO policyholders and nonmembers in their practice. In this situation the HMO pays the physician a fixed amount for each member patient regardless of how many times the patient visits the physician	28. C. Long-term disability	Which of the following is not a government-run insurance program? A. Medicare B. Medicaid C. Long-term disability D. Workers' compensation
21. C. Children	Medicare is a government-managed insurance program that covers all of the following except: A. Senior citizens B. Patients using dialysis C. Children D. People who are disabled	29. Closed formulary	tight restriction of medication use to the medications included on the formulary list; medications that are not listed as preapproved drugs per the health plan provider or pharmacy benefits manager are not reimbursed except under extenuating circumstances and with proper documentation
22. C. generic substitution authorized	A zero for a DAW code means _____. A. no refills B. dispense order as written C. generic substitution authorized D. patient would like brand name only	30. Coinsurance	a type of insurance in which the policyholder pays a share of the payment made against a claim
23. CHAMPVA (Civilian Health and Medical Program of the Department of Veterans Affairs)	a program for veterans with permanent service-related disabilities and their dependents and for their spouses and children of veterans who died of service-connected disability; also known as the Veterans Health Administration (VHA)	31. Copay	-is included in HMO -the insurance company requires the patient to pay a predetermined amount for office visits, emergency department visits, and drugs, regardless of the final cost. The rate varies, depending on the patient's coverage plan. The insurance company is responsible for the remainder of the cost
		32. Copayment	the portion of the prescription bill that the patient is responsible for paying
		33. D. All of the above	Sometimes insurance companies refill medications early because: A. The patient lost the medication B. The patient is going on a vacation C. The physician told the patient to increase the dosage D. All of the above

34. D. All of the above	Manufacturers are required by law to recall any product that has been found to have which of the following guideline violations? A. Labeling is wrong B. Product was not packaged or produced properly C. Drug batch was contaminated D. All of the above	42. drug recalls	Manufacturers are required by law to recall any product that has been found to violate any of the following guidelines: -labeling is wrong -product was not packaged or produced properly -drug batch was contaminated -the FDA has required removal of the drug from the market as a result of safety risks -any other change occurs that causes the drug to fall outside the FDA or manufacturer's guidelines
35. D. All of the above	Drug utilization evaluation (DUE) is an important process used to screen the medication order for: A. Duplicate therapy B. Possible errors C. Drug-drug interaction D. All of the above	43. Drug utilization evaluation (DUE) or review (DUR)	an ongoing review by a pharmacist of the prescribing, dispensing, and use of medications, based on predetermined criteria, to decide whether changes need to be made in a patient's drug therapy
36. D. all of the above	Point-of-sale billing allows the insurance company to _____. A. price a claim B. verify eligibility C. identify covered drugs D. all of the above	44. D. Single working people with above-average income	Medicaid covers all of the following except: A. People who are disabled B. People with a low income C. Women who are pregnant D. Single working people with above-average income
37. DAW 0	DAW Code: _____ Description: -the generic medication can be dispensed -the physician has given permission to dispense the generic -if the generic is not available, the brand name product must be used	45. durable medical equipment	What does the abbreviation DME stand for?
38. DAW 1	DAW Code: _____ Description: -the physician requested the brand name medication as medically necessary -often must have proof that other therapies for the patient have not worked -the physician must write either "Brand Name Medically Necessary" or "Dispense as Written" in their own handwriting	46. D. Workers' compensation	Which of the following is not a special feature of an HMO? A. Primary care physician B. Independent physicians' association C. Copayment D. Workers' compensation
39. DAW 2	DAW Code: _____ Description: -the patient requested for the brand name medication -the physician approved the generic	47. Formulary	a list of preapproved medications that are covered under a prescription plan or with an institution
40. Deductible	the amount paid by a policyholder out of pocket before the insurance company pays a claim	48. Health Maintenance Organization (HMO)	an insurance plan that allows coverage for in-network only physicians and services and uses the primary care physician (or provider) as the "gatekeeper" or the patient's health care; patients often have copays to defray the costs of medical care and prescription drugs
41. Direct manufacturer ordering	pharmacies may join a group purchasing organization (GPO) and contract directly with the manufacturer to obtain better pricing	49. health maintenance organization (HMO)	Includes: -primary care physician (PCP) -independent physician association (IPA) -copay -capitation

50. HIPPA (Health Insurance Portability and Accountability Act)	federal guidelines for the protection of a patient's personal health information	59. Medicaid	People insured under _____: -low-income children -the elderly -the blind -people with disabilities -uninsured pregnant women
51. Independent physician association (IPA)	-is included in HMO -the provider offers a discounted rate to the patient through the contract made with the insurance company. In return, the physician accepts a lower payment than normally is charged for the procedure performed. These are contracted providers; examples of contracted providers are certain hospitals, clinics, and medical groups	60. Medicaid	a government-managed insurance program that provides health care services to low-income children, the elderly, blind, and those with disabilities
52. Inventory	the amount of product a pharmacy has for sale	61. Medicare	People insured under _____: -people older than the age of 65 -people younger than the age of 65 with long-term disabilities -individuals suffering from end-stage renal disease (ESRD)
53. Just-in-time ordering	a system that orders a product just before it is used	62. Medicare	a government-managed insurance program composed of several coverage plans for health care services and supplies; it is funded by both federal and state entities, and individuals must meet specific requirements to be eligible; individuals must be 65 years or older, be younger than 65 with long-term disabilities, or suffer from end-stage renal disease
54. Level 1	Level of Medicaid: _____ Description: -The patient may not be responsible for any cost	63. Medicare Modernization Act (MMA)	the enactment of prescription drug coverage provided for individuals covered under Medicare
55. Level 2	Level of Medicaid: _____ Description: -Share of cost: The patient's plan requires that the patient pay a deductible (ie, a specific dollar amount must be met before the insurance company pays). For instance, the patient may be responsible for the first \$1000, but any remaining amount is paid by Medicaid	64. Medigap plan	supplemental insurance provided through private insurance companies to help cover costs not reimbursed by the Medicare plan, such as coinsurance, copays, and deductibles
56. Level 3	Level of Medicaid: _____ Description: -Geographical managed care program: A geographical managed care plan allows patients to belong to a medical group with which Medicaid has a contractual agreement. This includes HMOs, thus allowing patients to have Medicaid benefits similar to benefits offered by HMOs	65. minimum information needed to bill a insurance company	Required by the insurance company: -patient's name (to verify insurance coverage) -date medication is filled (to process claim for reimbursement purposes; must be done within a specific period determined by provider) -pharmacy name and address (to pay pharmacy) -medication prescribed (to verify whether drug is on the formulary and is covered) -dosage (to determine cost of medication) -date of birth (to verify medication is dispensed to correct patient) -identification number (to provide authorization of coverage)
57. manual ordering	The following list categorizes the drugs stocked by many pharmacies: -formulary -fast mover -slow mover -special orders -time of year		
58. manufacturer code	What do the first set of numbers in an NDC represent?		

66. National Drug Code (NDC)	a 10-digit number given to all drugs for identification purposes; in health and drug databases, the NDC is represented as an 11-digit number, in which placeholder zeros are inserted in the proper order in the code for the purpose of standardizing data transmissions	74. Part C	Type of Medicare Coverage: _____ Description: Also known as Medicare Advantage; this is an optional plan to Parts A and B. It is a private plan that uses Medicare and must be equivalent to coverage provided by Parts A and B. Some Part C plans cover certain prescription drugs. A person should have either Part C or Medigap because the two or not cumulative in coverage
67. National Provider Identifier (NPI)	a number assigned to any health care provider that is use for the purpose of standardizing health data transmissions	75. Part D	Type of Medicare Coverage: _____ Description: Specifically covers prescription drugs. The coverage is provided by individual private insurance plans that are overseen by Medicare. A monthly premium is paid, and the plan chosen by the patient may have an annual deductible. Once the deductible has been paid, the insurance plan pays either all or some of the remaining costs. After the maximum benefit has been reached, there is a gap in the coverage of drug costs and the patient must pay for prescriptions out of pocket
68. nonformulary drugs	Two options when an NDC number is not in the formulary of the patient's insurance plan: -the pharmacist can contact the physician and request that the prescription is changed to a drug that is covered under the patient's insurance plan -the physician can submit a prior authorization form to the insurance company indicating why the patient must take the nonformulary drug	76. Patient profile	a document listing necessary patient personal and health information, including comprehensive information on the medications the patient is taking, disease states, and any food or drug allergies the person might have
69. nonidentification match	Items to check when this happens: -health plan card number -identification number -insurance number -patient's name -date of birth -relationship to the insured person	77. patient profile	Basic information that can be viewed on the computer system includes: -name -date of birth -address -phone number -gender -allergies (both drug and food) -insurance provider's information: provider's phone number and insurance number (per hospital or institution policies) -over-the-counter (OTC) medications -diagnosis or disease states
70. Open formulary	a formulary list that is essentially unrestricted in the types of drug choices offered or that can be prescribed and reimbursed under the health provider plan or pharmacy benefit plan	78. the patient's physician or the physician's office	Who does the pharmacy contact if a third-party claim is rejected as "prior authorization required"?
71. package size	What do the third set of numbers in an NDC represent?	79. the patient, the pharmacy, and the insurance company	What are the 3 entities that are responsible for payment when it comes to third-party billing?
72. Part A	Type of Medicare Coverage: _____ Description: Covers institutional costs if the participant meets the criteria established by federal and state regulations		
73. Part B	Type of Medicare Coverage: _____ Description: Covers physician and other outpatient services, including diabetes testing, physical therapy, and other preventive costs		

80. Periodic automatic replenishment (PAR)	the PAR of stock levels to a certain number of allowed units
81. Pharmacy and therapeutics committee (P&T committee)	medical staff composed of physicians, pharmacists, pharmacy technicians, nurses, and dieticians who provide necessary information and advice to the institution or insurer on whether a drug should be added to a formulary
82. plan limitations	Examples: -maximum amounts on medication that can be dispensed at one time -days' supply restriction: 30 days for retail and 90 days for mail-order supplies -refill limits -requiring prior authorization for certain medications -step therapy: one or more cheaper medications must be demonstrated to be ineffective before more expensive medications may be used
83. Point of sale (POS)	a system that allows inventory to be tracked as it is used
84. Preferred provider organization (PPO)	an insurance plan in which patients choose a provider from a specified list, resulting in reduced costs for medical services
85. prescription card information	Includes: -Pharmacy Benefit International Identification number (RxBIN) -Pharmacy Benefit Processor Control Number (PCN) -Prescription group number (Rx Grp #) -Identification number (ID #) -Person code -Sex code
86. Primary care physician (PCP)	-is included in HMO -the insurance company requires the patient to choose a primary physician to coordinate all of the patient's medical needs
87. Prime vendor	a large distributor of medications and retail products that contracts with the pharmacy to deliver the bulk of their medications in exchange for lower prices; examples of prime vendors are McKesson, Cardinal Health, and AmerisourceBergen
88. Prior authorization	insurance-required approval for a restricted, nonformulary, or noncovered medication before a prescription medication can be filled

89. process claims	the general types of information required to _____: -processor: typically the insurance company -member's identification number: can be either the assigned number specific to that patient or the Social Security number; however, fewer insurance companies are using Social Security numbers because of the potential for identity theft -group number (if applicable) -plan code (if applicable) -insurance carrier
90. product code	What do the second set of numbers in an NDC represent?
91. returned	Four main reasons why medication is _____ to the warehouse or manufacturer: -drug recalls -damaged stock -expired stock (if it is untouched and unused) -medication is about to expire; the pharmacy may return the drug to the wholesaler for credit or full price if the drug has at least a 9-month expiration date later than the date of return
92. Safety Data Sheets (SDSs)	information sheets supplied to the pharmacy from the manufacturer of chemical products; the SDS lists the hazards of the product and procedures to follow if a person is exposed to that product
93. suppliers	Different types of _____ include: -prime vendors -wholesalers -direct manufacturer ordering
94. supplies covered by Medicare	-blood glucose testing strips (Part B) -heparin for home dialysis (Part B) -hospital stay (Part A) -insulin (Part D) -lancets (Part B) -Lasix (generic only, part D) -nebulizer solutions
95. Trade, brand, or proprietary drug name	the name a company assigns for marketing and identification purposes to a commercial drug product; most brand names are trademarked and belong to originator products; the named products are often protected for a time by patents
96. Treatment authorization request (TAR)	the process used by Medicare and Medicaid for authorization of assistive technology devices costing more than \$100; durable medical equipment (eg, wheelchairs and walkers) also require a TAR; similar to a preauthorization form

97. TRICARE (formerly CHAMPUS)	a health benefit program for active duty and retired personnel in all seven uniformed services; it also covers dependents of military personnel who were killed while on active duty
98. Wholesalers	companies that stock a variety of drug manufacturers' medications and normally have a "just-in-time" turnaround for ordered drugs; this means that drugs ordered today arrive the next day
99. Workers' compensation	government-required and government-enforced medical coverage for workers injured on the job, paid for by the employer; the programs are managed by each state in accordance with the state's workers' compensation laws