AHIP FRAUD, WASTE, AND ABUSE (FWA) PRACTICE EXAM (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.

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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!

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Questions

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1. What happens to Ms. Claggett's eligibility for Part D after missing her IEPs?

A. She loses eligibility completely

B. She can enroll during the next Open Enrollment Period

C. She can enroll without penalty at any time

D. She must wait until she is 70

2. Which statement accurately describes Section 1557 of the Affordable Care Act (ACA)?

A. It mainly focuses on women's health issues

B. It incorporates civil rights protections related to various characteristics

C. It only pertains to race and disability

D. It is solely about age discrimination

3. What can beneficiaries expect from Medigap plans?

A. They offer additional benefits that Original Medicare does not cover

B. They are fully independent and do not coordinate with Medicare

C. They can be used to waive premiums for Part B entirely

D. They only cover non-Medicare services

4. What is considered an example of waste in relation to Medicare resources?

A. Underutilization of services

B. Misuse of resources leading to unnecessary costs

C. Providing only necessary services to patients

D. Accurate billing practices

5. Which of the following should be reported to a Compliance Department?

A. Routine billing errors

B. Suspicious fraud, waste, and abuse activities

C. Timely data submissions

D. Increased patient engagement

6. What should Anita Magri be informed about the Medigap Part F plan?

A. It is available to anyone turning 65 after January 1, 2020

B. It covers the Medicare Part B deductible for everyone

C. It is no longer available to those who turn 65 after January 1, 2020

D. It cannot provide foreign travel emergency benefits

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7. What does Medicare Part B primarily cover?

A. Hospital stays

B. Physician services

C. Prescription drugs

D. Long-term care

8. What key factor is important when planning a marketing event for seniors?

A. The venue's capacity should be ignored

B. Entertainment has no regulations

C. The estimated attendance should be a factor in planning

D. Marketing to seniors doesn't require planning

9. What action should you take upon discovering a minor inventory discrepancy in controlled substances?

A. Follow your pharmacy's procedures

B. Report to law enforcement immediately

C. Ignore the discrepancy as it is minor

D. Conduct a complete inventory recount

10. What is the maximum amount Dr. Brennan can charge Mary for her treatment under the PFFS plan?

A. Any amount for services rendered

B. Up to 15% of the total charge for additional services

C. Only the cost sharing specified in the PFFS plan's terms

D. The Medicare approved rate only

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Answers

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

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Explanations

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1. What happens to Ms. Claggett's eligibility for Part D after missing her IEPs?

A. She loses eligibility completely

B. She can enroll during the next Open Enrollment Period

C. She can enroll without penalty at any time

D. She must wait until she is 70

When an individual misses their Initial Enrollment Period (IEP) for Medicare Part D, they do not lose their eligibility for the program entirely. Instead, they have the opportunity to enroll during subsequent enrollment periods. The correct choice indicates that Ms. Claggett can take advantage of the next Open Enrollment Period to enroll in Part D. This is crucial as it allows her to obtain necessary prescription drug coverage without facing penalties for late enrollment, as long as she enrolls during this designated time. Understanding the enrollment timelines is essential for Medicare beneficiaries to ensure they do not miss their chance to secure coverage that meets their needs. The Open Enrollment Period provides another opportunity to enroll or make necessary changes to a plan.

2. Which statement accurately describes Section 1557 of the Affordable Care Act (ACA)?

A. It mainly focuses on women's health issues

B. It incorporates civil rights protections related to various characteristics

C. It only pertains to race and disability

D. It is solely about age discrimination

Section 1557 of the Affordable Care Act (ACA) is significant because it establishes comprehensive civil rights protections in the context of healthcare. This section prohibits discrimination on the basis of race, color, national origin, sex, age, and disability in health programs and activities receiving federal financial assistance. The correct answer reflects this wide-ranging focus on various characteristics, indicating that the ACA aims to promote equity in healthcare access and treatment for all individuals, regardless of their background or personal characteristics. The inclusion of multiple categories underlines the ACA's commitment to safeguard against discrimination in healthcare settings, ensuring that all individuals can receive care without facing bias or unfair treatment based on these characteristics. The other options are limited in scope, either by focusing on a singular aspect (such as women's health, age, or specific categories like race and disability), which does not capture the full intent and application of Section 1557. The true essence of this section highlights a broader commitment to non-discrimination across multiple dimensions, making the correct answer an essential aspect of understanding the protections afforded by the ACA.

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3. What can beneficiaries expect from Medigap plans?

A. They offer additional benefits that Original Medicare does not cover

B. They are fully independent and do not coordinate with Medicare

C. They can be used to waive premiums for Part B entirely

D. They only cover non-Medicare services

Beneficiaries can expect Medigap plans to provide additional benefits that Original Medicare does not cover. Medigap, or Medicare Supplement Insurance, is designed specifically to fill the gaps in coverage that Medicare leaves, such as out-of-pocket costs for coinsurance, copayments, and deductibles. This means that for services covered by Medicare, Medigap plans can help minimize or eliminate the financial burden that beneficiaries may face. The key purpose of Medigap is to enhance the financial protection for beneficiaries, allowing them to have access to necessary healthcare services without incurring overwhelming costs. This characteristic is vital for many seniors who rely on Medicare as their primary health coverage. The other options do not accurately describe Medigap plans. For instance, they do coordinate with Medicare, so the idea that they are fully independent is misleading. Medigap plans can't be used to waive Part B premiums, as beneficiaries still must pay those premiums regardless of their Medigap coverage. Lastly, Medigap plans are intended to cover services covered by Medicare, rather than focusing solely on non-Medicare services.

4. What is considered an example of waste in relation to Medicare resources?

A. Underutilization of services

B. Misuse of resources leading to unnecessary costs

C. Providing only necessary services to patients

D. Accurate billing practices

An example of waste in relation to Medicare resources is the misuse of resources leading to unnecessary costs. This concept refers to situations where healthcare services are provided that are not needed or are excessive compared to patients' actual requirements. Waste arises from inefficiencies and systemic issues within healthcare delivery, which can result in monetary costs that do not contribute to patient health outcomes. For instance, if healthcare providers order unnecessary tests or procedures that do not benefit the patient, those actions illustrate wasteful spending of Medicare funds. Such misuse does not result in value-added care, even though the services may technically be rendered correctly. Other options reflect concepts that do not align with the definition of waste as it pertains to Medicare. Underutilization of services, for example, refers to not utilizing available resources efficiently or ensuring that patients do not receive necessary care rather than misusing resources. Providing only necessary services to patients and engaging in accurate billing practices are indicative of effective use of Medicare resources and compliance with regulations, rather than waste.

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5. Which of the following should be reported to a Compliance Department?

A. Routine billing errors

B. Suspicious fraud, waste, and abuse activities

C. Timely data submissions

D. Increased patient engagement

Suspicious fraud, waste, and abuse activities should always be reported to a Compliance Department because it is essential for maintaining the integrity of healthcare practices and ensuring compliance with federal and state laws. These activities can include improper billing, fraudulent claims, or any situation that may indicate misuse of resources or violations of ethical standards. Reporting such issues allows the Compliance Department to investigate and take appropriate actions to mitigate risks, protect the organization, and uphold quality care for patients. Addressing these concerns proactively helps prevent further issues related to compliance and enhances the accountability of all stakeholders involved in the healthcare system. The Compliance Department is specifically tasked with monitoring, preventing, and addressing potential violations, making the reporting of suspicious activities a critical component of their function.

6. What should Anita Magri be informed about the Medigap Part F plan?

A. It is available to anyone turning 65 after January 1, 2020

B. It covers the Medicare Part B deductible for everyone

C. It is no longer available to those who turn 65 after January 1, 2020

D. It cannot provide foreign travel emergency benefits

Anita Magri should be informed that the Medigap Plan F is no longer available to individuals who turn 65 after January 1, 2020. This change is due to legislation that limits the availability of Plan F for new enrollees starting from that date. As a result, people who became eligible for Medicare on or after January 1, 2020, cannot purchase Plan F, although those who were already enrolled in Plan F prior to this date can keep their coverage. Understanding this change is critical for individuals approaching Medicare eligibility, as they will need to consider other Medigap plans that may also cover certain expenses but do not offer the same benefits as Plan F. Therefore, it is important for Anita to be aware of this limitation when considering her options for secondary insurance to cover out-of-pocket costs associated with Medicare.

7. What does Medicare Part B primarily cover?

A. Hospital stays

B. Physician services

C. Prescription drugs

D. Long-term care

Medicare Part B primarily covers physician services, which include outpatient care, preventive services, and certain home health services. This part of Medicare is designed to cover medically necessary services and supplies needed for health maintenance, diagnosis, or treatment of a medical condition. It facilitates access to a range of healthcare providers, such as doctors and specialists, ensuring that beneficiaries receive the necessary medical attention outside of hospital settings. In contrast, other parts of Medicare or different forms of insurance cover the other options. For example, hospital stays are typically covered under Medicare Part A, while prescription drugs are covered under Part D. Long-term care, which generally includes assistance with activities of daily living over an extended period, is not covered by Medicare at all. Understanding the specific services each part of Medicare covers helps beneficiaries make informed decisions about their healthcare needs.

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8. What key factor is important when planning a marketing event for seniors?

A. The venue's capacity should be ignored

B. Entertainment has no regulations

C. The estimated attendance should be a factor in planning

D. Marketing to seniors doesn't require planning

Considering the dynamics of planning marketing events, especially for seniors, estimating attendance is crucial. Understanding the expected number of attendees helps in various aspects of event preparation, such as choosing an appropriate venue, budgeting for resources, and ensuring adequate staff is present to assist participants. It allows for adjustments in logistics, ensuring that the event runs smoothly and meets the needs of the attendees. Accurate estimation of attendance also helps tailor the event to fit the interests and preferences of seniors, which can enhance their overall experience. When planners know how many people to expect, they can provide the right amount of materials, food, and activities, creating a welcoming environment that encourages engagement. In contrast, neglecting venue capacity, assuming entertainment has no regulations, or thinking that marketing to seniors doesn't require planning could lead to a poorly organized event that fails to address seniors' specific needs and preferences. All of these factors align with the goal of ensuring a successful and enjoyable experience for senior attendees.

9. What action should you take upon discovering a minor inventory discrepancy in controlled substances?

A. Follow your pharmacy's procedures

B. Report to law enforcement immediately

C. Ignore the discrepancy as it is minor

D. Conduct a complete inventory recount

When you discover a minor inventory discrepancy in controlled substances, the best course of action is to follow your pharmacy's established procedures. Pharmacies have specific protocols in place to ensure compliance with laws and regulations governing controlled substances. These protocols are designed to address discrepancies properly, whether they are minor or significant, to maintain accurate records and prevent potential misuse or diversion of these substances. Following the pharmacy's procedures typically involves steps such as documenting the discrepancy, conducting a recount if necessary, and, if the discrepancy is not resolved through standard procedures, escalating the issue to a supervisor or designated compliance officer. This ensures that all actions taken are consistent with regulatory requirements and the pharmacy's internal policies. Other options may not be appropriate responses. Reporting to law enforcement immediately may not be necessary for a minor discrepancy when internal procedures exist that can effectively address the issue. Ignoring it could lead to larger problems down the line, and conducting a complete inventory recount may be excessive if the procedures are designed to handle minor discrepancies efficiently. Thus, adhering to the pharmacy's procedures is the correct and responsible response.

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10. What is the maximum amount Dr. Brennan can charge Mary for her treatment under the PFFS plan?

A. Any amount for services rendered

B. Up to 15% of the total charge for additional services

C. Only the cost sharing specified in the PFFS plan's terms

D. The Medicare approved rate only

Under a Private Fee-for-Service (PFFS) plan, providers like Dr. Brennan have specific guidelines regarding how much they can charge beneficiaries for services rendered. The correct answer is that the maximum amount Dr. Brennan can charge Mary is only the cost sharing specified in the PFFS plan's terms. This means that any copay, coinsurance, or deductible Mary is responsible for will be outlined in her PFFS plan documents, and the provider must adhere to these terms for billing. PFFS plans are designed to allow beneficiaries the freedom to see any provider that accepts the plan, but they also stipulate the financial structure that providers must follow in billing patients. Providers cannot charge more than the outlined cost sharing in the plan, ensuring that beneficiaries are not faced with excessive or unexpected fees beyond what they agreed to upon enrollment in the plan. This structure helps protect patients from fraudulent billing practices and ensures clarity in costs associated with their healthcare services.

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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://ahipfwa.examzify.com

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

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