

2023 Professional Responsibility Quiz

1. Regarding the new rules for addressing a glaucoma complaint received by the TOB, which of the following is true?
 - a. An ophthalmologist approved by the Texas Medical Board acts as the initial Case Review Consultant when a glaucoma complaint is filed with the Texas Optometry Board
 - b. The Texas Optometry Board is responsible for selecting the ophthalmologist that serves on the expert panel
 - c. The Texas Medical Board appoints and approves all members of the expert panel
 - d. The decision of the expert panel is final and binding. The Texas Optometry Board has no choice but to uphold the decision.
2. Which of the following courses is required only ONCE during your 2-year renewal cycle?
 - a. Opioids
 - b. Human Trafficking
 - c. Professional Responsibility
 - d. Online continuing education
3. All of the following are rare scenarios in which you may deny a patient's request for medical records EXCEPT:
 - a. The patient has a balance of \$220 from their previous visit
 - b. The patient is currently enrolled in a research study at your office in which they are a masked and fully consented participant
 - c. The patient's records have been subpoenaed in conjunction with a lawsuit filed by the patient
 - d. The requested PHI was obtained by someone other than a health care provider (e.g., a family member of the individual) under a promise of confidentiality and providing access to the information would be reasonably likely to reveal the source of the information
4. In addition to Protected Health Information (PHI) as defined by HIPAA, Texas has another unique form of PHI that is defined in the Business and Commerce Code. This special type of PHI is called
 - a. Private Personal Information
 - b. Sensitive Private Data
 - c. Personal Restricted Data
 - d. Sensitive Personal Information
5. When comanaging cataract surgery with an ophthalmologist, which of the following is NOT a requirement of CMS rules and American Academy of Ophthalmology protocols?
 - a. The decision to transfer care must be made by the surgeon
 - b. The transfer of care can be based on a verbal agreement alone
 - c. The OD and the OMD must set their own fees for medical services
 - d. The OD's medical record should demonstrate a medical necessity for all services provided
6. According to the Office of the Inspector General, all of the following scenarios will be considered inducement to refer under the Anti-Kickback Statute EXCEPT:

- a. An optometrist attends a CE provided by a local ophthalmology group and pays for their own dinner/drinks and a fair market value for CE.
 - b. An ophthalmology group provides no cost CE to local optometrists
 - c. An optometrist attends a meeting where free dinner and drinks are provided by an ophthalmology group
 - d. A staff member who is in charge of billing for an optometry practice attends a meeting hosted by an ophthalmology group where cocktails and hors d'oeuvres are provided. The topic of the meeting is Microinvasive Glaucoma Surgery
7. Which of the following is TRUE regarding the No Surprises Act?
- a. It primarily protects uninsured patients
 - b. It is applicable in every situation in which a patient seeks services from a medical provider
 - c. It allows insurance companies to collect out-of-network rates from the patient when a life-threatening emergency is resolved
 - d. It protects patients that are under group and individual health plans from receiving surprise medical bills (balance billing) in emergency situations
8. A Good Faith Estimate (GFE) is intended to protect patients without insurance from receiving medical bills that they were not expecting. Which of the choices below is TRUE of a GFE?
- a. It is acceptable to provide it verbally if medical services are rendered the same day that the appointment is made
 - b. It can be provided after medical services are rendered, but before the patient leaves your office
 - c. You are permitted to issue a single GFE for recurring visits for up to 12 months
 - d. If you anticipate changes to the original GFE, it does need to be updated if the charges are within \$4,000 of the original estimate.
9. What is the primary goal of the National Practitioner Databank?
- a. To protect the public by reducing healthcare fraud and abuse
 - b. To establish a repository of all healthcare providers so that medical licenses can be easily validated
 - c. To capture and tabulate the value of medical malpractice lawsuits on a federal level
 - d. To ensure competency of medical professionals by tracking post-graduate education in their related field
10. The Professional Recovery Network is only available to doctors and does not serve professional staff or students.
- a. True
 - b. False