

BCPS NON-CLINICAL PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. What is a common error when comparing means across more than two groups?**
 - A. Using ANOVA
 - B. Using multiple t-tests
 - C. Using chi-square tests
 - D. Using Fisher exact test
- 2. Which ANOVA variant analyzes the interaction between two factors such as age group and treatment?**
 - A. One-way ANOVA
 - B. ANOVA
 - C. Repeated measures ANOVA
 - D. Two-way ANOVA
- 3. Which initiative examines whether reimbursable comprehensive primary care can lead to better outcomes at reduced costs?**
 - A. Comprehensive Primary Care Plus (CPC+)
 - B. Care Transitions Program
 - C. Independence at Home
 - D. Open Payments Program
- 4. HCPCS Level 2 codes cover which types of products or services?**
 - A. Ambulances and durable medical equipment (DME)
 - B. Pharmacology codes
 - C. Dental services
 - D. Hospital inpatient services
- 5. The ARRA legislation included the HITECH Act, which allowed CMS to issue EHR incentive programs that incentivize meaningful users and promote interoperability.**
 - A. It decreased EHR adoption
 - B. It limited CMS to clinical trials
 - C. It did not promote interoperability
 - D. It authorized EHR incentive programs to promote meaningful use and interoperability

- 6. Which nonprofit organization was authorized by Congress in 2010 to fund comparative clinical effectiveness research?**
- A. Patient-Centered Outcomes Research Institute
 - B. Centers for Medicare and Medicaid Services
 - C. National Institutes of Health
 - D. Agency for Healthcare Research and Quality
- 7. Which equation correctly defines half-life for a drug undergoing first-order elimination?**
- A. $0.693/k$
 - B. $k/0.693$
 - C. $1.386/k$
 - D. $0.693 \cdot k$
- 8. Right to Try Act of 2017 states that patients with life-threatening conditions may receive investigational drugs outside of trials if the drug has cleared Phase I and is under FDA review.**
- A. The drug has completed Phase III.
 - B. The drug is FDA approved for marketing.
 - C. The drug has cleared Phase I and is under FDA review.
 - D. The drug is available only through clinical trials.
- 9. Which is the top FDA official requiring Senate confirmation?**
- A. National Center for Toxicological Research
 - B. Office of Regulatory Affairs
 - C. Office of the Commissioner
 - D. Center for Drug Evaluation and Research
- 10. Which entity was initiated by HRSA in 2007 to address adverse drug events for uninsured or medically vulnerable patients and uses PDSA for integrating clinical pharmacy services?**
- A. Initiated by HRSA in 2007 to address ADEs for uninsured or medically vulnerable patients serviced by safety net providers
 - B. A national pharmacovigilance society
 - C. A government reimbursement program
 - D. A patient education alliance

Answers

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1. B
2. D
3. A
4. A
5. D
6. A
7. A
8. C
9. C
10. A

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Explanations

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1. What is a common error when comparing means across more than two groups?

- A. Using ANOVA
- B. Using multiple t-tests**
- C. Using chi-square tests
- D. Using Fisher exact test

When comparing means across more than two groups, doing separate t-tests for every pair dramatically increases the chance of a false positive due to multiple comparisons. The standard approach is to use analysis of variance (ANOVA), which assesses whether any group mean differs from the others while keeping the overall Type I error rate at the chosen level. If ANOVA shows a significant effect, follow with post hoc tests (such as Tukey or Bonferroni) to determine which specific groups differ, with adjustments to control for multiple testing. Chi-square and Fisher exact tests are for categorical outcomes, not means, so they aren't appropriate here.

2. Which ANOVA variant analyzes the interaction between two factors such as age group and treatment?

- A. One-way ANOVA
- B. ANOVA
- C. Repeated measures ANOVA
- D. Two-way ANOVA**

Interaction between two factors is what a factorial design with two factors looks to detect. Two-way ANOVA is built to test not only the independent effects of each factor but also whether one factor's effect depends on the level of the other—i.e., the interaction. In a scenario with age group and treatment, two-way ANOVA asks: does the treatment effect vary across age groups? If you find a significant interaction, it means the treatment works differently depending on age, so you'd examine simple effects (the treatment effect within each age group) to understand exactly where differences lie. The main effects tell you overall differences by age and by treatment, but only the interaction reveals dependence of one factor's effect on the other. One-way ANOVA only handles a single factor, so it can't assess how two factors influence each other. Repeated measures ANOVA handles within-subjects or repeated measurements, not a separate between-subjects interaction of two factors, unless the design explicitly treats one factor as within-subject. Thus, for analyzing the interaction between age group and treatment, two-way ANOVA is the appropriate choice.

3. Which initiative examines whether reimbursable comprehensive primary care can lead to better outcomes at reduced costs?

A. Comprehensive Primary Care Plus (CPC+)

B. Care Transitions Program

C. Independence at Home

D. Open Payments Program

This question is about payment reform in primary care and whether funding a wide, coordinated primary care approach can improve health outcomes while lowering overall costs. Comprehensive Primary Care Plus is designed to test exactly that by providing practices with enhanced, reimbursed primary care services plus support for care coordination, access, and population health management. The idea is that paying for comprehensive, team-based primary care with shared savings can lead to better patient outcomes and reduce total cost of care. Other initiatives focus on different aims. The Care Transitions Program targets reducing readmissions after hospital discharge, not broad primary care reimbursement and cost outcomes. Independence at Home concentrates on delivering primary care in the patient's home with its own payment model, but it's more about a specific delivery setting than a broad, reimbursable primary care expansion. The Open Payments Program is about transparency of payments from manufacturers to providers and does not test care delivery or cost outcomes. So the one that examines whether reimbursable comprehensive primary care can lead to better outcomes at reduced costs is Comprehensive Primary Care Plus.

4. HCPCS Level 2 codes cover which types of products or services?

A. Ambulances and durable medical equipment (DME)

B. Pharmacology codes

C. Dental services

D. Hospital inpatient services

HCPCS Level II codes are used for items and services not described by CPT, covering non-physician items, supplies, equipment, and certain transportation or drugs that aren't captured in CPT descriptions. The most representative example is ambulances and durable medical equipment (DME): ambulance transport has its own HCPCS categories, and DME includes items like wheelchairs, walkers, and home medical devices all coded outside CPT. Dental services are typically coded with CDT, not HCPCS, and inpatient hospital services are usually documented with ICD-10-CM/ICD-10-PCS (and related facility billing), not Level II codes. Some drugs can be coded with HCPCS Level II (J codes), but when asked about the types of products or services specifically covered by Level II, ambulances and DME best illustrate the typical scope.

5. The ARRA legislation included the HITECH Act, which allowed CMS to issue EHR incentive programs that incentivize meaningful users and promote interoperability.

A. It decreased EHR adoption

B. It limited CMS to clinical trials

C. It did not promote interoperability

D. It authorized EHR incentive programs to promote meaningful use and interoperability

The main idea is that ARRA through the HITECH Act gave CMS the authority to create EHR incentive programs aimed at encouraging providers to use electronic health records in meaningful ways and to enable interoperability across systems. This means incentivizing adoption as well as the quality and shareability of information, so EHRs can exchange data to improve care. That makes the correct option the one that states it authorized EHR incentive programs to promote meaningful use and interoperability. The other statements contradict the Act's purpose: the legislation was designed to increase, not decrease, EHR adoption; CMS was not limited to clinical trials; and interoperability was a central goal, not something the program ignored.

6. Which nonprofit organization was authorized by Congress in 2010 to fund comparative clinical effectiveness research?

A. Patient-Centered Outcomes Research Institute

B. Centers for Medicare and Medicaid Services

C. National Institutes of Health

D. Agency for Healthcare Research and Quality

The main idea here is identifying the nonprofit created by Congress in 2010 to fund comparative clinical effectiveness research. That organization is the Patient-Centered Outcomes Research Institute. It was established to fund studies that compare different medical options to determine what works best for patients in real-world settings, with a strong emphasis on outcomes that matter to patients. Unlike federal agencies such as the Centers for Medicare and Medicaid Services, the National Institutes of Health, or the Agency for Healthcare Research and Quality, PCORI operates as an independent nonprofit funded by a dedicated trust. Its mission centers on producing high-quality, patient-centered evidence to help patients and clinicians make informed decisions.

7. Which equation correctly defines half-life for a drug undergoing first-order elimination?

A. $0.693/k$

B. $k/0.693$

C. $1.386/k$

D. $0.693 \cdot k$

For first-order elimination, the concentration declines exponentially over time, and half-life is the time required for the concentration to fall to half of its initial value. The decay follows $C = C_0 e^{-kt}$. Setting $C = C_0/2$ and solving for t gives $1/2 = e^{-k t_{1/2}}$, so $t_{1/2} = \ln(2)/k$, which is about $0.693/k$. This shows half-life depends only on the elimination rate constant k and is independent of the starting concentration, a key point for predicting dosing intervals and accumulation. For example, with $k = 0.1 \text{ h}^{-1}$, $t_{1/2} \approx 6.93$ hours. The other expressions do not represent half-life: $1.386/k$ corresponds to time to reach one-quarter, $k/0.693$ is the inverse relationship and not a time value, and $0.693 \cdot k$ would not yield a valid half-life.

8. Right to Try Act of 2017 states that patients with life-threatening conditions may receive investigational drugs outside of trials if the drug has cleared Phase I and is under FDA review.

- A. The drug has completed Phase III.
- B. The drug is FDA approved for marketing.
- C. The drug has cleared Phase I and is under FDA review.**
- D. The drug is available only through clinical trials.

Right to Try lets patients with life-threatening conditions access investigational drugs outside of trials once the drug has completed Phase I and is under FDA review. This stage means the drug has shown initial safety in humans and is being evaluated by the FDA for potential approval, but it is not yet approved for marketing. The program is specifically about outside-trial access, not about completion of Phase III or full marketing approval. If a drug were already approved or only available through clinical trials, it wouldn't meet the Right to Try criteria.

9. Which is the top FDA official requiring Senate confirmation?

- A. National Center for Toxicological Research
- B. Office of Regulatory Affairs
- C. Office of the Commissioner**
- D. Center for Drug Evaluation and Research

The top FDA official requiring Senate confirmation is the Commissioner. This role is appointed by the President and confirmed by the Senate, making it the highest leadership position within FDA with responsibility for overall policy, strategy, and direction. The other items—centers like the Center for Drug Evaluation and Research and the National Center for Toxicological Research, as well as the Office of Regulatory Affairs—are key components of FDA, each led by directors or administrators who report to the Commissioner. They do not themselves require Senate confirmation as the agency's top official.

10. Which entity was initiated by HRSA in 2007 to address adverse drug events for uninsured or medically vulnerable patients and uses PDSA for integrating clinical pharmacy services?

- A. Initiated by HRSA in 2007 to address ADEs for uninsured or medically vulnerable patients serviced by safety net providers**
- B. A national pharmacovigilance society
- C. A government reimbursement program
- D. A patient education alliance

This reflects HRSA's 2007 effort to reduce adverse drug events among uninsured or medically vulnerable patients served by safety-net providers, and it specifically uses Plan-Do-Study-Act cycles to integrate clinical pharmacy services into care teams. HRSA focuses on safety-net settings where patients face higher risk of medication-related problems due to access barriers and health disparities. By embedding pharmacists into clinical teams, these sites can improve medication reconciliation, appropriate dosing, monitoring for adverse effects, and patient education. The PDSA framework supports iterative testing of how best to weave pharmaceutical care into routine practice, measure impact, learn from each cycle, and refine the approach for sustained improvement. The other options describe different types of organizations or programs that don't align with HRSA's targeted safety-net initiative or the use of PDSA for integrating clinical pharmacy services.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://bcpsnonclinical.examzify.com>

We wish you the very best on your exam journey. You've got this!

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