

INDIVIDUAL MARKETPLACE EXAM**Topic - 1: Final Assessment**
Page - 2: Final Assessment Q1

Question:

True or False: An agent or broker may sell an individual a Marketplace qualified health plan that he or she knows duplicates the individual's Medicare benefits.

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. True
- B. False**

Correct Answer: B

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Question:

Which of the following is NOT a requirement for an individual seeking coverage through the Individual Marketplace?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. The individual must not have access to a government-sponsored program or affordable employer-sponsored coverage.**
- B. The individual must be a resident of the state where he or she applies for coverage and enrolls in a qualified health plan.
- C. The individual must be a United States citizen or national or a lawfully present non-citizen and expect to remain so for the entire period coverage is sought.
- D. The individual must not be incarcerated, other than incarceration pending the disposition of charges.

Correct Answer: A

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Question:

The Marketplace verifies data for individuals seeking coverage and eligibility for insurance affordability programs. This may include verification of all categories listed below EXCEPT:

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. Annual household income
- B. Citizenship or immigration status
- C. Social Security number
- D. Health status**

Correct Answer: D

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Question:

What is the process when the Marketplace determines that an applicant is eligible for Medicaid or the Children's Health Insurance Program (CHIP)?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. The Marketplace does not perform eligibility determinations for Medicaid and CHIP.
- B. The Marketplace notifies the consumer and provides him or her with the option of contacting his or her state Medicaid/CHIP agency or continuing the enrollment process.
- C. The Marketplace transfers the information of any applicant assessed or determined eligible for Medicaid or CHIP to the applicable state Medicaid/CHIP agency, which will follow up for either the completion of the eligibility process or plan/delivery system selection.**

D. The Marketplace notifies the consumer that he or she cannot get coverage through the Marketplace and instructs him or her to contact his or her state Medicaid/CHIP agency.

Correct Answer: C

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Question:

Which of the following best describes Marketplace eligibility for members of mixed immigration status households?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. Some household members are not eligible for health insurance coverage through the Marketplace, while other household members are eligible for Marketplace coverage because they are United States citizens or lawfully present immigrants.
- B. Parents of any child who is a United States citizen are eligible for Marketplace coverage, regardless of their immigration status.
- C. All members of a mixed immigration status household must provide proof of lawful presence, even if they are not applying for health coverage for themselves.
- D. Mixed immigration status households cannot apply for advance payments of the premium tax credit or cost-sharing reductions for their household members who are eligible for coverage through the Marketplace.

Correct Answer: A

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Question:

Which of the following is NOT a best practice for assisting mixed immigration status households?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. You should correctly identify the applicant by asking consumers if they are seeking health coverage for themselves or on behalf of someone else.
- B. You should be mindful that a consumer's immigration status may be a sensitive topic.
- C. You should avoid asking for the Social Security number of a non-applicant, unless he or she likely qualifies for a premium tax credit to help pay premiums for the applicant.
- D. You should ask consumers direct questions about their citizenship or immigration status so you can quickly determine if they are not eligible for Marketplace coverage.

Correct Answer: D

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Question:

Your clients have not had health coverage for several years and have low health insurance literacy. How can you provide the most effective assistance to them given this challenge?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. You should advise them to contact a Navigator for assistance in applying for health coverage through the Marketplace.
- B. You should avoid using acronyms and technical jargon, and give information in small chunks.
- C. You should help them determine if they qualify for a hardship exemption.
- D. You should encourage them to make a quick decision on their qualified health plan selection since they can likely change it after the Open Enrollment period ends.

Correct Answer: B

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Question:

Which of the following does NOT qualify as a circumstance for a hardship exemption for the purpose of obtaining catastrophic coverage?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. The individual recently experienced the death of a close family member.
- B. The individual is incarcerated.**
- C. The individual filed for bankruptcy.
- D. The individual incurred medical expenses that resulted in substantial debt.

Correct Answer: B

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Question:

How can individuals who are over 30 years old qualify for catastrophic coverage through the Marketplace?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. They must resolve any application data inconsistencies found during the eligibility verification process.
- B. They must be uninsured for twelve consecutive months.
- C. They must be determined ineligible for a premium tax credit based on their income.
- D. They must qualify for a hardship or affordability exemption.**

Correct Answer: D

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Question:

How long does the Marketplace give a consumer to provide additional information to resolve a citizenship or immigration status data inconsistency before the consumer loses eligibility for health care coverage or financial assistance through the Marketplace?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. 30 days
- B. 95 days**
- C. 45 days
- D. 60 days

Correct Answer: B

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Question:

Which of the following is NOT a best practice for assisting a consumer who receives a notice from the Marketplace requesting additional documentation to resolve a data inconsistency impacting his or her eligibility?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. You should advise the consumer to wait, as the Marketplace will continue to establish eligibility for the current plan year based on his or her attestation.**
- B. You should advise the consumer to submit the information requested as soon as possible and before the 90-day/95-day deadline expires.
- C. You should encourage the consumer to upload digital copies of the requested documents to his or her Marketplace account because this is the fastest way to resolve the inconsistency.
- D. If the consumer chooses to mail the requested documentation to the Marketplace, you should remind the consumer that he or she should send copies, and never originals, of the requested documents.

Correct Answer: A

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Question:

True or False: If an individual disagrees with the Marketplace's final eligibility determination, he or she may appeal the decision.

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. True
- B. False

Correct Answer: A

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Question:

Which of the following is NOT a Marketplace eligibility decision that can be appealed?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. Determination of eligibility to enroll in a Marketplace qualified health plan (including a catastrophic plan)
- B. Determination of a qualified health plan's service area or provider network
- C. Determination of eligibility for lower costs, including the amount of advance payments of the premium tax credit or level of cost-sharing reductions
- D. Determination denying eligibility for a special enrollment period

Correct Answer: B

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Question:

Which of the following is true about how to file an appeal of a Marketplace eligibility determination?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. A consumer can only file an appeal through his or her Marketplace account at HealthCare.gov.
- B. A consumer must complete an appeal request form available at HealthCare.gov and mail it to the Marketplace.
- C. A consumer can file an appeal of a Marketplace eligibility determination online, by mail, or by fax.
- D. There is no deadline for filing an appeal of a Marketplace eligibility determination.

Correct Answer: C

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Question:

The Smith family is eligible for a maximum amount of \$800 per month for advance payments of the premium tax credit. They select a qualified health plan (QHP) with a premium of \$1,000 per month. If they elect to receive the full amount of the premium tax credit in advance payments, \$800 per month will be paid directly to the QHP issuer. How much will the Smiths pay each month for the premium?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. \$200 per month
- B. \$800 per month
- C. \$0 per month
- D. \$60 per month

Correct Answer: A

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Question:

True or False: Changes in circumstances (e.g., income, family size) must be reported to the Marketplace in order to avoid excess advance payments of the premium tax credit that may need to be repaid with the tax filer's federal income tax return.

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. True
- B. False

Correct Answer: A

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Question:

Which combination best defines the modified adjusted gross income calculation to determine a consumer's eligibility for the premium tax credit and cost-sharing reductions?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. Adjusted gross income plus assets
- B. Adjusted gross income plus tax-exempt interest received or accrued during the taxable year, and non-taxable Social Security benefits
- C. Adjusted gross income plus any excluded foreign-earned income, tax-exempt interest received or accrued during the taxable year, and assets
- D. Adjusted gross income plus any excluded foreign-earned income, tax-exempt interest received or accrued during the taxable year, and non-taxable Social Security benefits

Correct Answer: D

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Question:

Which of the following is NOT one of the eligibility criteria for an individual to qualify for the premium tax credit?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

A. The individual must have a projected household income between 100% and 400% of the federal poverty level (FPL) for the individual's family size (except that lawfully present aliens who are not eligible for Medicaid due to immigration status can be eligible for advance payments of the premium tax credit if they have a household income below 100% of the FPL).

B. The individual is currently enrolled in school, full-time.

C. The individual (or the dependent on whose behalf the individual is applying) has at least one tax family member enrolled in a qualified health plan (QHP) that is not a catastrophic plan through the Marketplace who, for one or more months of the QHP coverage, is not eligible for other minimum essential coverage (including employer-sponsored coverage that meets affordability and minimum value standards, most Medicaid coverage, CHIP, Medicare, and certain other forms of coverage).

D. The individual, if married, is a part of a tax household that will file a joint income tax return for the plan year (with exceptions for abused or abandoned spouses and individuals who qualify to use a head-of-household tax filing status).

Correct Answer: B

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Question:

True or False: Advance payments of the premium tax credit are paid directly to the individuals who elect to receive them, and the individuals are responsible for applying these payments to reduce the cost of qualified health plan premiums for themselves and their tax dependents.

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. True
- B. False**

Correct Answer: B

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Question:

Eligibility for the premium tax credit is based on:

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. Household income, household size, and access to other minimum essential coverage**
- B. Household income, assets, and family size
- C. Household income, age, and access to other minimum essential coverage
- D. Assets, age, and access to other minimum essential coverage

Correct Answer: A

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Question:

Which of the following is NOT appropriate to share with consumers to effectively help them understand the connection between taxes and advance payments of the premium tax credit (APTC)?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. Differences between APTC and the allowed premium tax credit will impact a consumer's tax refund or tax liability.
- B. It is important to promptly report any change in circumstance that may affect the premium tax credit eligibility amount.
- C. The Marketplace will send the tax filer a Form 1095-A by mail and online in the tax filer's Marketplace account.
- D. If APTC was paid on behalf of a consumer last year and the consumer did not complete the required reconciliation of the premium tax credit and APTC on his or her federal tax return, he or she may fall under a grace period to be eligible to continue to receive future APTC.

Correct Answer: D

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Question:

Which of the following is NOT true about cost-sharing reductions (CSRs)?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. CSRs discount the amount of out-of-pocket expenses.
- B. CSRs lower out-of-pocket costs for deductibles.
- C. CSRs lower out-of-pocket costs for premiums.
- D. CSRs lower out-of-pocket costs for coinsurance.

Correct Answer: C

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Question:

True or False: Some individuals who are eligible for the premium tax credit are also eligible for cost-sharing reductions, as determined by their modified adjusted gross income.

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. True
- B. False

Correct Answer: A

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Question:

What should a consumer do after receiving a Marketplace notice that he or she may be enrolled in a Marketplace qualified health plan (QHP) with advance payments of the premium tax credit (APTC) and/or cost-sharing reductions (CSRs), and in Medicaid or the Children's Health Insurance Program (CHIP) coverage that qualifies as minimum essential coverage?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. The consumer should contact his or her state Medicaid/CHIP agency to cancel that coverage and maintain enrollment in a Marketplace QHP.
- B. The consumer should wait until the next Open Enrollment period to confirm to the Marketplace that he or she is enrolled in Medicaid or CHIP coverage.
- C. The consumer should act immediately to end Marketplace coverage with APTC/CSRs if he or she is enrolled in Medicaid or CHIP.
- D. The consumer should do nothing; otherwise, he or she risks having to pay back all or some of the APTC paid on the consumer's behalf.

Correct Answer: C

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Question:

Which of the following is NOT one of the eligibility criteria for an individual to qualify for cost-sharing reductions?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. The individual meets the eligibility requirements for enrollment in a qualified health plan.
- B. The individual meets the eligibility criteria for advance payments of the premium tax credit.
- C. The individual has an annual household income between 100% and 250% of the federal poverty level (except for members of federally recognized tribes or shareholders of Alaska Native Claims Settlement Act Corporations, who have special standards).
- D. The individual is enrolled in a qualified health plan with at least Gold coverage.**

Correct Answer: D

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Question:

Identify the difference between Medicaid and the Children's Health Insurance Program (CHIP).

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. Medicaid provides coverage for children only. CHIP provides coverage for children under age 19 and all of their family members.
- B. Medicaid is a federal and state partnership to provide coverage for eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. CHIP provides no-cost or low-cost health coverage to children under age 19 in families with qualifying incomes that are too high to qualify for Medicaid coverage.**
- C. Medicaid is a federal program for any low-income individual. CHIP is for children in families with incomes too low to qualify for Medicaid.
- D. Agents and brokers are able to make Medicaid determinations, but are not able to make CHIP eligibility determinations.

Correct Answer: B

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Question:

True or False: Children who are determined eligible for the Children's Health Insurance Program (CHIP) can enroll in Marketplace coverage if otherwise eligible, but will have to pay full cost for their share of the Marketplace plan premium and covered services, as they are ineligible for advance payments of the premium tax credit and for income-based cost-sharing reductions.

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. True
- B. False

Correct Answer: A

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Question:

True or False: Medicaid and the Children's Health Insurance Program eligibility is primarily based on current monthly income, while eligibility for the premium tax credit and cost-sharing reductions is based on projected annual household income.

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. True
- B. False

Correct Answer: A

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Question:

Which of the following statements is true regarding Medicaid and Children's Health Insurance Program (CHIP) eligibility determinations?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. The Marketplace makes all final Medicaid and CHIP eligibility determinations.
- B. The responsibility for making final eligibility determinations for Medicaid and CHIP depends on the state; in some states, the Marketplace has this responsibility, while in other states, the state makes the final eligibility determinations.
- C. Agents and brokers make Medicaid and CHIP eligibility determinations.
- D. Agents and brokers can make eligibility determinations only for states that have chosen to expand Medicaid eligibility.

Correct Answer: B

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Question:

The Affordable Care Act offers an opportunity for states to choose to expand Medicaid eligibility to all adults ages 19 – 64 with a household modified adjusted gross income at or below what percent of the federal poverty level?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. 200%
- B. 138%
- C. 100%
- D. 150%

Correct Answer: B

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Question:

True or False: An individual who is eligible to receive Medicaid may choose to purchase qualified health plan coverage through the Individual Marketplace, but is not eligible for the premium tax credit or cost-sharing reductions.

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. True
- B. False

Correct Answer: A

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Question:

When can individuals enroll in a qualified health plan?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. During the Open Enrollment period or during a special enrollment period for which the individual is eligible
- B. During the Open Enrollment period and during the month of their birthday
- C. During a special enrollment period only
- D. During the Open Enrollment period only

Correct Answer: A

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Question:

The Open Enrollment period for plan year 2021 is between which two dates?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. November 1, 2020 and January 31, 2021
- B. January 1, 2021 and December 31, 2021
- C. November 1, 2020 and December 15, 2020
- D. October 1, 2020 and December 31, 2020

Correct Answer: C

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Question:

True or False: An individual who does not qualify for a special enrollment period may enroll in a qualified health plan in an Individual Marketplace at any time during the year.

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. True
- B. False

Correct Answer: B

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Question:

Which of the following is NOT one of the ways that a consumer can submit an application for Marketplace coverage?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. Paper applications submitted by mail
- B. Online applications submitted via the Marketplace Pathway at HealthCare.gov
- C. Phone applications submitted via the Marketplace Call Center
- D. Applications that are scanned and emailed to the Marketplace**

Correct Answer: D

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Question:

True or False: When assisting consumers using the Marketplace Pathway, agents and brokers may log in as the consumer, using the consumer's username and password.

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. True
- B. False**

Correct Answer: B

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Question:

True or False: An individual may contact a qualified health plan issuer directly to initiate enrollment in an Individual Marketplace.

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. True
- B. False

Correct Answer: A

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Question:

An agent or broker who assists a consumer using the Marketplace Pathway should provide which of the following identifying data for the consumer to enter on his or her eligibility application or during selection of a qualified health plan when prompted?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. Agent's or broker's name and National Producer Number
- B. Agent's or broker's phone number
- C. Agent's or broker's Social Security number
- D. Agent's or broker's state(s) of licensure

Correct Answer: A

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Question:

Which of the following is NOT a qualifying event for a special enrollment period?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. Loss of qualifying health coverage
- B. Change in household size (e.g., marriage; gaining or becoming a dependent through birth, adoption, placement for adoption or foster care, or due to a child support or other court order)
- C. Dependent reaches age 18**
- D. Permanent move

Correct Answer: C

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Question:

True or False: Special enrollment periods extend for 90 days from the date of the qualifying event.

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. True
- B. False**

Correct Answer: B

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Question:

Which of the following is NOT true regarding effective dates for special enrollment period enrollments through the Marketplace?

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. For gaining or becoming a dependent through birth, adoption, or placement for adoption or foster care, or due to a child support or other court order, coverage can take effect retroactive to day the child was born, adopted, or placed for adoption or foster care, or date that the court

order took effect.

B. For a marriage, coverage can take effect as of the date of marriage.

C. For past loss of qualifying health coverage (up to 60 days in the past), coverage can take effect the first day of the month after the consumer selects a plan.

D. For a change in primary place of living, if plan selection is made between the 1st and 15th day of the month, the coverage effective date is the first day of the month following plan selection; if plan selection is made between the 16th and the last day of the month, the coverage effective date is the first day of the second month following plan selection.

Correct Answer: B

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Question:

Which of the following will NOT be included in the Marketplace Open Enrollment Notice that current enrollees receive from the Marketplace?:

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

A. A description of the annual redetermination and re-enrollment process.

B. A description of the enrollee's eligibility for financial assistance for the following plan year, and the qualified health plan that he or she will be re-enrolled in.

C. A reminder of the requirement that the enrollee report to the Marketplace changes to information that affect eligibility.

D. A reminder of key dates and instructions for ensuring coverage that will be effective January 1 of the following year.

Correct Answer: B

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Question:

To effectively help consumers understand and participate in the annual redetermination and re-enrollment process, agents and brokers should:

Directions:

Select the **best answer** and then select **Check Your Answer**.

Options:

- A. Encourage consumers to opt out of authorizing the Marketplace to request their updated tax return information from the Internal Revenue Service for use in the annual redetermination process.
- B. Discourage consumers from contacting the Marketplace to obtain an updated eligibility determination if their current household income has increased enough to make them ineligible for financial assistance.
- C. Assist consumers in updating their eligibility information and making a plan selection by the specified deadline for coverage effective January 1 of the following year.
- D. Direct consumers to do nothing unless their needs have changed from last year.

Correct Answer: C

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Congratulations! You have completed the assessment for the Individual Marketplace course!

To exit this assessment and return to the learning management system for further training, select the Exit button in the upper right corner.