



Indiana Navigator

Certification Exam Score Report

Version 2.0

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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 The Score Report will be updated periodically and may not be consistent with outdated study manuals.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 (IHCPs) (19 total questions)**
- III. **Health Insurance Basics and the Federal Marketplace (21 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/2826.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 The Score Report will be updated periodically and may not be consistent with outdated study materials.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 Indiana Code 27-19-4-11(c), the Indiana Navigator Certification Examination tests the knowledge of Indiana Navigator applicants concerning the following subjects:

1. The functions of the federal Marketplace operating in Indiana;
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 federal Marketplace, including rules related to public health insurance programs (i.e., Indiana Health Coverage Programs (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) course providers may use these materials as resources for training and preparation for the Certification Examination. The examination is administered on-site at Ivy Tech locations across 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 & 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 (AOs) <ul style="list-style-type: none"> Application/renewal & reporting 	1
Roles and Responsibilities – Individual Indiana Navigators <ul style="list-style-type: none"> Application/renewal requirements & process Eligibility assessment & enrollment assistance Using unique ID 	2
Roles and Responsibilities – State <ul style="list-style-type: none"> State responsibilities State interaction with Indiana Navigators & AOs 	1
Limitations for Indiana Navigators and AOs <ul style="list-style-type: none"> Conflicts of Interest Privacy & security, confidentiality Consent & authorization Waste, fraud, & abuse Advising on plan selection Compensation Reporting requirements 	6
Consequences for Violation <ul style="list-style-type: none"> Not doing what Consumer Assistance type should Doing what Consumer Assistance type should not 	2
Information Resources <ul style="list-style-type: none"> How & 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 (IHCPs)	
Total = 19 questions	
Medicaid Basics <ul style="list-style-type: none"> What is Medicaid Overview of Indiana Health Coverage Programs (IHCPs) Benefit packages & available services General factors of eligibility 	6
Medicaid changes <ul style="list-style-type: none"> MAGI vs. non-MAGI MAGI Conversion 	4



<ul style="list-style-type: none"> • Aid categories/eligibility groups • Medicaid eligibility based on blindness or disability • Presumptive eligibility (PE) 	
<p>Medicaid Application & 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 Medicaid Coverage 	6
Medicaid, CHIP, HIP, and State-based assistance program terminology	3
III. Health Insurance Basics and the Federal Marketplace	Total = 21 questions
<p>Marketplace Basics</p> <ul style="list-style-type: none"> • Functions of a health benefit Exchange/Marketplace • Qualified Health Plans (QHPs); metal tiers; stand-alone dental plan • Premium Tax Credits (PTCs) – Eligibility, value, & responsibilities • Cost-sharing Reductions (CSRs) - Eligibility • SHOP – <u>at least 1 question</u> • Open enrollment period & special enrollment periods 	5
<p>Federal 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 & Changes</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 (EHBs), State requirements • On-Marketplace vs. Off-Marketplace plans • Employer requirements and coverage 	6
Indiana Insurance Law & Terminology	5

