# 2026 FEDERALLY-FACILITATED MARKETPLACE (FFM) AGENT/BROKER CERTIFICATION 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. **What must consumers do to be eligible for the Medicaid/CHIP Denial Special Enrollment Period?**

   A. Apply for Medicaid/CHIP during the next open enrollment

   B. Be denied after applying during the last open enrollment or an SEP

   C. Have prior Medicaid coverage

   D. Not apply for Medicaid/CHIP at all

2. **If a client contacts you about a suspicious caller posing as your agency, what should be your first response?**

   A. Reassure them that calls are normal

   B. Encourage them to engage with the caller

   C. Inform them about the fraud reporting procedure

   D. Tell them to ignore future calls

3. **Who can assist individuals in understanding health insurance terms and options?**

   A. Friends and family members

   B. Certified agents and brokers, and trained navigators

   C. Insurance companies' marketing representatives

   D. Online insurance comparison websites

4. **What could happen if the Marketplace Appeals Center finds that a consumer's eligibility determination was incorrect?**

   A. The consumer will lose all previous coverage

   B. The consumer may owe money to their Marketplace plan

   C. The consumer may receive a refund for prior premiums paid

   D. Both B and C

5. **Which types of income should be included on Marketplace applications?**

   A. Tips, Social Security Income, and Canceled debts

   B. Gifts, Child support, and Worker's compensation

   C. Worker's compensation, Alimony (before 2019), and TANF payments

   D. Tips, Social Security Disability Income, and Proceeds from gambling

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**6. Following a security incident, what is critical for agents to maintain regarding clients' personal information?**

A. Publicly disclose the information

B. Store the information without security checks

C. Report all security incidents promptly

D. Ignore any non-urgent incidents

**7. How do agents ensure compliance with Marketplace regulations?**

A. By frequently advertising their services

B. By completing required training and adhering to guidelines

C. By networking with other agents

D. By offering lower prices than competitors

**8. How do the enrollment options differ between the Marketplace and employers?**

A. Marketplace offers year-round enrollment

B. Marketplace enrollment is typically open year-round compared to employer plans

C. Employer options are generally less comprehensive than Marketplace plans

D. There are no differences between the two enrollment options

**9. What is the primary purpose of the Federally-facilitated Marketplace (FFM)?**

A. To provide investment opportunities for financial growth

B. To facilitate access to health insurance coverage for citizens

C. To regulate the pricing of health care services

D. To mandate medical treatments for all

**10. What distinguishes In-Network providers from Out-of-Network providers?**

A. In-network providers have contracts with an insurance plan, while out-of-network providers do not

B. In-network providers charge lower premiums than out-of-network providers

C. In-network providers are typically located closer to the client's home

D. Out-of-network providers offer more extensive coverage options

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# Answers

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

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# Explanations

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## 1. What must consumers do to be eligible for the Medicaid/CHIP Denial Special Enrollment Period?

A. Apply for Medicaid/CHIP during the next open enrollment

B. Be denied after applying during the last open enrollment or an SEP

C. Have prior Medicaid coverage

D. Not apply for Medicaid/CHIP at all

*To be eligible for the Medicaid/CHIP Denial Special Enrollment Period, consumers must be denied after applying during the last open enrollment or a Special Enrollment Period (SEP). This specific requirement is essential because the Denial Special Enrollment Period is designed to provide individuals who are not able to qualify for coverage through Medicaid or CHIP a way to enroll in a Qualified Health Plan (QHP) in the Marketplace after experiencing a denial. The focus on the denial after application is significant, as it connects to the timeline of eligibility for the special enrollment. A consumer's denial indicates that they explored their options, and the marketplace allows them to access other coverage options in response to that denial. This facilitates a smoother transition to obtaining necessary health insurance coverage without having to wait for the next open enrollment period. Other choices do not align with the requirement for eligibility for this Special Enrollment Period. Applying during the next open enrollment does not suffice, as consumers would need to wait for that period instead of being able to enroll immediately following a denial. Prior Medicaid coverage is irrelevant to this situation, as the focus is on the recent denial rather than past enrollment status. Not applying for Medicaid/CHIP at all directly contradicts the need for a denial to trigger the special enrollment.*

## 2. If a client contacts you about a suspicious caller posing as your agency, what should be your first response?

A. Reassure them that calls are normal

B. Encourage them to engage with the caller

C. Inform them about the fraud reporting procedure

D. Tell them to ignore future calls

*The most appropriate response when a client contacts you about a suspicious caller posing as your agency is to inform them about the fraud reporting procedure. This is correct because it helps to ensure that the client understands the seriousness of the situation and knows how to report the incident properly. By guiding them through the established procedures, you help protect them and potentially other clients from falling victim to fraud. Being informed about and following the fraud reporting procedure is crucial not only for the client's awareness but also for the agency's ability to track and respond to fraudulent activities effectively. This action can contribute to a broader effort to combat scams and protect consumer safety. In contrast, simply reassuring the client that calls are normal may downplay their concerns and could lead to them being more vulnerable. Encouraging engagement with the caller could put them at greater risk of providing personal information to a scammer. Advising them to ignore future calls may not be sufficient for addressing immediate safety concerns, as it does not empower the client to take action or report suspicious behavior.*

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## 3. Who can assist individuals in understanding health insurance terms and options?

A. Friends and family members

B. Certified agents and brokers, and trained navigators

C. Insurance companies' marketing representatives

D. Online insurance comparison websites

*Individuals seeking assistance in understanding health insurance terms and options benefit most from certified agents and brokers, as well as trained navigators. These professionals are knowledgeable about the complexities of health insurance and are equipped to provide personalized guidance tailored to individual circumstances. Certified agents and brokers have undergone specific training and certification processes, which enable them to help clients navigate the various plans available, explain the nuances of different coverage options, and assist with the enrollment process. Trained navigators, often working with community organizations or government programs, also have the expertise to educate individuals about their health insurance choices. They help consumers comprehend the benefits and limitations of different policies and ensure that individuals can make informed decisions regarding their health care needs. Friends and family members may offer support, but they typically lack the specialized training needed to fully address the intricacies of health insurance. Insurance companies' marketing representatives, while knowledgeable about their own products, may not provide impartial or comprehensive guidance on available options across the market. Online insurance comparison websites can be useful tools for gathering information but may not lead to a thorough understanding without the personalized context that professionals provide. Thus, certified agents, brokers, and trained navigators stand as the most suitable resources for comprehensive and accurate assistance with health insurance matters.*

## 4. What could happen if the Marketplace Appeals Center finds that a consumer's eligibility determination was incorrect?

A. The consumer will lose all previous coverage

B. The consumer may owe money to their Marketplace plan

C. The consumer may receive a refund for prior premiums paid

D. Both B and C

*If the Marketplace Appeals Center finds that a consumer's eligibility determination was incorrect, there are several potential outcomes concerning the consumer's health insurance coverage and related financial implications. When a determination is deemed incorrect, it may lead to a situation where the consumer's eligibility for financial assistance or coverage needs to be recalibrated. This can involve the consumer owing money to their Marketplace plan if they were originally granted financial assistance that they were not eligible for, thus creating a liability for the premiums they received. Additionally, if the determination was incorrect to the point that the consumer was entitled to different coverage or assistance than they received, they may also be eligible for a refund of premiums paid during the period in question. This could occur if it's found that they were eligible for a higher level of assistance or certain benefits that were not initially applied. Therefore, both aspects B and C are valid outcomes of the appeals process, making the combined answer the most comprehensive conclusion in relation to the potential consequences for the consumer.*

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## 5. Which types of income should be included on Marketplace applications?

A. Tips, Social Security Income, and Canceled debts

B. Gifts, Child support, and Worker's compensation

C. Worker's compensation, Alimony (before 2019), and TANF payments

D. Tips, Social Security Disability Income, and Proceeds from gambling

*When completing Marketplace applications, it is essential to report all sources of income that could impact eligibility for financial assistance or coverage. Tips, Social Security Income, and Canceled debts are specific types of income that need to be included on these applications because they can affect the household's financial situation. Tips are considered earned income and contribute to the total income of the applicant. Social Security Income, which includes retirement benefits or disability benefits, is also vital as it is a steady form of income that may significantly impact the eligibility for subsidies in the Marketplace. Canceled debts may also be deemed as income, depending on the circumstances, because they can be seen as a benefit that increases financial resources. In comparison, the other options include types of income not typically required to be reported or have specific exclusions. For example, gifts and child support may not count towards income calculations for Marketplace eligibility in the same way that earned income or benefits like Social Security do. Understanding which incomes are relevant is crucial for accurately determining eligibility for assistance programs.*

## 6. Following a security incident, what is critical for agents to maintain regarding clients' personal information?

A. Publicly disclose the information

B. Store the information without security checks

C. Report all security incidents promptly

D. Ignore any non-urgent incidents

*Reporting all security incidents promptly is crucial for agents to maintain the integrity of clients' personal information. This practice ensures that any breaches or security vulnerabilities are addressed quickly, reducing the risk of unauthorized access to sensitive data. Prompt reporting allows for timely assessments and remedial actions to be taken, safeguarding client trust and compliance with legal and regulatory requirements surrounding data protection. Maintaining vigilance regarding security incidents not only protects clients but also helps the agency adhere to best practices in risk management and incident response. This is essential in environments where personal information is handled, given the potential legal implications and the sensitive nature of the information involved.*

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## 7. How do agents ensure compliance with Marketplace regulations?

A. By frequently advertising their services

B. By completing required training and adhering to guidelines

C. By networking with other agents

D. By offering lower prices than competitors

*Agents ensure compliance with Marketplace regulations primarily by completing required training and adhering to the established guidelines. This training is designed to equip agents with the knowledge necessary to navigate the complexities of the Federally-facilitated Marketplace (FFM) effectively. It includes understanding the nuances of the Affordable Care Act, the application and enrollment process, and federal and state regulations governing health insurance. By adhering to these guidelines, agents not only provide accurate information to consumers but also protect themselves from legal and regulatory repercussions. Compliance is crucial to maintaining the integrity of the Marketplace and ensuring that agents serve the interests of their clients appropriately. The other approaches, such as advertising services or networking, may help in building a business but do not specifically address the compliance requirements set forth by the Marketplace. Offering lower prices than competitors is not a regulatory requirement and can potentially undermine the quality of service provided, regardless of compliance.*

## 8. How do the enrollment options differ between the Marketplace and employers?

A. Marketplace offers year-round enrollment

B. Marketplace enrollment is typically open year-round compared to employer plans

C. Employer options are generally less comprehensive than Marketplace plans

D. There are no differences between the two enrollment options

*The correct answer highlights an important distinction between enrollment options available through the Marketplace and those offered by employers. The Marketplace generally allows for enrollment during specific periods known as open enrollment periods or under special circumstances, which may not be available year-round. In contrast, employer-sponsored plans typically have set enrollment periods aligned with the company's policies, often coinciding with the start of a new plan year or when there is a qualifying life event. This means that employees generally do not have the flexibility to enroll at any time throughout the year like they might with Marketplace options during open enrollment or qualifying events. By understanding this difference, individuals can better navigate their options when seeking health coverage, knowing that the Marketplace provides more opportunities for enrollment outside standard work-related schedules. This knowledge is crucial when advising clients or making personal health coverage decisions.*

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## 9. What is the primary purpose of the Federally-facilitated Marketplace (FFM)?

A. To provide investment opportunities for financial growth

B. To facilitate access to health insurance coverage for citizens

C. To regulate the pricing of health care services

D. To mandate medical treatments for all

*The primary purpose of the Federally-facilitated Marketplace (FFM) is to facilitate access to health insurance coverage for citizens. The FFM was established as part of the Affordable Care Act (ACA) to help individuals and families find and enroll in affordable health insurance plans. It serves as a platform where consumers can compare various health plan options, determine their eligibility for subsidies, and enroll in coverage that meets their needs. By streamlining the process of obtaining health insurance, the FFM aims to increase the number of insured individuals, thereby improving access to necessary medical services and promoting overall public health. This focus on expanded health insurance access aligns directly with the broader goals of the ACA, which seeks to reduce the uninsured rate and enhance healthcare affordability for the American population.*

## 10. What distinguishes In-Network providers from Out-of-Network providers?

A. In-network providers have contracts with an insurance plan, while out-of-network providers do not

B. In-network providers charge lower premiums than out-of-network providers

C. In-network providers are typically located closer to the client's home

D. Out-of-network providers offer more extensive coverage options

*In-network providers are distinguished by having contracts with a specific insurance plan, which establishes agreed-upon rates for services and allows for cost-sharing arrangements that benefit insured individuals. This contract means that when a patient uses an in-network provider, they are generally responsible for lower out-of-pocket costs like copayments, coinsurance, and deductibles as negotiated by the insurance company. The relationship between in-network providers and the insurance plan ensures that care is rendered at a rate that is financially advantageous for both the insurer and the insured. This contractual arrangement is critical in managing healthcare costs and provides a safety net for patients regarding pricing for services rendered. In contrast, out-of-network providers do not have these contractual arrangements with the insurance carrier, leading to higher costs for patients when receiving care from them. This distinction is key to understanding how insurance coverage works and the financial implications of choosing between in-network and out-of-network providers.*

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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://2026femagent.examzify.com

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

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