

UHC Certification Fast Track Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

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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. 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!

Questions

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- 1. Which statement about in-network benefits is correct?**
 - A. They are always paid in full by the plan regardless of service.**
 - B. They require no documentation to be approved.**
 - C. They typically involve higher costs compared to out-of-network.**
 - D. They typically involve lower costs and contracted rates.**

- 2. What kind of financial assistance does a consumer get if they qualify for Low Income Subsidy (LIS)?**
 - A. Lower or no monthly plan premiums and lower or no copayments.**
 - B. Higher premiums and higher copays.**
 - C. No change to costs.**
 - D. Only applies to hospital visits.**

- 3. Which event advertisement or invitation must include the disclaimer: 'For accommodation of persons with special needs at meetings, call'?**
 - A. All educational events.**
 - B. All marketing events.**
 - C. Only educational events.**
 - D. All educational and marketing/sales.**

- 4. What is the primary purpose of Dual Eligible Special Needs Plans (D-SNP)?**
 - A. To provide hospital coverage only**
 - B. To coordinate Medicare and Medicaid for dual-eligible individuals**
 - C. To replace Medicaid**
 - D. To offer dental coverage only**

- 5. If a Power of Attorney (POA) signs the Enrollment application, what must the plan be able to provide upon request?**
 - A. A medical certificate**
 - B. A photo ID of the POA**
 - C. A letter from their attorney**
 - D. Documentation indicating authority under applicable state law to enroll the consumer**

- 6. Do consumers have to be an AARP member to enroll in an AARP-branded plan with UnitedHealthcare?**
- A. Yes, always.**
 - B. No, never.**
 - C. Yes, if enrolling in a Medicare Supplement insurance plan.**
 - D. Only for prescription drug plans.**
- 7. What is a formulary, and how does it affect prescription benefits?**
- A. A schedule of all physician salaries.**
 - B. A list of preferred hospitals by city.**
 - C. A catalog of medical devices with tax implications.**
 - D. A list of covered medications with tiered copays/coinsurance and potential prior authorization requirements.**
- 8. How do quality measures and value-based programs influence provider payments?**
- A. Quality metrics do not affect payments.**
 - B. Payment adjustments or bonuses can be tied to performance metrics and patient outcomes.**
 - C. Payments determined solely by volume.**
 - D. Only patient satisfaction scores influence payments.**
- 9. Which statement is true about Extra Help for LIS qualifiers?**
- A. LIS qualifiers receive lower premiums and copays through Extra Help**
 - B. LIS qualifiers pay full price**
 - C. Extra Help eliminates all drug costs**
 - D. Extra Help applies only to Part B**
- 10. Which statement about Medicaid is true?**
- A. It offers identical benefits in all states.**
 - B. Benefits vary by state.**
 - C. It never pays for prescription drugs.**
 - D. It covers only hospital services.**

Answers

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

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Explanations

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1. Which statement about in-network benefits is correct?
- A. They are always paid in full by the plan regardless of service.
 - B. They require no documentation to be approved.
 - C. They typically involve higher costs compared to out-of-network.**
 - D. They typically involve lower costs and contracted rates.

In-network benefits are based on negotiated, contracted rates between the insurer and the providers in the network. Because those providers agree to set rates with the plan, the member typically pays less out-of-pocket when using in-network services, and the plan often covers a larger share of the allowed amount. It isn't that everything is paid in full—there can still be deductibles, copays, and coinsurance, and some services may require prior authorization or documentation. The key idea is that the negotiated rates and network access usually lead to lower costs for the member compared with out-of-network care.

2. What kind of financial assistance does a consumer get if they qualify for Low Income Subsidy (LIS)?
- A. Lower or no monthly plan premiums and lower or no copayments.**
 - B. Higher premiums and higher copays.
 - C. No change to costs.
 - D. Only applies to hospital visits.

Low Income Subsidy helps with the costs of Medicare Part D prescription drug coverage for people with limited income and resources. If you qualify, you pay much less for your Part D plan—often a reduced monthly premium or none at all—and your out-of-pocket costs for prescription drugs are lowered, sometimes to zero copays. The subsidy doesn't change costs for hospital services, which are covered separately by other parts of Medicare. So the benefit described—reduced or eliminated monthly premiums and reduced copayments for drugs—best represents what LIS provides.

3. Which event advertisement or invitation must include the disclaimer: 'For accommodation of persons with special needs at meetings, call'?
- A. All educational events.
 - B. All marketing events.
 - C. Only educational events.
 - D. All educational and marketing/sales.**

Providing advance notice of accommodations in event ads helps ensure everyone can participate. The line "For accommodation of persons with special needs at meetings, call" gives organizers a chance to arrange supports such as sign language interpreters, materials in alternative formats, or accessible seating before the event. Because both educational events and marketing/sales events are typical public-facing gatherings that organizations advertise, the disclaimer should appear in notices for both. If it only appears on educational events, attendees planning to attend marketing or sales events who need accommodations might be left out. That's why the best answer is that the disclaimer must be included in all educational and marketing/sales event advertisements.

4. What is the primary purpose of Dual Eligible Special Needs Plans (D-SNP)?

- A. To provide hospital coverage only
- B. To coordinate Medicare and Medicaid for dual-eligible individuals**
- C. To replace Medicaid
- D. To offer dental coverage only

D-SNPs are Medicare Advantage plans created for people who are eligible for both Medicare and Medicaid. The main purpose is to coordinate benefits from the two programs so a single plan can manage medical services, prescription coverage, and Medicaid benefits in a unified way. This coordination helps simplify enrollment, ensure consistent access to care, and improve care management by aligning services, networks, and costs across both programs. It's not about providing hospital coverage alone, replacing Medicaid, or offering dental coverage exclusively—the core goal is integrated, coordinated benefits for those who qualify for both programs.

5. If a Power of Attorney (POA) signs the Enrollment application, what must the plan be able to provide upon request?

- A. A medical certificate
- B. A photo ID of the POA
- C. A letter from their attorney
- D. Documentation indicating authority under applicable state law to enroll the consumer**

When a Power of Attorney signs the Enrollment application, the plan must be able to show that the POA has the legal authority to enroll the consumer under applicable state law. This verification protects the consumer and ensures the enrollment is valid and authorized. The required documentation is evidence of that authority—typically documentation that the POA is empowered by a legally valid instrument and is in effect under state law at the time of enrollment. Having this proof upon request confirms the agent's right to act in this enrollment and helps prevent improper changes. Other options don't address the authority to enroll: a medical certificate isn't relevant to POA authority, a photo ID does not prove the POA's legal power, and a letter from an attorney isn't the standard documentation needed to establish state-law authority. The critical point is providing documentation that demonstrates the POA's authority to enroll the consumer.

6. Do consumers have to be an AARP member to enroll in an AARP-branded plan with UnitedHealthcare?

A. Yes, always.

B. No, never.

C. Yes, if enrolling in a Medicare Supplement insurance plan.

D. Only for prescription drug plans.

The key idea is that eligibility for an AARP-branded plan with UnitedHealthcare depends on the specific product. AARP-branding is a licensed feature, and the enrollment rules vary by plan type. For Medicare Supplement plans branded with AARP, being an AARP member is required to enroll. This means membership matters for that particular product. For other AARP-branded offerings, such as Medicare Advantage or prescription drug plans, membership isn't required and you enroll based on the plan's standard eligibility. So, membership is required specifically for the Medicare Supplement option, not for every AARP-branded plan. Always verify current rules for your area and the exact plan you're considering.

7. What is a formulary, and how does it affect prescription benefits?

A. A schedule of all physician salaries.

B. A list of preferred hospitals by city.

C. A catalog of medical devices with tax implications.

D. A list of covered medications with tiered copays/coinsurance and potential prior authorization requirements.

A formulary is the plan's approved list of prescription medications that are covered under the prescription benefit. It shapes what drugs are available to you through your plan and how much you pay for them. Drugs are organized into tiers, and each tier comes with a different patient cost share—lower tiers usually mean lower copays or coinsurance, while higher tiers cost more. This tiered system encourages choosing cost-effective and clinically appropriate options. Formularies often include rules like prior authorization or step therapy, which require documentation of medical necessity or trying a preferred, lower-cost alternative first before the plan covers a more expensive option. All of this affects both access to medications and out-of-pocket costs. So, a formulary is best described as a list of covered medications with tiered copays/coinsurance and potential prior authorization requirements. Items about salaries, hospital lists, or medical devices with tax implications don't describe prescription coverage.

8. How do quality measures and value-based programs influence provider payments?

A. Quality metrics do not affect payments.

B. Payment adjustments or bonuses can be tied to performance metrics and patient outcomes.

C. Payments determined solely by volume.

D. Only patient satisfaction scores influence payments.

Quality-based payment models tie provider compensation to how well care is delivered, focusing on value rather than volume. In this approach, payments are adjusted or bonuses awarded based on performance metrics and patient outcomes. When clinicians and organizations meet or exceed quality targets and demonstrate better outcomes, they can receive higher reimbursements or incentive payments. Conversely, underperformance can lead to reduced payments or withholds. While patient experience and satisfaction can be part of the measurement set, they are usually one component of a broader quality and outcomes framework, not the sole determinant. This shift aligns incentives with delivering higher-quality, safer, and more efficient care.

9. Which statement is true about Extra Help for LIS qualifiers?

A. LIS qualifiers receive lower premiums and copays through Extra Help

B. LIS qualifiers pay full price

C. Extra Help eliminates all drug costs

D. Extra Help applies only to Part B

Extra Help is a Medicare program that assists people who qualify as Low-Income Subsidy (LIS) with their Part D prescription drug costs. The main effect is to lower the costs that LIS qualifiers pay, specifically reducing their monthly premiums and their drug copayments. That's why the statement that LIS qualifiers receive lower premiums and copays through Extra Help is the best description. It doesn't mean they pay full price, and it doesn't eliminate all drug costs in every case, nor does it apply to Part B—Extra Help targets Part D costs.

10. Which statement about Medicaid is true?

A. It offers identical benefits in all states.

B. Benefits vary by state.

C. It never pays for prescription drugs.

D. It covers only hospital services.

Medicaid benefits vary by state because while the federal government sets minimum requirements, each state administers its own plan and decides which optional services to cover within those broad guidelines. That leads to differences in what's covered, how much is paid, and which providers are in-network from one state to another. So the statement that benefits vary by state is true. The idea that it pays for identical benefits everywhere isn't accurate, and Medicaid does cover prescription drugs (though formularies and cost-sharing can differ by state), and it covers far more than hospital services, including physician visits, labs, preventive care, and long-term care in many cases.

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://uhccertfasttrack.examzify.com>

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

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