

AHIP Fraud, Waste, and Abuse (FWA) Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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

- 1. When mailing event invitations to new Medicare beneficiaries, what is a consideration for RSVPs?**
 - A. RSVPs can be requested but not required**
 - B. RSVPs must include a phone number**
 - C. RSVPs should be mandatory for planning purposes**
 - D. Only email RSVPs are acceptable**
- 2. What should be done upon identifying a recurring pattern of unusual claims from a provider?**
 - A. Report to the appropriate compliance department**
 - B. Adjust reimbursement rates**
 - C. Ignore the pattern**
 - D. Refrain from further involvement**
- 3. What is a key characteristic of Medicaid coordination with Private Fee-for-Service (PFFS) plans?**
 - A. Medicaid will cover all services regardless of provider type.**
 - B. Medicaid will only coordinate benefits with participating providers.**
 - C. Medicaid provides full coverage without additional conditions.**
 - D. Medicaid does not interact with PFFS plans.**
- 4. What is the status of Mr. Liu's initial enrollment period for Medicare?**
 - A. It begins at the age of 65.**
 - B. It begins when he first applies for Medicare.**
 - C. It begins three months before he turns 65.**
 - D. It does not exist because he is new to Medicare.**
- 5. What are Mr. Rodriguez's options during the MA Open Enrollment Period?**
 - A. He can only switch to another MA plan.**
 - B. He can switch to a MA-PD plan.**
 - C. He must stay in his current plan.**
 - D. He can only disenroll from his current plan.**

- 6. Which of the following scenarios does not imply fraud?**
- A. A healthcare worker submitting a false claim**
 - B. Providing services without the proper documentation**
 - C. An honest billing error**
 - D. Intentionally misrepresenting information for profit**
- 7. 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**
- 8. What is one of the goals of correcting non-compliance?**
- A. Ensure enrollees are fully aware of all rules**
 - B. Promote the efficiency of the program**
 - C. Increase costs to the sponsors**
 - D. Limit access to necessary resources**
- 9. Which items and services are generally not covered by Medicare?**
- A. Emergency ambulance services**
 - B. Vision care including glasses**
 - C. Hearing aids**
 - D. Durable medical equipment**
- 10. What should Mrs. Park do to assist with her Medicare costs?**
- A. Request a discount on medications**
 - B. Contact her state Medicaid agency**
 - C. Enroll in Medicare Advantage**
 - D. Move to a different state**

Answers

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

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Explanations

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1. When mailing event invitations to new Medicare beneficiaries, what is a consideration for RSVPs?

- A. RSVPs can be requested but not required**
- B. RSVPs must include a phone number**
- C. RSVPs should be mandatory for planning purposes**
- D. Only email RSVPs are acceptable**

The choice to request but not require RSVPs when mailing event invitations to new Medicare beneficiaries aligns with best practices in managing communications. It maintains a balance between encouraging participation and being respectful of the beneficiaries' autonomy. By making RSVPs optional, organizations can foster an inviting atmosphere where beneficiaries feel comfortable deciding whether or not to attend without the pressure of a mandatory response. This approach is particularly important in the context of Medicare beneficiaries, who may face various barriers to communication, and requiring a response could deter participation or lead to anxiety about the event. In addition, when RSVPs are optional, it allows the organizers flexibility in adjusting event plans based on expected attendance, while not alienating those who may not respond or who may prefer not to share their personal information.

2. What should be done upon identifying a recurring pattern of unusual claims from a provider?

- A. Report to the appropriate compliance department**
- B. Adjust reimbursement rates**
- C. Ignore the pattern**
- D. Refrain from further involvement**

Upon identifying a recurring pattern of unusual claims from a provider, the appropriate action is to report to the compliance department. This step is crucial because unusual claims may be indicative of potential fraud, waste, or abuse. By bringing these patterns to the attention of the compliance department, you enable the organization to investigate further and, if necessary, take corrective actions to safeguard the integrity of the healthcare system. The compliance department is equipped to handle such reports, conducting thorough investigations and implementing necessary measures to address any issues found. Reporting ensures that the organization remains compliant with regulations and protects patients and the healthcare system from potential harm linked to fraudulent activities. This proactive approach can help mitigate risks and promote ethical practices within the healthcare industry.

3. What is a key characteristic of Medicaid coordination with Private Fee-for-Service (PFFS) plans?

- A. Medicaid will cover all services regardless of provider type.
- B. Medicaid will only coordinate benefits with participating providers.**
- C. Medicaid provides full coverage without additional conditions.
- D. Medicaid does not interact with PFFS plans.

A key characteristic of Medicaid coordination with Private Fee-for-Service (PFFS) plans is that Medicaid will only coordinate benefits with participating providers. In this context, coordination of benefits refers to the process by which Medicaid evaluates and manages payments alongside another insurance plan, like a PFFS plan, which allows beneficiaries a broader choice of providers. Participation is crucial here because PFFS plans have specific arrangements with certain providers; therefore, Medicaid typically aligns its coverage and benefits with those providers that work directly with the PFFS plan. If a beneficiary seeks services from non-participating providers, coordination may not occur in the same way, which can lead to limitations in coverage for those services under Medicaid. This focus on participating providers ensures that Medicaid facilitates a streamlined process for billing and reimbursement and helps to prevent confusion about coverage and associated costs for the beneficiaries. This detail differentiates the nature of Medicaid's relationship with PFFS plans, as it does not universally cover all services or providers, unlike other plans where broader coverage might be available. Thus, understanding the specific nature of coordination with participating providers is critical for navigating Medicaid benefits in conjunction with PFFS plans.

4. What is the status of Mr. Liu's initial enrollment period for Medicare?

- A. It begins at the age of 65.
- B. It begins when he first applies for Medicare.
- C. It begins three months before he turns 65.**
- D. It does not exist because he is new to Medicare.

The initial enrollment period for Medicare is critical for understanding when individuals can sign up for coverage. It typically starts three months before the individual turns 65, includes the month of their birthday, and extends three months after they turn 65. This period is designed to ensure that individuals have the opportunity to enroll in Medicare as they approach the age of eligibility, allowing for adequate planning for necessary health coverage. Therefore, stating that Mr. Liu's enrollment period begins three months before he turns 65 accurately reflects the standard Medicare enrollment process. This timing is important because it provides individuals ample opportunity to prepare for their transition into Medicare and to understand their options before they reach the age of eligibility.

5. What are Mr. Rodriguez's options during the MA Open Enrollment Period?

- A. He can only switch to another MA plan.**
- B. He can switch to a MA-PD plan.**
- C. He must stay in his current plan.**
- D. He can only disenroll from his current plan.**

During the Medicare Advantage (MA) Open Enrollment Period, individuals like Mr. Rodriguez have certain rights regarding their plan choices. One of those rights is the ability to switch to a Medicare Advantage plan that includes drug coverage, often referred to as a MA-PD plan (Medicare Advantage with Prescription Drug coverage). This is a significant option because it allows beneficiaries who may currently be in a plan that doesn't offer drug coverage or who wish to explore other plans that provide better benefits for their needs. The Open Enrollment Period is specifically designed to give beneficiaries the flexibility to change their coverage without facing penalties or other restrictions that may apply during other times of the year. In this context, switching to a MA-PD plan is a proactive choice that can enhance a beneficiary's overall healthcare and prescription drug coverage, making this option especially beneficial. By contrast, limiting the choices solely to switching to another MA plan or only disenrolling from a current plan does not encompass the full scope of options available during this enrollment period, highlighting the importance of understanding the specifics of MA offerings. Thus, Mr. Rodriguez's option to switch to a MA-PD plan is the most comprehensive choice available to him during the Open Enrollment Period.

6. Which of the following scenarios does not imply fraud?

- A. A healthcare worker submitting a false claim**
- B. Providing services without the proper documentation**
- C. An honest billing error**
- D. Intentionally misrepresenting information for profit**

The scenario that does not imply fraud is an honest billing error. Fraud involves intentional deceit and misrepresentation for the sake of financial gain or profit. An honest billing error, on the other hand, is simply a mistake made without any intent to deceive or take advantage of the system. Such errors could occur due to clerical mistakes, misunderstanding of billing codes, or other unintentional issues that do not demonstrate malicious intent. Fraudulent activities, such as submitting false claims, providing services without proper documentation, or intentionally misrepresenting information for profit, involve a deliberate deception aimed at securing unauthorized benefits or payments. In contrast, an honest billing error arises from carelessness or misunderstanding, thereby making it distinctly different from fraudulent actions. This distinction is crucial in assessing the nature of various scenarios related to fraud, waste, and abuse in healthcare settings.

7. 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.

8. What is one of the goals of correcting non-compliance?

- A. Ensure enrollees are fully aware of all rules**
- B. Promote the efficiency of the program**
- C. Increase costs to the sponsors**
- D. Limit access to necessary resources**

Promoting the efficiency of the program is a primary goal of correcting non-compliance. When non-compliance is identified and addressed, it allows organizations to streamline processes, reduce errors, and enhance the overall effectiveness of operations. This focus on efficiency is essential in ensuring that resources are allocated optimally, services are delivered effectively, and that the integrity of the program is maintained. By fostering an environment of compliance, organizations can achieve better outcomes for enrollees and stakeholders, making the program more sustainable and effective in the long run. The focus on efficiency helps to eliminate waste and fraud and ensures that the program can function smoothly without interruptions or unnecessary costs, ultimately benefiting all participants involved.

9. Which items and services are generally not covered by Medicare?

- A. Emergency ambulance services**
- B. Vision care including glasses**
- C. Hearing aids**
- D. Durable medical equipment**

Medicare generally does not cover routine vision care, which includes the cost of eyeglasses and contact lenses for most beneficiaries. While Medicare Part B provides coverage for certain vision-related services, such as eye exams for diagnosis and treatment of eye diseases (like glaucoma) and cataract surgery, it does not extend to the routine eye exams or the purchase of glasses and contacts. Therefore, glasses and vision care are typically out-of-pocket expenses for enrollees. In contrast, emergency ambulance services are covered under Medicare when medically necessary, as well as durable medical equipment, which includes items like wheelchairs and oxygen equipment when prescribed. Hearing aids, while essential for many, are not covered under traditional Medicare, but there may be some limited coverage under certain Medicare Advantage plans. However, the most consistent exclusion across Medicare's coverage policies is related to routine vision care and glasses.

10. What should Mrs. Park do to assist with her Medicare costs?

- A. Request a discount on medications**
- B. Contact her state Medicaid agency**
- C. Enroll in Medicare Advantage**
- D. Move to a different state**

To assist with Medicare costs, contacting her state Medicaid agency is a practical step for Mrs. Park. Medicaid can help cover additional medical expenses for those who qualify, often including assistance with premiums, deductibles, and out-of-pocket costs associated with Medicare. This coverage can significantly alleviate financial burdens for eligible individuals, particularly for low-income seniors or those with disabilities. In addition to potential financial assistance, state Medicaid programs may offer additional services that complement Medicare coverage. This means that for Mrs. Park, reaching out to her state Medicaid agency can provide vital support and information tailored to her specific circumstances. Other options, while they might seem helpful, do not provide the same level of comprehensive assistance. For example, requesting a discount on medications is often dependent on the pharmacy policies or manufacturer programs, which may not significantly impact overall Medicare costs. Enrolling in Medicare Advantage could offer additional benefits, but it might not be suitable for everyone and could require a deeper understanding of various plans. Lastly, moving to a different state may not have any effect on her Medicare-related costs and could actually complicate her healthcare situation instead of improving it. Thus, reaching out to the state Medicaid agency presents the most direct and beneficial course of action for managing her Medicare expenses.

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!