

Score Report for the Indiana Navigator Certification Examination



Indiana Department of Insurance
311 West Washington Street
Indianapolis, Indiana 46204-2787
www.in.gov/idoi

IMPORTANT DISCLAIMER

The Score Report identifies content that will be tested on the Indiana Navigator Certification Examination. All questions on the Certification Examination are outlined on the Score Report. The Score Report will be updated periodically and may not be consistent with outdated study manuals. Where such discrepancies exist, the Score Report takes precedence.

Introduction and Purpose of Score Report

The Indiana Navigator Certification Examination Score Report identifies the subjects tested on the Indiana Navigator Certification Examination and the number of questions tested for each subject. The Indiana Navigator Certification Examination is a 90-minute examination consisting of 60 multiple choice questions. An Indiana Navigator applicant will need to score at least a 70% (42 correct out of 60) on the examination in order to be considered for certification. The Score Report is divided into the following three sections with the respective number of questions devoted to each section:

- I. Consumer Assistance Basics (20 total questions)**
- II. Medicaid Basics and Indiana Health Coverage Programs (20 total questions)**
- III. Health Insurance Basics and the Federally-facilitated Marketplace (20 total questions)**

These three sections follow the first three chapters of the Indiana Navigator Training Resource Manual, the first three Indiana Navigator Training Resource Modules, and the first three sections of the Indiana Navigator Subject Matter Content Outline, posted on the IDOI's website at www.in.gov/idoi/2937.htm. The Score Report will be updated periodically and may not be consistent with outdated study materials. Where such discrepancies exist, the Score Report takes precedence.

As required by [IC 27-19-4-11\(c\)](#) and [760 IAC 4-3-5](#), the Indiana Navigator Certification Examination tests the knowledge of Indiana Navigator applicants concerning the following subjects:

1. The functions of the federally-facilitated Marketplace (FFM) operating in Indiana and Indiana Health Coverage Programs (IHCPs) ;
2. The duties and responsibilities of Indiana Navigators;
3. The insurance laws of Indiana that apply to the functions of an Indiana Navigator with respect to the FFM, including rules related to IHCPs; and
4. The obligations of an Indiana Navigator related to confidentiality of consumers' information and conflicts of interest.

These four topics are tested on the examination as outlined in the three sections of the Score Report. In addition, the first three chapters of the Training Resource Manual, the first three Training Resource Modules, and the first three sections of the Subject Matter Content Outline, address these tested topics in sufficient detail. Indiana Navigator applicants and Precertification Education (PE) providers may use these materials as resources for training and preparation for the Certification Examination. The examination is administered on-site at Ivy Tech Community College locations throughout Indiana. For additional information on preparing and registering for the examination, please visit IDOI's website at www.in.gov/idoi/2836.htm.

Score Report

| Subject | Number of Questions |
|---|---------------------|
| I. Consumer Assistance Basics | |
| Total = 20 questions | |
| Types of Consumer Assistants <ul style="list-style-type: none"> • Similarities and differences between types of Consumer Assistants • Federal vs. State requirements for Navigators • Application of state Navigator law (IC 27-19) | 2 |
| Roles and Responsibilities – Application Organizations <ul style="list-style-type: none"> • Application/renewal and reporting | 1 |
| Roles and Responsibilities – Indiana Navigators <ul style="list-style-type: none"> • Application/renewal requirements and processes • Eligibility assessment and enrollment assistance • Using unique certification number | 2 |
| Roles and Responsibilities – State <ul style="list-style-type: none"> • State responsibilities • State interaction with Indiana Navigators and Application Organizations | 1 |
| Limitations for Indiana Navigators and Application Organizations <ul style="list-style-type: none"> • Conflicts of Interest • Privacy and security, confidentiality • Consent and authorization • Waste, fraud, and abuse • Advising on plan selection • Compensation • Reporting requirements | 6 |
| Consequences for Violation <ul style="list-style-type: none"> • Not doing what the Consumer Assistance type should • Doing what the Consumer Assistance type should not | 2 |
| Information Resources <ul style="list-style-type: none"> • How and when to access | 3 |
| Issuing Consumer Complaint <ul style="list-style-type: none"> • Who to contact • What to expect | 2 |
| Consumer Assistance Terminology | 1 |
| II. Medicaid Basics and Indiana Health Coverage Programs | |
| Total = 20 questions | |
| Basics <ul style="list-style-type: none"> • What are Indiana Health Coverage Programs • Overview of Indiana Health Coverage Programs • Benefit packages and available services • General factors of eligibility | 6 |
| Changes under the Affordable Care Act and State Law | 4 |

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|---|-----------------------------|
| <ul style="list-style-type: none"> • MAGI vs. non-MAGI • MAGI Conversion • Aid categories/eligibility groups • Medicaid eligibility based on blindness or disability • Presumptive eligibility (PE) | |
| <p>Indiana Application for Health Coverage and Post-Enrollment</p> <ul style="list-style-type: none"> • Application process – paper, online, phone • Verifying factors of eligibility • Notices • Appeals • Renewals • What an individual can expect after being determined eligible • Using coverage | 6 |
| Hoosier Healthwise, CHIP, HIP 2.0, traditional Medicaid, and other state-based assistance program terminology | 4 |
| III. Health Insurance Basics and the Federally-facilitated Marketplace | Total = 20 questions |
| <p>Marketplace Basics</p> <ul style="list-style-type: none"> • Functions of a health benefit Exchange/Marketplace • Qualified Health Plans; metal tiers; stand-alone dental plan • Premium Tax Credits and Cost-sharing Reductions – Eligibility, value, and responsibilities • SHOP Marketplace – <u>at least one question</u> • Open enrollment period and special enrollment periods | 4 |
| <p>Federally-facilitated Marketplace Application</p> <ul style="list-style-type: none"> • Application process – paper, online, phone • Verifying eligibility • Notices • Appeals • Plan selection, plan changes • Re-enrollment | 5 |
| <p>Insurance Basics and Changes under the Affordable Care Act</p> <ul style="list-style-type: none"> • Minimum Essential Coverage • Individual Mandate • Exemptions to mandate; affordability exemptions • Guaranteed availability and renewability; dependent age 26 • MLR requirements and rebates • Mandated benefits: Preventive, Essential Health Benefits, State requirements • On-Marketplace vs. Off-Marketplace plans • Employer requirements and coverage | 6 |
| Indiana Insurance Law and Terminology | 5 |