

Wellcare / Centene Annual Certification Training (ACT) Practice Test (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 pharmacies are included in the Wellcare preferred pharmacy network in 2023?**
 - A. Only Walgreens and CVS**
 - B. Radioshack and Rite Aid**
 - C. Walgreens, CVS, and many grocery chains**
 - D. Costco and Sam's Club**
- 2. Can an agent who has never received verbal warnings be issued a Corrective Action Plan?**
 - A. True**
 - B. False**
 - C. Only after a written warning**
 - D. Depends on the situation**
- 3. How many new counties did Wellcare add to its footprint in 2022?**
 - A. 122**
 - B. 284**
 - C. 327**
 - D. 150**
- 4. Which statement is true regarding the communication of PHI?**
 - A. PHI can only be communicated verbally**
 - B. PHI must never be documented**
 - C. PHI can be communicated in multiple formats**
 - D. PHI communication is only for internal use**
- 5. What does a 6-tier formulary structure imply for prescription coverage?**
 - A. Higher medication costs**
 - B. Diverse options for tier classification**
 - C. Limited access to essential medications**
 - D. Less flexibility in medication selection**

6. What is the focus of Wellcare's quality strategy?

- A. Financial growth**
- B. Market expansion**
- C. Star Ratings and performance**
- D. Product diversity**

7. Which health plans will be included in the Wellcare Medicare brand for 2022?

- A. Value and Essential plans**
- B. Coverage Gap plans**
- C. Premium Plus plans**
- D. Extra Care plans**

8. What stage of drug coverage is referred to as the "donut hole"?

- A. Stage 1**
- B. Stage 2**
- C. Stage 3**
- D. Stage 4**

9. What is the minimum time period for submitting a grievance after becoming aware of an issue?

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

10. Which statement about telephonic enrollments is FALSE?

- A. They can be completed without all necessary information**
- B. They require personal identification information**
- C. They can expedite the enrollment process**
- D. They are limited to certain types of plans**

Answers

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

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Explanations

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1. Which pharmacies are included in the Wellcare preferred pharmacy network in 2023?

- A. Only Walgreens and CVS**
- B. Radioshack and Rite Aid**
- C. Walgreens, CVS, and many grocery chains**
- D. Costco and Sam's Club**

The preferred pharmacy network for Wellcare in 2023 includes pharmacies that provide members with lower out-of-pocket costs and better access to medications. Walgreens, CVS, and many grocery chains are part of this network, which is designed to expand access to convenient locations for members while ensuring they receive quality care. Having a broad network that includes major pharmacy chains like Walgreens and CVS, along with various grocery store pharmacies, allows members to choose from numerous convenient locations to fill their prescriptions. This network structure contributes to better member satisfaction as individuals can find pharmacies close to their homes or workplaces, making it easier to maintain their medication regimens. Including only specific smaller chains or discount clubs, such as Radioshack, Costco, or Sam's Club, would not meet the expansive access goals of Wellcare's network. The inclusion of larger, widely available pharmacies ensures that a wider segment of the population can utilize their pharmacy benefits effectively. Hence, the correct choice reflects the goal of maximizing accessibility and affordability for members.

2. Can an agent who has never received verbal warnings be issued a Corrective Action Plan?

- A. True**
- B. False**
- C. Only after a written warning**
- D. Depends on the situation**

The assertion that an agent who has never received verbal warnings cannot be issued a Corrective Action Plan is correct because organizations often have policies that allow for the implementation of such plans based on the severity of the situation or the nature of the conduct, rather than previous warnings. A Corrective Action Plan may be necessary to address specific performance issues or behaviors directly, even if prior warnings were not issued. It is a formal method to rectify concerns and guide the agent towards improvement, regardless of any previous informal warnings given. This underscores the idea that corrective measures can be enacted at any time if deemed necessary by the management or human resources, reflecting the organization's commitment to maintaining standards and performance. In this context, other options like the notion that a corrective action plan can only be issued after a written warning, or that the decision hinges solely on specific situations, do not encompass the broader policies that organizations typically have regarding performance improvement strategies.

3. How many new counties did Wellcare add to its footprint in 2022?

- A. 122
- B. 284
- C. 327
- D. 150

In 2022, Wellcare expanded its reach by adding a significant number of new counties to its service footprint. The correct figure is 327 new counties. This expansion reflects Wellcare's commitment to increasing access to healthcare services, particularly Medicare and Medicaid, thereby enhancing service availability for members in previously unserved or underserved areas. Such growth is essential for aligning with the organization's mission to provide comprehensive health solutions and to meet the healthcare needs of diverse populations across the country. The other figures do not accurately represent the expansion efforts for that year and could stem from misinterpretations or outdated information regarding Wellcare's operational changes. The substantial increase from 2021 to 2022 indicates a response to rising demands for healthcare services in a rapidly changing landscape.

4. Which statement is true regarding the communication of PHI?

- A. PHI can only be communicated verbally
- B. PHI must never be documented
- C. PHI can be communicated in multiple formats
- D. PHI communication is only for internal use

The statement that PHI (Protected Health Information) can be communicated in multiple formats is accurate because it acknowledges the different ways that health information can be shared while still adhering to necessary privacy and security regulations. PHI can be communicated verbally, in writing, electronically, and through other means, provided that the communication adheres to the standards set forth by HIPAA (Health Insurance Portability and Accountability Act) and other relevant laws. This flexibility allows healthcare providers and organizations to effectively relay important health information in diverse situations, whether in a clinical environment, during consultations, or through electronic health records. However, regardless of the format, the confidentiality and security of PHI must always be maintained to protect patient privacy. The other options suggest restrictive or incorrect practices that do not align with current healthcare communication standards and regulations. For example, stating that PHI must never be documented contradicts the requirement for proper record-keeping in healthcare settings. Similarly, limiting the communication of PHI to internal use only does not reflect the realities of patient care, where information may need to be shared with external parties, such as specialists or other providers, when appropriate. Lastly, claiming that PHI can only be communicated verbally overlooks the various effective methods available for safeguarding and sharing this sensitive

5. What does a 6-tier formulary structure imply for prescription coverage?

- A. Higher medication costs**
- B. Diverse options for tier classification**
- C. Limited access to essential medications**
- D. Less flexibility in medication selection**

A 6-tier formulary structure indicates that there is a diverse classification system for prescription medications, allowing for a variety of drugs to be categorized based on their cost and clinical effectiveness. This tier system typically groups medications into different levels, with each tier representing a different cost-sharing requirement for the patient. A broad range of tiers may include options for generic drugs, preferred brand-name drugs, non-preferred brand-name drugs, specialty medications, and possibly additional categories for specific types of treatments. This structured approach is designed to manage drug costs while promoting the use of cost-effective medications, allowing healthcare providers and members to navigate the formulary with better clarity. The diversity in tier classification helps ensure that patients have access to various medication choices, catering to different health needs and preferences, thereby enhancing their access to necessary prescriptions.

6. What is the focus of Wellcare's quality strategy?

- A. Financial growth**
- B. Market expansion**
- C. Star Ratings and performance**
- D. Product diversity**

The focus of Wellcare's quality strategy is primarily on Star Ratings and performance. This approach is designed to measure and improve the quality of care provided to members. The Star Rating system, used by Medicare to evaluate health plan performance, assesses various factors including member satisfaction, healthcare access, and the overall health outcomes of patients. By prioritizing these ratings, Wellcare aims to ensure that they deliver high-quality services and support, ultimately leading to better health outcomes for their members. This focus on quality not only enhances patient care but also impacts the organization's reputation and financial performance positively, as higher Star Ratings can lead to increased funding and member enrollment. In contrast, financial growth, market expansion, and product diversity, while important for a business, do not encapsulate the essence of Wellcare's quality strategy, which prioritizes measurement and enhancement of care quality through the Star Ratings system.

7. Which health plans will be included in the Wellcare Medicare brand for 2022?

- A. Value and Essential plans**
- B. Coverage Gap plans**
- C. Premium Plus plans**
- D. Extra Care plans**

The correct answer is that the Wellcare Medicare brand for 2022 includes Coverage Gap plans. Coverage Gap plans, also known as Medicare Part D plans that aid beneficiaries during the donut hole or coverage gap phase, are a key part of Wellcare's offerings. These plans help to reduce out-of-pocket costs for medications once beneficiaries reach a certain spending threshold in their prescription drug coverage. The focus on Coverage Gap plans reflects the company's strategy to provide valuable support to Medicare beneficiaries facing higher prescription drug costs. These plans specifically cater to the financial needs of enrollees during the coverage gap period, where individuals typically experience increased costs for their medications. The other options, such as Value and Essential plans, Premium Plus plans, and Extra Care plans, may be part of different offerings or categorizations but do not represent the specific inclusion within the Wellcare Medicare brand for the year in question. Thus, understanding the distinction between these plan types is essential for accurately identifying the offerings under the Wellcare Medicare brand for that particular year.

8. What stage of drug coverage is referred to as the "donut hole"?

- A. Stage 1**
- B. Stage 2**
- C. Stage 3**
- D. Stage 4**

The "donut hole" refers to Stage 3 of drug coverage within Medicare Part D, also known as the coverage gap. This is the stage where beneficiaries face a temporary limit on what the drug plan will pay for covered prescription medications. Specifically, once a beneficiary and their drug plan have spent a certain amount on covered drugs, they enter this gap where they may have to pay a larger share of their medication costs until they reach the next stage of coverage. During this period, while beneficiaries initially pay a smaller percentage of their drug costs, their expenses increase significantly as they are responsible for a higher out-of-pocket cost. The donut hole is a critical concept within Medicare as it highlights the challenges beneficiaries may encounter regarding affordability and access to necessary medications. Understanding this stage helps beneficiaries to better plan their healthcare expenses and navigate their choices effectively.

9. What is the minimum time period for submitting a grievance after becoming aware of an issue?

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

The minimum time period for submitting a grievance after becoming aware of an issue is 60 days. This timeframe is established to ensure that members have ample opportunity to reflect on their concerns and complete the grievance process in a timely manner. The 60-day period is designed to balance the need for prompt resolution of grievances with the necessity for members to gather any relevant information, document their experiences, and articulate their concerns effectively. This is crucial in maintaining a fair process and ensuring that all issues are adequately addressed. In comparison, the other timeframes offered—30, 45, and 90 days—do not align with the standard policy guidelines. A period shorter than 60 days may not give individuals sufficient time to prepare their grievance effectively, while a longer period such as 90 days may delay the resolution process unnecessarily. Therefore, the 60-day period serves as a practical and standardized approach for grievances.

10. Which statement about telephonic enrollments is FALSE?

- A. They can be completed without all necessary information**
- B. They require personal identification information**
- C. They can expedite the enrollment process**
- D. They are limited to certain types of plans**

The statement indicating that telephonic enrollments can be completed without all necessary information is false because telephonic enrollments typically require comprehensive data to ensure the accuracy and validity of the enrollment. This includes the applicant's complete personal information and eligibility details to confirm that they meet the criteria for the insurance plan they are enrolling in. Providing complete information is vital, as it helps prevent future complications, such as delays in processing the application or denial of coverage due to missing details. The other statements highlight the necessity of personal identification information for verification, the efficiency telephonic enrollments can bring to the overall process, and that certain restrictions may apply to the types of plans available for such enrollments, all of which are accurate.

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://wellcarecenteneact.examzify.com>

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

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