CONSUMER ASSISTANCE WORKER CREDENTIALING 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. **Which role primarily works with Medicaid enrollment and helps consumers access the consumer portal?**

   A. Navigator

   B. Application counselor

   C. Consolidated service center representatives

   D. Broker

2. **Qualified Health Plans generally become effective on what date?**

   A. 1st of the Month

   B. 15th of the Month

   C. 30th of the Month

   D. Last Day of the Month

3. **Which document is not a contract or policy but provides a uniform glossary and helps consumers compare plans?**

   A. Evidence of Coverage

   B. Plan Contract

   C. Summary of Benefits Coverage

   D. Member Guidelines

4. **What is the fixed amount a consumer pays for a doctor's visit or prescription at the time of service?**

   A. Copayment

   B. Premium

   C. Coinsurance

   D. Allowed amount

5. **Which of the following is a requirement for Non-Financial Eligibility for Maryland health coverage?**

   A. Be a resident of Maryland

   B. Have a valid Maryland driver's license

   C. Be employed in Maryland

   D. Pay Maryland taxes

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6. The outreach dress guideline states CAWs should dress casual.

A. True

B. False

C. Only on some events

D. Only men should dress casual

7. Plan Levels are described as differing based on what main factor?

A. Type of doctors in the network

B. Cost-sharing split between consumer and insurer

C. Monthly premium amount only

D. Geographic coverage area

8. A team of navigators located in every county in Maryland helping consumers determine if they qualify for lower costs for a health plan or for free health coverage through Medicaid is known as what?

A. Catastrophic

B. Consumer Assistance Organization

C. Certified Application Counselor

D. Consolidated Services Center

9. After meeting the deductible, paying a percentage of the cost of a service is called what?

A. Coinsurance

B. Copayment

C. Premium

D. Deductible

10. Which term describes an insurance plan level under which the carrier covers 60% of healthcare costs?

A. Benefits

B. Carrier

C. Bronze Coverage Level

D. BATPhone

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Answers

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

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Explanations

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1. Which role primarily works with Medicaid enrollment and helps consumers access the consumer portal?

A. Navigator

B. Application counselor

C. Consolidated service center representatives

D. Broker

The role that primarily handles Medicaid enrollment and helps consumers access the consumer portal focuses on guiding people through the Medicaid application process and using the online system to apply, upload needed documents, check status, and renew benefits. This counselor is specifically trained in Medicaid/CHIP rules and eligibility, often working in clinics, county social services, or state health programs, and their main task is to streamline enrollment and portal access for this program. Navigators assist with enrollment as well, but their scope generally covers multiple programs (including marketplace options) and broader plan options, not just Medicaid enrollment. Consolidated service center representatives handle general customer service and system questions, without the specialized, in-depth Medicaid application guidance. Brokers focus on private insurance products and enrollment, rather than Medicaid.

2. Qualified Health Plans generally become effective on what date?

A. 1st of the Month

B. 15th of the Month

C. 30th of the Month

D. Last Day of the Month

The timing of when Qualified Health Plans become effective is tied to monthly enrollment processing and premium billing. In many marketplace contexts, coverage is set to begin on the 15th of the month. This mid month date provides a consistent activation point across all months (since every month has a 15th) and gives time for enrollment data to be processed and premiums to start being billed. It avoids the variability of month lengths at the end of the month. Because of these reasons, the 15th of the month is the standard effective date in this context.

3. Which document is not a contract or policy but provides a uniform glossary and helps consumers compare plans?

A. Evidence of Coverage

B. Plan Contract

C. Summary of Benefits Coverage

D. Member Guidelines

The main idea here is that some plan documents are actual contracts, while others are consumer-facing tools to compare plans. The one that isn't a contract or policy but provides a standardized glossary and helps people compare plans is the Summary of Benefits and Coverage. It's designed to present key features of a plan in plain language and in a uniform format across different plans, so you can see things like cost-sharing, coverage limits, and what's covered at a glance. It also includes a uniform glossary of terms to avoid confusion when comparing plans. By contrast, an Evidence of Coverage and a Plan Contract are binding documents that spell out the rights, duties, benefits, exclusions, and formal terms of the policy or plan. They are the actual contract between the insurer and the consumer. Member Guidelines, while useful, are typically informational rules or expectations rather than the binding terms of coverage. So the Summary of Benefits and Coverage stands out because its purpose is to help consumers compare plans rather than to serve as the contract itself.

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4. What is the fixed amount a consumer pays for a doctor's visit or prescription at the time of service?

A. Copayment

B. Premium

C. Coinsurance

D. Allowed amount

A copayment is the fixed amount you pay at the time you receive a service or pick up a prescription. It's determined by your insurance plan and is paid regardless of the total cost of the visit or medication. Copays are common for doctor visits and prescriptions and can vary by the type of service or medication. This is different from a premium, which is the monthly fee to maintain your coverage; coinsurance, which is your percentage share of costs after deductibles; and the allowed amount, which is the maximum amount an insurer will consider eligible for payment for a service and can influence what you owe beyond the copay. For example, you might pay $25 for a primary care visit or $10 for a generic drug at the pharmacy, with the insurer covering the rest per the plan.

5. Which of the following is a requirement for Non-Financial Eligibility for Maryland health coverage?

A. Be a resident of Maryland

B. Have a valid Maryland driver's license

C. Be employed in Maryland

D. Pay Maryland taxes

Non-financial eligibility focuses on where you live rather than your money or job. For Maryland health coverage, proving you are a resident of Maryland is the essential non-financial criterion that determines whether you qualify to be considered for coverage within the state. Being a resident means you currently live in Maryland and intend to stay, which aligns with the program serving people who live in the state. The other options aren't required to establish non-financial eligibility. A valid Maryland driver's license isn't a must-have document—many people may not have one, and residency can be shown through other proofs like an address or utility bill. Employment status isn't needed either; you can be employed, unemployed, or out of work and still meet non-financial eligibility if you're a Maryland resident. Paying Maryland taxes is a financial factor, not a non-financial one, so it doesn't govern residency eligibility for the program.

6. The outreach dress guideline states CAWs should dress casual.

A. True

B. False

C. Only on some events

D. Only men should dress casual

Dressing for outreach emphasizes approachability plus professionalism. When CAWs dress casually, they present themselves as friendly and accessible while remaining neat, respectful, and safe for community settings. This balance helps people feel comfortable engaging and sharing information. That's why the statement is correct: the outreach guideline directs CAWs to dress casually, meaning comfortable, clean, and workplace-appropriate attire rather than formal or overly casual clothing. It isn't limited to certain events, and it isn't gender-specific, so the idea applies to all CAWs in all outreach situations. Examples of appropriate casual attire include a neat polo or button-down shirt with slacks or clean jeans, and closed-toe shoes, avoiding clothing that is ripped, overly flashy, or unsafe.

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7. Plan Levels are described as differing based on what main factor?

A. Type of doctors in the network

B. Cost-sharing split between consumer and insurer

C. Monthly premium amount only

D. Geographic coverage area

Plan levels are defined by how costs are shared between you and the insurer. This is captured by the plan's actuarial value—the portion of medical expenses the plan is expected to cover. A lower-level plan pays a smaller share of costs, so you bear more through deductibles, copays, and coinsurance; a higher-level plan pays a larger share, leading to higher premiums but lower out-of-pocket costs when you need care. After you meet the deductible, the split between what you pay and what the plan pays (coinsurance and copays) reflects the level. Geographic coverage area or the specific doctors in the network don't determine the level, and while higher levels often come with higher premiums, the defining factor is the cost-sharing arrangement between you and the insurer.

8. A team of navigators located in every county in Maryland helping consumers determine if they qualify for lower costs for a health plan or for free health coverage through Medicaid is known as what?

A. Catastrophic

B. Consumer Assistance Organization

C. Certified Application Counselor

D. Consolidated Services Center

Helping consumers understand health coverage options and determine eligibility for lower costs is what a Consumer Assistance Organization is all about. This term describes a network that provides guidance across communities, helping people figure out whether they qualify for premium subsidies or Medicaid and assisting with comparisons and enrollments. The scenario—a team of navigators located in every county in Maryland—fits this idea of a broad, on-the-ground organization that supports consumers in navigating the health coverage process. A Certified Application Counselor is an individual role within organizations, focused on helping with applications, but the description here emphasizes a county-wide team acting as an organization. A catastrophic plan refers to a type of health plan, not a support network. A Consolidated Services Center sounds like a generic service hub and isn't the standard term for the network of navigators described.

9. After meeting the deductible, paying a percentage of the cost of a service is called what?

A. Coinsurance

B. Copayment

C. Premium

D. Deductible

Coinsurance is the amount you pay as a percentage of the service cost after your deductible has been met. It means you continue to share the cost with the insurer rather than paying a fixed amount. For example, with 20% coinsurance on a $100 service, you would pay $20 and the insurer would cover $80, assuming you're within coverage and have not hit your out-of-pocket maximum. A copayment is a fixed fee paid at the time of service, regardless of total cost. A premium is the regular payment to keep coverage active. A deductible is the amount you must pay before cost-sharing begins.

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10. Which term describes an insurance plan level under which the carrier covers 60% of healthcare costs?

A. Benefits

B. Carrier

C. Bronze Coverage Level

D. BATPhone

Understanding plan metal levels helps explain how much a plan pays versus what you pay. The 60% figure refers to actuarial value—the portion of average medical costs a plan covers. Bronze plans are designed to cover about 60% of these costs, with you paying the rest through deductibles, copays, and coinsurance. That labeling, Bronze Coverage Level, is the term used to describe this level of cost-sharing. Other options don't fit because Benefits describes what the plan covers in general, not how much of the total costs it pays. Carrier is the insurance company itself, and BATPhone isn't a standard term in health coverage.

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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://consumerassistworkercred.examzify.com

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

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