## **Reimbursement Methods for Community Pharmacy Practices Assessment**

- 1. Which of the following best describes the value-based reimbursement model?
  - a. Payments are based on patient satisfaction surveys
  - b. Payments are linked to quality metrics and patient outcomes
  - c. Payments are fixed per transaction, regardless of quality
  - d. Payments are adjusted based on volume of prescriptions dispensed
- 2. Which of the following is an example of a preventive service commonly reimbursed in community pharmacies?
  - a. Blood glucose monitoring
  - b. Vaccination administration
  - c. Over-the-counter medication sales
  - d. Refill reminders
- 3. What is the primary purpose of Direct and Indirect Remuneration (DIR) fees in pharmacy reimbursement?
  - a. To improve patient adherence through incentives
  - b. To align pharmacy revenue with quality metrics
  - c. To adjust final reimbursement amounts retroactively
  - d. To reimburse pharmacies for additional patient care services
- 4. Value-based care models often reward pharmacies for achieving \_\_\_\_\_\_, such as improving medication adherence and managing

chronic diseases.

- 5. Fee-for-service models incentivize \_\_\_\_\_, but may not adequately support long-term care or preventive services.
- 6. Tracking and documenting \_\_\_\_\_\_ allows pharmacists to demonstrate the value of their services and advocate for better reimbursement policies.
- 7. How does expanding services like vaccinations or MTM improve both patient outcomes and pharmacy sustainability?
- 8. What challenges might arise when implementing value-based care models in community pharmacy settings?
- 9. Explain how pharmacists can use Medication Action Plans (MAPs) to empower patients and improve adherence.