FMC INSURANCE COORDINATOR PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://fmcinsurancecoord.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

SAMPLE

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.

SAMPLE

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!

SAMPLE

Questions

SAMPLE

1. Which of the following options qualifies for SSI benefits?

A. Individuals who have worked and have high income

B. Individuals with a disability who are 65 or older

C. Individuals who have never worked or lack sufficient work credits

D. Individuals with student loans needing assistance

2. Which coverage is considered primary when COB is in effect?

A. Private insurance

B. Employer group health plans (EGHP)

C. Medicaid

D. None of the above

3. Which aspect of health insurance eligibility is related to citizenship here?

A. U.S. citizen verification

B. Valid social security number

C. Proof of residency

D. Tax filing status

4. What is not supported by the Independent Contractor (IC) in their application process?

A. Medicaid applications

B. Disability applications

C. Insurance applications

D. Employment applications

5. What is a characteristic of off-exchange health insurance?

A. It has fluctuating premiums

B. It is purchased through an online marketplace

C. It has set premiums

D. It requires employer sponsorship

6. Which of the following is NOT a type of Medicaid?

A. Traditional Medicaid

B. Medicare Savings Program

C. Managed Care

D. Private Health Assistance

SAMPLE

7. For whom does COBRA generally apply?

A. Employees of large organizations only

B. Employees with pre-existing conditions

C. Individuals working with fewer than 20 employees

D. Individuals working with fewer than 50 employees

8. What are the coverage percentages between Medicare and EGHP?

A. 70/30

B. 60/40

C. 80/20

D. 90/10

9. What is considered a fixed amount that a patient pays out-of-pocket for medical services?

A. Deductible

B. Premium

C. Copayment

D. Coinsurance

10. What is the system referenced for generating monthly clinic reports?

A. CRS

B. ICS

C. AKF

D. DI

SAMPLE

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which of the following options qualifies for SSI benefits?

A. Individuals who have worked and have high income

B. Individuals with a disability who are 65 or older

C. Individuals who have never worked or lack sufficient work credits

D. Individuals with student loans needing assistance

The correct option is the one that highlights individuals who have never worked or lack sufficient work credits. Supplemental Security Income (SSI) is designed to provide financial assistance to individuals who have limited income and resources. This program is specifically aimed at those who are elderly, blind, or disabled, regardless of their work history. Individuals who have never worked or do not have enough work credits to qualify for Social Security Disability Insurance (SSDI) can still qualify for SSI, provided they meet the income and resource criteria. This makes SSI particularly crucial for those unable to support themselves due to age or disability without having a significant work history. Therefore, this understanding reflects one of the core purposes of SSI, which is to offer support to those who may be in financial need without relying on prior work contributions.

2. Which coverage is considered primary when COB is in effect?

A. Private insurance

B. Employer group health plans (EGHP)

C. Medicaid

D. None of the above

When determining which coverage is considered primary under Coordination of Benefits (COB) rules, employer group health plans (EGHP) are typically recognized as the primary payer. This is because EGHPs are designed to provide comprehensive coverage for employees and their dependents, and they often have terms that dictate they take precedence over other forms of insurance. In situations where an individual has multiple insurance policies, understanding the hierarchy in which plans are paid is crucial for proper claims processing and reimbursement. In contrast, private insurance and Medicaid usually function as secondary payers depending on specific conditions associated with the subscriber's circumstances and eligibility. As a result, when more than one insurance plan covers an individual, the EGHP generally fulfills the responsibility of the primary payer, ensuring that claims are handled efficiently and effectively.

3. Which aspect of health insurance eligibility is related to citizenship here?

A. U.S. citizen verification

B. Valid social security number

C. Proof of residency

D. Tax filing status

The aspect of health insurance eligibility that directly concerns citizenship is U.S. citizen verification. In many health insurance programs, eligibility criteria include confirming an individual's citizenship status because certain benefits and plans are expressly designed for U.S. citizens. The verification process helps ensure that resources are appropriately allocated to those who qualify based on their citizenship, which can impact program funding and regulations. While other options such as having a valid social security number, proof of residency, and tax filing status are important components of the eligibility process, they do not specifically address citizenship. For example, a valid social security number is necessary for identification and tracking but does not necessarily verify citizenship status. Similarly, proof of residency confirms where an individual lives, and tax filing status relates to financial obligations and income, rather than citizenship directly. Hence, U.S. citizen verification is the most pertinent factor concerning citizenship within the context of health insurance eligibility.

SAMPLE

4. What is not supported by the Independent Contractor (IC) in their application process?

A. Medicaid applications

B. Disability applications

C. Insurance applications

D. Employment applications

The Independent Contractor (IC) typically does not support disability applications in their application process. This reflects the distinct nature of their services and the types of applications they handle. Disability applications often require specific medical documentation, evaluations, and a detailed understanding of the medical aspects involved, which may not align with the usual capabilities of an IC focused primarily on other areas such as Medicaid, insurance, or employment-related applications. In contrast, Medicaid applications are commonly supported, as they require financial and personal information that an IC can assist with. Similarly, insurance applications and employment applications generally involve processes and documentation that are within the scope of support provided by independent contractors. Thus, it is important to understand that the role of an IC is typically geared towards areas where they can provide meaningful assistance and not specialized processes like disability claims.

5. What is a characteristic of off-exchange health insurance?

A. It has fluctuating premiums

B. It is purchased through an online marketplace

C. It has set premiums

D. It requires employer sponsorship

Off-exchange health insurance refers to plans that are not available through the government-run health insurance marketplaces. A key characteristic of these off-exchange plans is that they often have set premiums. This means the premiums are established by the insurance provider and do not change randomly, unlike plans found on the exchange, which may vary based on factors such as income or eligibility for subsidies. In contrast, fluctuating premiums typically relate to plans based on specific factors that could change from year to year. Purchasing through an online marketplace usually pertains to on-exchange plans. Lastly, requiring employer sponsorship is more connected to employer-sponsored insurance rather than off-exchange coverage, which can be individually purchased. Understanding these characteristics highlights why set premiums are a defining aspect of off-exchange health insurance.

6. Which of the following is NOT a type of Medicaid?

A. Traditional Medicaid

B. Medicare Savings Program

C. Managed Care

D. Private Health Assistance

The correct choice of "Private Health Assistance" is not a type of Medicaid because it does not fall under the categories or programs specifically associated with Medicaid. Medicaid is a government program designed to assist low-income individuals and families with health care costs, and it includes various types such as Traditional Medicaid, Managed Care plans, and specific programs like the Medicare Savings Program which helps those eligible for Medicare cover their costs. Traditional Medicaid provides direct coverage to eligible individuals, while Managed Care refers to a structure in which Medicaid benefits are provided through a network of contracted providers. The Medicare Savings Program, though it pertains to Medicare, is often associated with Medicaid because it is intended to aid certain low-income individuals in covering Medicare-related expenses. Conversely, Private Health Assistance suggests a type of support or insurance outside the realm of government-funded programs, indicating that it does not fit into the Medicaid classification.

SAMPLE

7. For whom does COBRA generally apply?

A. Employees of large organizations only

B. Employees with pre-existing conditions

C. Individuals working with fewer than 20 employees

D. Individuals working with fewer than 50 employees

COBRA, or the Consolidated Omnibus Budget Reconciliation Act, generally applies to individuals who are employees of group health plans maintained by employers with 20 or more employees on a typical business day in the previous calendar year. This federal law provides for the continuation of health coverage for certain qualifying events, ensuring that employees and their dependents can maintain their health insurance when they lose their jobs or experience other changes in their employment status. The correct interpretation here is that COBRA does not apply to individuals working for employers with fewer than 20 employees, making the choice regarding individuals working with fewer than 50 employees inaccurate in this context. Rather, those working at companies with fewer than 20 employees are not eligible for COBRA, as such employers are not required to comply with this law. Hence, the correct option accurately reflects the stipulations of COBRA in relation to the employer size, focusing on the minimum threshold for applicability.

8. What are the coverage percentages between Medicare and EGHP?

A. 70/30

B. 60/40

C. 80/20

D. 90/10

The coverage percentages between Medicare and an Employer Group Health Plan (EGHP) typically operate on an 80/20 basis. This means that Medicare is responsible for covering 80% of the allowable costs after the deductible has been met, while the EGHP covers the remaining 20%. This arrangement is particularly beneficial for those who are eligible for Medicare due to age or disability, as it allows for a dual coverage system that can significantly reduce out-of-pocket expenses. Medicare serves as the primary payer and the EGHP acts as a secondary payer, stepping in to cover what Medicare does not. Understanding these percentages is crucial for individuals navigating their health insurance options, as it influences medical costs and helps in planning for healthcare expenses. Furthermore, this aligns with how many insurance policies are structured, making it familiar to those who have dealt with multiple layers of health coverage.

9. What is considered a fixed amount that a patient pays out-of-pocket for medical services?

A. Deductible

B. Premium

C. Copayment

D. Coinsurance

The correct answer is copayment, as it specifically refers to a fixed amount that a patient is required to pay at the time of receiving a medical service. This fee is typically a predetermined amount that varies depending on the type of service, such as a visit to a primary care physician versus a specialist, and it is often stipulated in the health insurance plan. In contrast, a deductible is the total amount that a patient must pay out-of-pocket for healthcare services before their insurance coverage kicks in. Premium refers to the regular payment made to maintain an insurance policy, while coinsurance is a type of cost-sharing where the patient pays a percentage of the total cost of the service after the deductible has been met. Understanding these definitions helps clarify how out-of-pocket expenses work in the context of healthcare insurance.

SAMPLE

10. What is the system referenced for generating monthly clinic reports?

A. CRS

B. ICS

C. AKF

D. DI

The system referenced for generating monthly clinic reports is AKF. This system is specifically designed to consolidate and analyze data from clinic operations, allowing for the generation of detailed reports on various metrics, including patient visits, revenue, service utilization, and other key performance indicators. Its functionality supports clinic managers and health administrators in making informed decisions based on comprehensive monthly overviews. In contrast, the other systems mentioned, while they may serve different purposes within the health institution, do not provide the same focus or capability for generating specialized clinic reports. Understanding the role of AKF in this context emphasizes its importance in data management and operational oversight within a healthcare setting.

SAMPLE

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://fmcinsurancecoord.examzify.com

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

SAMPLE