FEDERALLY FACILITATED MARKETPLACE (FFM) PRACTICE EXAM (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://fedfacilitatedmarketplace.examzify.com

Table of Contents

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

1. A client aged 65 with 10 years of Medicare taxes is trying to enroll in a Marketplace plan. What will happen?

A. They will be automatically enrolled in a Marketplace plan

B. They can enroll in Marketplace and Medicare simultaneously

C. The marketplace system will prevent enrollment and direct them to Medicare.gov to enroll

D. They will be enrolled in a special Medicare-Marketplace hybrid plan

2. A consumer who loses QHP coverage due to voluntary termination outside OE can enroll in a new plan immediately if they request it.

A. True

B. False

C. Not sure

D. Only through a SEP

3. What should agents and brokers do to prevent data matching issues on Marketplace applications and prevent consumers from potentially losing their Marketplace coverage and/or financial assistance?

A. Verify data accuracy and consistency

B. Confirm consumer identity and eligibility information

C. Ensure data is entered correctly across the application

D. All of the above

4. Which statement about premium and out-of-pocket costs is true?

A. Higher premium always means higher OOP costs

B. Lower premium always means lower OOP costs

C. Higher premium may correspond to lower OOP costs

D. OOP costs are independent of premium

5. What could have prevented Tyler's father's and sister's coverage termination when Tyler enrolled on his own plan?

A. Tyler's father should have removed Tyler from their family application prior to Tyler submitting his own application.

B. Tyler should have added his father and sister to his own application.

C. The Marketplace would automatically duplicate coverage.

D. The family should have stopped enrollment.

6. What is the Second Lowest Cost Silver Plan (SLCSP) and its role in subsidy calculation?

A. The Cold Silver Plan used for some states

B. The plan with the lowest premium among Silver plans

C. The reference Silver plan used to determine maximum APTC; the actual plan chosen may have a higher premium

D. The Platinum plan used for premium calculation

7. If Medicaid eligibility is determined, what may happen automatically?

A. You will automatically be assigned to Medicaid coverage

B. You must maintain your current plan

C. You may automatically be assigned to Medicaid coverage

D. Your premium will double automatically

8. You identify an unknown login to your EDE partner site, and you believe that someone has gained unauthorized access to your EDE account. To which agency or party should you report this privacy incident?

A. The CMS IT Service Desk

B. The EDE partner's Agent Broker Help Desk

C. The Marketplace Call Center

D. The Open Enrollment Hotline

9. Jane received an email from CMS alerting her that she has three business days to explain irregular search activity detected on her CMS Enterprise Portal account. If she does not respond to this most recent notice, what will happen?

A. Her CMS Enterprise Portal account access will be suspended.

B. She will be billed a fee.

C. Her account will be permanently terminated.

D. She will receive a second notice with no consequences.

10. An applicant submits an application on January 17 and is not SEP-eligible. What is their enrollment status in a QHP?

A. Eligible to Enroll in a QHP

B. Ineligible to Enroll in a QHP

C. Eligible for a special enrollment period

D. Eligible only for catastrophic coverage

Answers

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

Explanations

1. A client aged 65 with 10 years of Medicare taxes is trying to enroll in a Marketplace plan. What will happen?

A. They will be automatically enrolled in a Marketplace plan

B. They can enroll in Marketplace and Medicare simultaneously

C. The marketplace system will prevent enrollment and direct them to Medicare.gov to enroll

D. They will be enrolled in a special Medicare-Marketplace hybrid plan

When someone is eligible for Medicare, the Marketplace won't enroll them in a Marketplace plan. The system recognizes Medicare eligibility and directs the person to enroll in Medicare on Medicare.gov. At age 65 with substantial work credits, they typically qualify for premium-free Part A and should enroll in both Part A and Part B during the initial enrollment period, then decide on Part D or a Medicare Advantage plan for additional coverage. There isn't a Medicare–Marketplace hybrid plan. So the correct outcome is that the Marketplace will prevent Marketplace enrollment and send them to Medicare.gov to enroll.

2. A consumer who loses QHP coverage due to voluntary termination outside OE can enroll in a new plan immediately if they request it.

A. True

B. False

C. Not sure

D. Only through a SEP

Special Enrollment Periods are what allow enrollment outside the Open Enrollment period when a triggering life event occurs. Losing QHP coverage due to voluntary termination is such a trigger, so you're eligible for an SEP. This means you can enroll in a new plan, but only within the SEP window (typically 60 days from the loss of coverage). You can't enroll immediately through a standard outside-OE process without using the SEP. If you miss the SEP window, you'd generally have to wait for the next Open Enrollment unless another qualifying event applies. So the correct path is to enroll through a Special Enrollment Period.

3. What should agents and brokers do to prevent data matching issues on Marketplace applications and prevent consumers from potentially losing their Marketplace coverage and/or financial assistance?

A. Verify data accuracy and consistency

B. Confirm consumer identity and eligibility information

C. Ensure data is entered correctly across the application

D. All of the above

Data matching issues come from information that doesn't line up across the system or with official records. To keep consumers from losing coverage or financial help, you need a comprehensive approach that covers all common failure points. First, verify data accuracy and consistency. If the facts themselves are wrong or inconsistent (like misspelled names, wrong dates of birth, incorrect SSNs, or mismatched income values), the Marketplace can flag a mismatch or deny eligibility. Checking against documents and ensuring the same information appears in every place it's used helps catch these errors before they cause downstream problems. Second, confirm consumer identity and eligibility information. Verifying who the consumer is and what they qualify for reduces the risk that someone else's data or an ineligible household claims subsidies. This step helps ensure the applicant truly meets the criteria for coverage and financial assistance, and that the right person is linked to the right benefits. Third, ensure data is entered correctly across the application. Data-entry mistakes or inconsistent formats across different sections can create hidden mismatches that only appear later in the process. Entering data carefully, using consistent formats, and double-checking each section minimizes these risks and keeps the application cohesive. Because data integrity depends on accurate facts, verified identity and eligibility, and meticulous data entry, doing all of these together provides the most reliable protection against data matching issues that could jeopardize coverage or subsidies.

4. Which statement about premium and out-of-pocket costs is true?

A. Higher premium always means higher OOP costs

B. Lower premium always means lower OOP costs

C. Higher premium may correspond to lower OOP costs

D. OOP costs are independent of premium

Premium and out-of-pocket costs come from different parts of a health plan's price tag. The premium is what you pay regularly to maintain the coverage, while out-of-pocket costs are what you pay when you actually use services—things like deductibles, copays, and coinsurance. Plan design often trades one off against the other: a plan with a higher premium can be paired with lower cost-sharing, meaning you may end up paying less out of pocket when you need care. So the statement that higher premium may correspond to lower out-of-pocket costs reflects this potential trade-off, and it's not asserting a guaranteed outcome—it's about the possible relationship based on how the plan is structured. The other statements are too absolute. It isn't true that higher premiums always mean higher out-of-pocket costs, because some plans charge more upfront but reduce what you pay at the time you receive services. Likewise, lower premiums don't necessarily guarantee lower out-of-pocket costs, for the same reason. And out-of-pocket costs aren't independent of premium—the plan design that sets the premium also shapes deductibles, copays, and coinsurance.

5. What could have prevented Tyler's father's and sister's coverage termination when Tyler enrolled on his own plan?

A. Tyler's father should have removed Tyler from their family application prior to Tyler submitting his own application.

B. Tyler should have added his father and sister to his own application.

C. The Marketplace would automatically duplicate coverage.

D. The family should have stopped enrollment.

When a household member enrolls in their own Marketplace plan, the system may terminate their existing family coverage to avoid overlapping plans. To prevent the father's and sister's coverage from ending, the family should remove Tyler from the family application before Tyler submits his own enrollment. That way, Tyler starts a separate plan without triggering a termination of the others' coverage. The Marketplace doesn't automatically duplicate coverage; it typically ends existing coverage if a person enrolls in another plan. Adding relatives to Tyler's application wouldn't stop the termination, and stopping enrollment wouldn't fix the issue. Removing Tyler from the family application before he enrolls is the action that prevents the termination.

6. What is the Second Lowest Cost Silver Plan (SLCSP) and its role in subsidy calculation?

A. The Cold Silver Plan used for some states

B. The plan with the lowest premium among Silver plans

C. The reference Silver plan used to determine maximum APTC; the actual plan chosen may have a higher premium

D. The Platinum plan used for premium calculation

The amount of your premium tax credit is based on a benchmark plan called the Second Lowest Cost Silver Plan in your area. This Silver plan sets the maximum subsidy you can receive—the reference point for calculating APTC. You can still enroll in a plan that costs more than this benchmark, but the subsidy amount is determined using the SLCSP, and your actual premium after applying the credit will reflect the difference between the plan you choose and the APTC. In short, the SLCSP is the reference used to set the subsidy cap, while the plan you ultimately pick may have a higher premium.

7. If Medicaid eligibility is determined, what may happen automatically?

A. You will automatically be assigned to Medicaid coverage

B. You must maintain your current plan

C. You may automatically be assigned to Medicaid coverage

D. Your premium will double automatically

When Medicaid eligibility is found, you may be moved into Medicaid coverage automatically. This can happen because the system transfers you to the Medicaid program without you having to choose a private plan, ensuring you get coverage without gaps. However, it isn't guaranteed in every state or case—some people will need to take action to enroll or confirm enrollment. Premiums for Medicaid are typically very low or zero, so automatic assignment does not mean a sudden increase like doubling a premium. So the correct idea is that you may automatically be assigned to Medicaid coverage when eligibility is determined.

8. You identify an unknown login to your EDE partner site, and you believe that someone has gained unauthorized access to your EDE account. To which agency or party should you report this privacy incident?

A. The CMS IT Service Desk

B. The EDE partner's Agent Broker Help Desk

C. The Marketplace Call Center

D. The Open Enrollment Hotline

When a privacy or security incident involving CMS systems like the EDE partner site is suspected, the correct action is to report it to the CMS IT Service Desk. This team handles security incidents across CMS platforms, coordinates with the Security Incident Response Team, and takes the necessary steps to contain, investigate, and document the incident per policy. They're equipped to initiate the formal incident workflow and notifications. The other options are routine support or enrollment help channels and aren't equipped to manage privacy/security incidents—they're intended for general account assistance or enrollment questions rather than incident response.

9. Jane received an email from CMS alerting her that she has three business days to explain irregular search activity detected on her CMS Enterprise Portal account. If she does not respond to this most recent notice, what will happen?

A. Her CMS Enterprise Portal account access will be suspended.

B. She will be billed a fee.

C. Her account will be permanently terminated.

D. She will receive a second notice with no consequences.

When there's suspected irregular activity on a sensitive account, security practices use a time-bound notice to verify ownership and prevent potential misuse. The three-business-day window gives the user a chance to explain or resolve the issue. If there's no response within that window, the system typically suspends access to the account to stop any further activity and protect data while the issue is reviewed. This suspension is a temporary precaution, not a final punishment. So, if Jane does not respond, her CMS Enterprise Portal account access will be suspended. This aligns with standard security procedures to prevent continued access during a potential security incident.

10. An applicant submits an application on January 17 and is not SEP-eligible. What is their enrollment status in a QHP?

A. Eligible to Enroll in a QHP

B. Ineligible to Enroll in a QHP

C. Eligible for a special enrollment period

D. Eligible only for catastrophic coverage

Enrollment in a QHP is only possible during the Open Enrollment period or a Special Enrollment Period (SEP) triggered by a qualifying life event. If someone submits an application on January 17 and does not qualify for an SEP, they fall outside these enrollment windows. Without a valid SEP, there's no eligible period to enroll in a QHP at that time, so the person is not eligible to enroll. You would have to wait for the next Open Enrollment or gain SEP eligibility later. Catastrophic coverage is a separate, limited option and isn't the default path when enrollment isn't open.

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://fedfacilitatedmarketplace.examzify.com

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