

WELLCARE ACT MASTERY – TELEAGENT PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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THE FULL VERSION STUDY GUIDE

<https://wellcareactmasteryteleagent.examzify.com>



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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. What should agents use to identify their compliance with noncompliance allegations?**
 - A. Documentation of sales
 - B. Complaint Tracking Module
 - C. Customer feedback reports
 - D. Internal audit findings
- 2. By how many calendar days must a grievance request be filed from the event date or when the member is aware of the issue?**
 - A. 30 days
 - B. 45 days
 - C. 60 days
 - D. 90 days
- 3. Before starting the enrollment process, which type of information must agents cover with beneficiaries?**
 - A. Only general plan details
 - B. Beneficiary specific information
 - C. Agent's personal sales history
 - D. State health mandates
- 4. What does it indicate when a TeleAgent is certified in the Wellcare ACT Mastery program?**
 - A. They have passed a basic insurance exam
 - B. They have completed the required training and demonstrated competency in Wellcare products and procedures
 - C. They have been employed by Wellcare for a year
 - D. They are allowed to sell any insurance plan
- 5. What indicates the necessity of all items in self-reporting compliance issues?**
 - A. Only major violations need to be reported
 - B. All of these must be reported
 - C. Minor issues should be overlooked
 - D. Changes in regulations are unnecessary

- 6. Define "open enrollment period" in the context of Medicare.**
- A. A fixed time for device upgrades
 - B. An opportunity for eligible individuals to enroll in or make changes to their Medicare plans
 - C. A social event for Medicare beneficiaries
 - D. A time for telemarketing campaigns
- 7. What happens to members who have Low-Income Subsidy (LIS) and enroll in a plan other than Wellcare's Classic plan?**
- A. They will not pay a premium
 - B. They will pay a premium regardless of LIS status
 - C. They are exempt from all fees
 - D. They will receive additional subsidies
- 8. What type of cost-sharing do all Prescription Drug Plans (PDPs) offer for Tier 1 preferred generic medications?**
- A. Zero dollar copay through Express Scripts Pharmacy
 - B. Discounted prices through mail-order services
 - C. Higher copays for initial prescriptions
 - D. Increased rates for specialty medications
- 9. Which of the following is NOT considered a method of safeguarding and securing PHI and PII?**
- A. Shredding documents
 - B. Leaving laptops in an unattended vehicle
 - C. Using secure emails
 - D. Not including PHI in email subjects
- 10. To whom should compliance issues be reported?**
- A. Corporate Compliance or Health Plan Sales Leader
 - B. Local regulatory agencies only
 - C. Direct supervisors exclusively
 - D. State insurance board representatives

Answers

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

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Explanations

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1. What should agents use to identify their compliance with noncompliance allegations?

- A. Documentation of sales
- B. Complaint Tracking Module**
- C. Customer feedback reports
- D. Internal audit findings

Agents should use the Complaint Tracking Module to identify their compliance with noncompliance allegations because this module is specifically designed to log, track, and analyze complaints from members. It provides a systematic method for agents to monitor issues reported by customers, which is essential for maintaining compliance with regulatory requirements and internal policies. Accessing detailed records of complaints allows agents to assess any patterns or recurring issues, which is critical in demonstrating adherence to compliance standards and addressing potential noncompliant behavior. The Complaint Tracking Module offers insights and evidence necessary for agents to evaluate their practices and make required adjustments. By fully utilizing this tool, agents can effectively mitigate risks that could lead to allegations of noncompliance and enhance the overall quality of service provided to customers.

2. By how many calendar days must a grievance request be filed from the event date or when the member is aware of the issue?

- A. 30 days
- B. 45 days
- C. 60 days**
- D. 90 days

A grievance request must be filed within 60 calendar days from the date of the event or when the member becomes aware of the issue. This timeframe is established to ensure that grievances are addressed in a timely manner, allowing members to voice their concerns and seek resolution. The 60-day period allows enough time for members to organize their thoughts and gather any necessary documentation about their grievances, while also promoting prompt action by the organization in handling complaints. Members need to be aware of this timeline to ensure that their grievances are considered, as any requests submitted after this deadline may not be accepted, potentially leaving issues unresolved.

3. Before starting the enrollment process, which type of information must agents cover with beneficiaries?

- A. Only general plan details
- B. Beneficiary specific information**
- C. Agent's personal sales history
- D. State health mandates

Beneficiary specific information is essential for agents to discuss with beneficiaries before initiating the enrollment process. This approach ensures that the agent fully understands the individual needs, preferences, and circumstances of the beneficiary. By focusing on the specific information relevant to each beneficiary, agents can provide tailored guidance and support that aligns with the beneficiary's health status, financial situation, and any unique factors that may influence their choice of plan. When agents gather this personalized information, they can recommend the most suitable plan options, assess eligibility for assistance programs, and clarify any coverage questions or concerns the beneficiary may have. This individualized approach helps build trust and ensures that beneficiaries feel knowledgeable and empowered in their decision-making process. In contrast, general plan details may not adequately address the specific needs or circumstances of the beneficiary, while sharing an agent's personal sales history is not relevant or appropriate in this context. State health mandates could be important to understand, but they do not take precedence over the beneficiary's specific situation when beginning the enrollment conversation.

4. What does it indicate when a TeleAgent is certified in the Wellcare ACT Mastery program?

- A. They have passed a basic insurance exam
- B. They have completed the required training and demonstrated competency in Wellcare products and procedures**
- C. They have been employed by Wellcare for a year
- D. They are allowed to sell any insurance plan

Being certified in the Wellcare ACT Mastery program signifies that a TeleAgent has completed the necessary training and demonstrated a comprehensive understanding of Wellcare's products and procedures. This certification process ensures that TeleAgents are knowledgeable about the specific offerings and can effectively assist clients with their insurance needs. The training typically covers the policies, benefits, and enrollment procedures of Wellcare products, equipping agents with the skills to handle inquiries and provide appropriate guidance to potential customers. The certification validates that the TeleAgent has met the standards set by the program, indicating a level of proficiency that is essential for ensuring that clients receive accurate information and support. This process enhances the overall customer experience and upholds the integrity of the services that Wellcare provides. Other options do not capture the essence of what the certification entails. Passing a basic insurance exam reflects general knowledge but does not specifically relate to Wellcare's offerings. Employment duration does not necessarily correlate with competency or product knowledge. Lastly, being certified does not grant the authority to sell any insurance plan, as this is typically restricted to specific products offered by the company.

5. What indicates the necessity of all items in self-reporting compliance issues?

- A. Only major violations need to be reported
- B. All of these must be reported**
- C. Minor issues should be overlooked
- D. Changes in regulations are unnecessary

The need to report all items in self-reporting compliance issues is rooted in a comprehensive approach to compliance and risk management. Reporting all items ensures that an organization maintains transparency and can effectively monitor and address potential issues before they escalate into more significant problems. This completeness in reporting helps with compliance audits, enhances the organization's credibility, and demonstrates a commitment to ethical practices. Additionally, addressing all self-reported issues fosters a culture of accountability and continuous improvement within the organization. By not overlooking any minor issues, a company can identify trends and patterns that could lead to larger violations and take proactive steps to mitigate them. Therefore, the commitment to report all compliance issues reflects a robust legal and ethical framework that supports sustainable business practices.

6. Define "open enrollment period" in the context of Medicare.

- A. A fixed time for device upgrades
- B. An opportunity for eligible individuals to enroll in or make changes to their Medicare plans**
- C. A social event for Medicare beneficiaries
- D. A time for telemarketing campaigns

The "open enrollment period" refers specifically to a designated timeframe during which eligible individuals can enroll in, switch, or make changes to their Medicare plans. This period is crucial because it provides beneficiaries the opportunity to assess their current health needs and choose a plan that best fits those needs without facing penalties or restrictions that may apply outside of this period. During the open enrollment period, individuals can sign up for Medicare for the first time, switch from Original Medicare to a Medicare Advantage plan, or change from one Medicare Advantage plan to another. This process is vital for ensuring that beneficiaries have access to the coverage they need based on changes in their healthcare requirements, availability of new plans, or shifts in personal circumstances. The other options do not relate to the concept of an open enrollment period in Medicare. The first option about device upgrades does not pertain to Medicare at all, while a social event for beneficiaries does not capture the regulatory and enrollment-focused nature of this defined period. Lastly, a time for telemarketing campaigns is unrelated, as open enrollment is not about marketing but about providing beneficiaries with important enrollment opportunities.

7. What happens to members who have Low-Income Subsidy (LIS) and enroll in a plan other than Wellcare's Classic plan?

- A. They will not pay a premium
- B. They will pay a premium regardless of LIS status**
- C. They are exempt from all fees
- D. They will receive additional subsidies

When members who qualify for Low-Income Subsidy (LIS) enroll in a plan that is not Wellcare's Classic plan, they will generally be required to pay a premium, despite their LIS status. The LIS is designed to assist with costs associated with certain Medicare prescription drug plans, but it does not completely eliminate premiums for all plans. While LIS does help lower out-of-pocket costs, including premiums in some instances, it is crucial to understand that there are varying premium structures across different plans. The LIS provides a sliding scale of assistance that primarily affects cost-sharing for drugs and the premiums may still apply depending on the specific plan selected. Thus, for members who choose not to enroll in the Classic plan, they will likely find themselves facing the standard premium requirements of their chosen plan, leading to the conclusion that they will pay a premium regardless of their LIS status.

8. What type of cost-sharing do all Prescription Drug Plans (PDPs) offer for Tier 1 preferred generic medications?

- A. Zero dollar copay through Express Scripts Pharmacy**
- B. Discounted prices through mail-order services
- C. Higher copays for initial prescriptions
- D. Increased rates for specialty medications

All Prescription Drug Plans (PDPs) offer a zero dollar copay for Tier 1 preferred generic medications to encourage the use of lower-cost alternatives. This approach aims to enhance medication adherence among members by minimizing their out-of-pocket expenses for essential medications. When members have access to Tier 1 medications without any copay, it significantly reduces the financial barriers to obtaining necessary prescriptions, ultimately promoting health outcomes. Within the context of pharmacy benefits, Tier 1 medications typically represent the most cost-effective choices, which is why they come with this zero copay feature across virtually all PDPs. This strategy aligns with broader healthcare goals to manage costs while ensuring that individuals can access the medications they need without hesitation or burden. The other options, while they may relate to various aspects of managing prescription costs or access, do not accurately describe the uniform benefit structure for Tier 1 generics offered by PDPs.

9. Which of the following is NOT considered a method of safeguarding and securing PHI and PII?

- A. Shredding documents
- B. Leaving laptops in an unattended vehicle**
- C. Using secure emails
- D. Not including PHI in email subjects

Leaving laptops in an unattended vehicle is a practice that poses significant risks to the security of Protected Health Information (PHI) and Personally Identifiable Information (PII). When laptops are left unattended, they become vulnerable to theft, which could expose sensitive information to unauthorized individuals. In contrast, shredding documents is a recognized secure method of disposing of paper records containing PHI and PII, ensuring that the information cannot be reconstructed or accessed after disposal. Using secure emails is also critical, as it protects the contents of the emails from being intercepted during transmission. Additionally, not including PHI in email subjects helps mitigate the risk of exposing sensitive information in the email preview, which can be visible to unauthorized individuals. The juxtaposition of these practices highlights the importance of consistently adhering to security measures to protect sensitive information, underscoring that leaving equipment unattended undermines those efforts.

10. To whom should compliance issues be reported?

- A. Corporate Compliance or Health Plan Sales Leader**
- B. Local regulatory agencies only
- C. Direct supervisors exclusively
- D. State insurance board representatives

Compliance issues should be reported to Corporate Compliance or the Health Plan Sales Leader because these individuals or entities are specifically designated to handle compliance matters within the organization. They possess the necessary authority and resources to investigate, resolve, and document compliance concerns effectively. This reporting structure ensures that compliance issues are addressed by those who have a comprehensive understanding of regulatory requirements and organizational policies. The Corporate Compliance department is typically responsible for ensuring that the organization adheres to legal and regulatory standards, thereby safeguarding the integrity and reputation of the company. Involving a Health Plan Sales Leader can also ensure that any compliance issues related to sales practices are addressed promptly and systematically. This process not only fosters accountability but also enhances the overall culture of compliance within the organization. In contrast, reporting solely to local regulatory agencies, direct supervisors, or state insurance board representatives may not provide the same level of thoroughness or protection. Local regulatory agencies and state boards usually deal with broader regulatory enforcement and may not have the specific insights into internal compliance processes. Direct supervisors may lack the specialized knowledge required to handle complex compliance issues effectively, which could lead to insufficient resolution of the problems at hand. Thus, channeling compliance concerns through the appropriate compliance structure is critical for effective management and resolution.

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://wellcareactmasteryteleagent.examzify.com>

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

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