2026 WELLCARE ANNUAL CERTIFICATION TRAINING (ACT) MASTERY 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. **When dealing with the enrollment process for Medicare plans, which is essential to confirm?**
   - A. Compliance with the law
   - B. All insurance marketing materials
   - C. Beneficiary's understanding of the plan
   - D. Beneficiary's current providers are in-network

2. **How does Wellcare address chronic conditions in its training?**
   - A. By offering financial planning resources
   - B. By focusing on management strategies and resources available for chronic disease management
   - C. By emphasizing preventive care only
   - D. By providing generic literature on health issues

3. **What strategies does Wellcare employ to reduce healthcare disparities?**
   - A. Limiting services to high-demand areas only
   - B. Tailoring programs to address barriers faced by marginalized communities
   - C. Increasing promotional materials for health plans
   - D. Offering cash incentives for patient referrals

4. **Are beneficiaries allowed to cancel their enrollment if they change their mind before the plan start date?**
   - A. True
   - B. False
   - C. Only under special circumstances
   - D. Only if they provide a valid reason

5. **Which of the following is considered a low-income subsidy program?**
   - A. Extra Help
   - B. Medicaid
   - C. Medicare Advantage
   - D. Redetermination

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6. For 2026, Wellcare has how many new plans going to market?

A. 31

B. 41

C. 51

D. 61

7. What incident should be reported immediately to the sales contact?

A. Any changes in plan benefits

B. Data security incidents involving PHI

C. Customer feedback on the program

D. Success stories from beneficiaries

8. Low-Income Subsidy eliminates all Part D plan premiums.

A. True

B. False

C. Only for certain income levels

D. Only if they switch plans

9. Which of the following is a best practice for Dual Eligible Special Needs Plan (D-SNP) enrollments?

A. Assisting the beneficiary in selecting any doctor

B. Making beneficiaries aware of out-of-network providers

C. Only informing about in-network providers

D. Offering financial assistance with premiums

10. What does the False statement imply regarding the timing of the HRA?

A. It cannot be completed at any time

B. It can only be completed at the end of enrollment

C. It must be completed during the enrollment process

D. It is optional for beneficiaries

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Answers

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

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Explanations

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1. When dealing with the enrollment process for Medicare plans, which is essential to confirm?

A. Compliance with the law

B. All insurance marketing materials

C. Beneficiary's understanding of the plan

D. Beneficiary's current providers are in-network

Confirming the beneficiary's current providers are in-network is essential during the enrollment process for Medicare plans because it ensures that individuals can continue to receive care from their preferred healthcare providers. In-network providers typically have contractual agreements with the Medicare plan, which means beneficiaries will incur lower out-of-pocket costs when utilizing these providers. This is crucial for maintaining continuity of care and preventing unexpected healthcare expenses. Understanding the network status is especially important because it directly impacts the beneficiary's access to necessary services and treatment without incurring higher costs. It addresses the practical aspect of the beneficiary's healthcare experience and satisfaction with the new plan. Ensuring that existing providers are part of the Medicare plan's network can significantly influence a beneficiary's decision to enroll.

2. How does Wellcare address chronic conditions in its training?

A. By offering financial planning resources

B. By focusing on management strategies and resources available for chronic disease management

C. By emphasizing preventive care only

D. By providing generic literature on health issues

Wellcare addresses chronic conditions in its training by focusing on management strategies and resources available for chronic disease management. This emphasis is crucial because individuals with chronic conditions often require ongoing support to effectively manage their health. Training that covers specific management strategies equips professionals with the knowledge to guide members in handling their conditions, understanding medication adherence, lifestyle changes, and utilizing appropriate healthcare services. This targeted approach not only helps in improving patient outcomes but also enhances the overall quality of care that individuals with chronic diseases receive. The other choices do not align with the primary focus of Wellcare's training regarding chronic conditions. While financial planning resources might be beneficial for some members, they do not directly address the specific needs related to managing chronic diseases. Emphasizing preventive care only fails to adequately provide the necessary support for those already living with chronic conditions. Generic literature on health issues lacks the personalized and strategic approach needed for effective disease management, making it less effective than targeted training on management strategies and resources.

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3. What strategies does Wellcare employ to reduce healthcare disparities?

A. Limiting services to high-demand areas only

B. Tailoring programs to address barriers faced by marginalized communities

C. Increasing promotional materials for health plans

D. Offering cash incentives for patient referrals

Wellcare's strategy to reduce healthcare disparities focuses on tailoring programs to specifically address the barriers faced by marginalized communities. This approach recognizes that different groups may encounter unique obstacles to accessing healthcare, including socio-economic factors, cultural differences, and systemic issues. By customizing initiatives to meet the distinct needs of these populations, Wellcare aims to enhance access to necessary health services and improve health outcomes. This targeted strategy is crucial because it ensures that interventions are relevant and effective for those who need them the most. By addressing these disparities through education, outreach, and support, Wellcare empowers communities and fosters a healthcare environment that is more equitable. This method contrasts with a more generalized approach that may not adequately meet the diverse needs of various populations.

4. Are beneficiaries allowed to cancel their enrollment if they change their mind before the plan start date?

A. True

B. False

C. Only under special circumstances

D. Only if they provide a valid reason

Beneficiaries are indeed allowed to cancel their enrollment if they change their mind before the plan start date. This flexibility is an important aspect of member rights in healthcare plans, as it provides beneficiaries with the ability to reconsider their choices without penalty or consequence prior to the effective date of the coverage. The rationale behind this policy is to ensure that members feel secure in their decisions regarding their healthcare coverage, as well as to promote informed decision-making. If someone realizes that the chosen plan may not suit their needs, they have the option to cancel and potentially explore other available plans until the start date of the coverage, ensuring that they select the most appropriate option for their healthcare needs. This open cancellation policy encourages beneficiaries to engage with their options fully and confidently, even if they initially enrolled in a plan they later reconsider.

5. Which of the following is considered a low-income subsidy program?

A. Extra Help

B. Medicaid

C. Medicare Advantage

D. Redetermination

The choice of Extra Help as a low-income subsidy program is correct because it specifically provides financial assistance to eligible individuals who need help with the costs associated with prescription drugs under Medicare Part D. This program aims to reduce the expenses of copayments, premiums, and deductibles for those who have limited income and resources, allowing greater access to necessary medications. Extra Help is designed to support low-income individuals, making it easier for them to afford their prescriptions, which is a crucial aspect of managing their health. The program is administered through the Social Security Administration and is critical in helping seniors and people with disabilities who struggle with the out-of-pocket costs associated with their medications. In contrast, Medicaid is a federal and state program that assists low-income individuals with a broader range of healthcare costs beyond just prescription drugs. Medicare Advantage refers to Medicare plans that include additional benefits but are not classified as a subsidy program. Redetermination refers to the process of reassessing eligibility for benefits, not a subsidy itself.

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6. For 2026, Wellcare has how many new plans going to market?

A. 31

B. 41

C. 51

D. 61

The correct answer is 41, which reflects Wellcare's strategic expansion efforts for 2026. This indicates the company's growth and commitment to enhance its market presence by introducing a variety of new plans tailored to meet the diverse needs of its members. This expansion can involve several factors, such as addressing gaps in service, enhancing coverage options, and improving access to care. Each new plan may cater to different demographics or health needs, thereby allowing Wellcare to compete effectively in the marketplace and attract more beneficiaries. Keeping track of the number of new plans is crucial for stakeholders, including agents and brokers, as they educate potential members about available options. Understanding this information helps to align services with member needs, thereby enhancing member satisfaction and successful enrollment.

7. What incident should be reported immediately to the sales contact?

A. Any changes in plan benefits

B. Data security incidents involving PHI

C. Customer feedback on the program

D. Success stories from beneficiaries

The prompt highlights the need to report data security incidents involving Protected Health Information (PHI) immediately to the sales contact. This is critical because PHI is sensitive information protected by regulations such as the Health Insurance Portability and Accountability Act (HIPAA). Any breach or potential breach of this information can have serious legal repercussions and may affect the privacy and trust of the beneficiaries involved. Ensuring swift reporting allows for timely action to mitigate risks and uphold compliance with privacy regulations. Changes in plan benefits, customer feedback, and success stories are also important but do not carry the same urgency or legal implications as a data security incident involving PHI. While these matters should be communicated appropriately and can influence business operations and customer relations, they do not typically require immediate reporting to safeguard personal information, making the reporting of PHI incidents a higher priority.

8. Low-Income Subsidy eliminates all Part D plan premiums.

A. True

B. False

C. Only for certain income levels

D. Only if they switch plans

The statement regarding the Low-Income Subsidy (LIS) eliminating all Part D plan premiums is not entirely accurate, hence the answer being false. The Low-Income Subsidy is designed to help eligible individuals with the costs associated with Medicare Part D prescription drug plans. While it significantly reduces or eliminates premiums for those who qualify, it does not universally eliminate all premiums for every beneficiary participating in a Part D plan. Specifically, the amount of premium assistance offered under LIS depends on the beneficiary's income and resources levels. For certain individuals with very low incomes and resources, their premiums may be fully covered, while others with slightly higher incomes may see reduced premiums but not complete elimination. Therefore, the applicability of LIS can vary among different income levels, making a blanket statement about the elimination of all Part D premiums inaccurate. Understanding these nuances of the Low-Income Subsidy is crucial for beneficiaries looking to manage their prescription costs effectively.

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9. Which of the following is a best practice for Dual Eligible Special Needs Plan (D-SNP) enrollments?

A. Assisting the beneficiary in selecting any doctor

B. Making beneficiaries aware of out-of-network providers

C. Only informing about in-network providers

D. Offering financial assistance with premiums

Making beneficiaries aware of out-of-network providers is a best practice for D-SNP enrollments because it ensures that beneficiaries are fully informed about their healthcare options. Dual eligible individuals often have unique needs and may benefit from understanding the limitations and possibilities that come with their plan options. By being informed about out-of-network providers, beneficiaries can make more educated decisions regarding their healthcare, especially if they have established relationships with out-of-network providers or if their specific healthcare needs are better met by those providers. Additionally, awareness of out-of-network options allows beneficiaries to effectively navigate their plans and understand potential costs associated with seeking care outside of their plan's network. This empowers them to advocate for their health needs and encourages a more proactive approach to their healthcare management. While the other options may involve elements of patient care and support, they do not align as closely with the best practices of ensuring beneficiaries are well-informed about both in-network and out-of-network provider choices.

10. What does the False statement imply regarding the timing of the HRA?

A. It cannot be completed at any time

B. It can only be completed at the end of enrollment

C. It must be completed during the enrollment process

D. It is optional for beneficiaries

The statement being referenced implies that the Health Risk Assessment (HRA) can, in fact, be completed at any time and is not restricted to specific moments or stages of the enrollment process. This means that beneficiaries have the flexibility to complete the HRA whenever it is most convenient for them, rather than being limited to specific points in time, such as during or at the end of the enrollment period. This flexibility is important as it allows beneficiaries to provide essential health information at their own pace, contributing to a better understanding of their health needs. Additionally, the timing of the HRA can be utilized to enhance the effectiveness of the healthcare plan and ensure that appropriate resources and support are available to the beneficiaries whenever they choose to engage with the system. In contrast, the other choices reflect restrictions or conditions that do not align with the reality of the HRA process, highlighting the incorrect nature of those statements.

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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:

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

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