

Subject Matter Content Outline for Indiana Navigator Precertification Education



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Content contained in this outline is subject to change due to ongoing changes in federal and state laws and regulations. When using this outline to develop Indiana Navigator courses, course providers are expected to know if any discrepancies exist and, if so, to take proper steps to ensure that their courses provide the most accurate, up-to-date information.

I. Consumer Assistance Basics

A. Objectives

1. Understand the roles, responsibilities, and requirements of consumer assistants
2. Understand the Indiana law regarding Indiana Navigators and AOs
3. Understand what additional resources are available for becoming a consumer assistant

B. Key Terms

1. Administrative Action
2. Affordable Care Act (ACA) (also referred to as Patient Protection and Affordable Care Act (PPACA) or Obamacare)
3. Application Organization (AO)
4. Centers for Medicare & Medicaid Services (CMS)
5. Certified Application Counselor (CAC)
6. Compensation
7. Complaint
8. Conflict of Interest
9. Conflict of Interest Disclosure Form
10. Conflict of Interest Policy
11. Conflict of Loyalty
12. Consumer Assistant
13. Department of Health and Human Services (HHS)
14. Ethics
15. Family and Social Services Administration (FSSA)
16. Federally-facilitated Marketplace (FFM) (also referred to as Federal Marketplace or HealthCare.gov)
17. Federal Navigator
18. Financial Interest
19. Healthcare.gov
20. Indiana Administrative Code – Title 760, Article 4
21. Indiana Code 27-19
22. Indiana Department of Insurance (IDOI)
23. Indiana Health Coverage Program (IHCP)
24. Indiana Navigator
25. Indiana Navigator Designation Form for Licensed Insurance Producers and Consultants
26. Marketplace (also referred to as Exchange or Health Benefit Exchange)
27. Navigator Continuing Education (CE)
28. Navigator Examination
29. Navigator Examination Score Report
30. Navigator Precertification Education (PE)
31. Navigator Service Request Form
32. Navigator Subject Matter Content Outline

33. Navigator Training Resource Module
34. Non-Navigator Assistance Personnel (also known as In-Person Assister or In-Person Counselor)
35. Partnership Marketplace (also referred to as Partnership Exchange)
36. Performance Assessment Network (PAN)
37. Personal Information
38. Privacy and Security Agreement
39. Producer (also referred to as Agency, Agent or Broker)
40. Reporting Requirement
41. Security Breach
42. Sircon (also known as Vertafore)
43. State-based Marketplace

C. Background of Consumer Assistance under the Affordable Care Act

D. Federally-Mandated Consumer Assistants

1. Federal Navigators

- a. Definition and Purpose of Federal Navigators
- b. Federal Navigator Roles and Responsibilities
- c. Becoming a Federal Navigator
- d. Federal Navigators Serving Hoosiers – State Requirements

2. Certified Application Counselors

- a. Definition and Purpose of Certified Application Counselors
- b. Certified Application Counselors - Roles and Responsibilities
- c. Becoming a Certified Application Counselor
- d. Certified Application Counselors Serving Hoosiers – State Requirements

3. Non-Navigator Assistance Personnel

- a. Definition and Purpose of Non-Navigator Assistance Personnel
- b. Non-Navigator Assistance Personnel Roles and Responsibilities
- c. Becoming Non-Navigator Assistance Personnel
- d. Non-Navigator Assistance Personnel Serving Hoosiers – State requirements

E. State of Indiana – Roles and Responsibilities with Consumer Assistance

1. State Role in the Certification/Registration and Re-certification/Re-registration Processes

- a. State Monitoring and Oversight
- b. State Enforcement Actions

2. Indiana Navigator and Application Organization Requirements for Completing Certification and Registration

- a. Requirements Proscribed by State Legislation
- b. Consequences for Not Meeting Requirements

F. State-certified Consumer Assistance

1. Who needs to be certified as an Indiana Navigator or Application Organization?

2. Application Organizations

- a. Application Organization Roles and Responsibilities
- b. Becoming an Application Organization
 - i. *Becoming an Application Organization – Registration*
 - ii. *Becoming an Application Organization – Conflict of Interest Disclosure Form*
 - iii. *Becoming an Application Organization – Privacy and Security Agreement*
 - iv. *Becoming an Application Organization – List of All Locations (for Multi-Location AOs)*
- c. Obtaining and Maintaining Application Organization Registration – Reporting Requirements
- d. Maintaining Application Organization Registration: Renewal

3. Indiana Navigators

- a. Indiana Navigator Roles and Responsibilities
- b. Becoming an Indiana Navigator - Application
- c. Becoming an Indiana Navigator - Precertification Education and Navigator Examination
- d. Maintaining Indiana Navigator Certification – Continuing Education and Reporting Requirements
- e. Indiana Navigator Certification Renewal
- f. Application Organizations Options for Assisting Indiana Navigators in Applying for and Renewing Certifications
- g. State limitations for Indiana Navigators
 - i. *Conflict of Interest Policy*
 - aa. Financial Conflict of Interest
 - bb. Conflict of Loyalty
 - cc. Changes in Actual or Potential Conflicts of Interest
 - dd. Conflict of Interest Disclosure Form
 - ii. *Additional Requirements for Federally-Designated Consumer Assistants*
 - iii. *Receiving compensation*
 - iv. *Privacy & Security Agreement and Confidentiality Standards*
 - v. *Advice on Plan Selection*

4. Health Insurance Producers (Agents and Brokers)

G. Ethics for Indiana Navigators and Application Organizations

1. Ethical Standard: Commitment to Clients
2. Ethical Standard: Self-Determination
3. Ethical Standard: Informed Consent
4. Ethical Standard: Competence
5. Ethical Standard: Cultural Competence
6. Ethical Standard: Conflicts of Interest
7. Ethical Standard: Privacy and Confidentiality
8. Ethical Standard: Access to Records
9. Ethical Standard: Professional Conduct

H. Vulnerable and Underserved populations

1. Serving Different Cultures and Languages – the National CLAS Standards
2. Serving Persons with Disabilities

II. Indiana Health Coverage Programs

A. Objectives

1. Understand Indiana Health Coverage Program (IHCP) (*e.g.*, Medicaid, Healthy Indiana Plan (HIP 2.0), Children’s Health Insurance Program (CHIP)) eligibility factors and be able to assess whether a consumer might be eligible for an Indiana Health Coverage Program.
2. Understand what information a consumer needs to provide as part of the Indiana Application for Health Coverage (IAHC).
3. Understand a consumer’s options for applying for IHCPs through the state of Indiana.
4. Understand what a consumer should expect after the IAHC is filed.

B. Key Terms

1. 1115 (c) Waiver
2. 1634 Status
3. Authorized Representative (AR)
4. Auto Assignment
5. Behavioral and Primary Healthcare Coordination Program (BPHC)
6. Benefits Portal
7. Children’s Health Insurance Program (CHIP)
8. Division of Family Resources (DFR)
9. Eligibility Group (also referred to as Aid Category)
10. Eligibility Hierarchy
11. Family Planning Eligibility Program
12. Fast Track
13. Federal Poverty Level (FPL)
14. Gateway to Work
15. Health Maintenance Organization (HMO)
16. Healthy Indiana Plan (HIP 2.0)
17. HIP Basic
18. HIP Employer Link
19. HIP Plus
20. HIP State Plan
21. Home and Community-Based Services (HCBS) Waivers
22. Hoosier Care Connect
23. Hoosier Healthwise (HHW)
24. HPE Adult
25. Indiana Application for Health Coverage (IAHC)
26. Indiana Health Coverage Program (IHCP)
27. Managed Care Entity (MCE) (also referred to as Managed Care Organization (MCO))
28. Medicaid
29. Medicaid Review Team (MRT)

30. Medically Frail
31. Medicare Savings Program
32. M.E.D. Works (short for Medicaid for Employees with Disabilities)
33. Miller Trust (also referred to as Qualified Income Trust (QIT))
34. Modified Adjusted Gross Income (MAGI)
35. Modified Adjusted Gross Income (MAGI) Conversion
36. Non-Modified Adjusted Gross Income (Non-MAGI) Population
37. Office of Medicaid Policy and Planning (OMPP)
38. Pathway to Coverage
39. POWER Account (also referred to as Personal Wellness and Responsibility Account)
40. Preferred Provider Organization (PPO)
41. Presumptive Eligibility (PE) (also referred to as PE for Pregnant Women (PEPW), Hospital PE (HPE), or PE for Inmates)
42. Primary Medical Provider (PMP)
43. Prior Authorization (PA)
44. Provider (also referred to as Healthcare Provider)
45. Qualified Provider (QP) (also referred to as Presumptive Eligibility (PE) Qualified Entity)
46. Redetermination
47. Re-Enrollment
48. Right Choices Program
49. Social Security Administration (SSA)
50. Social Security Disability Insurance (SSDI)
51. Spend Down Program
52. Supplemental Nutrition Assistance Program (SNAP)
53. Supplemental Security Income (SSI)
54. Temporary Assistance for Needy Families (TANF)
55. Traditional Medicaid (also referred to as Fee-for-Service)
56. Transitional Medical Assistance (TMA)
57. Web Interchange

C. General Structure

D. Overview of Indiana Health Coverage Programs

1. **Hoosier Healthwise**
2. **Healthy Indiana Plan (HIP 2.0)**
 - a. Eligibility for HIP 2.0
 - b. POWER Account Contributions and Preventive Care
 - c. Pathways to Coverage
 - i. *HIP Plus*
 - ii. *HIP Basic*
 - iii. *HIP Employer Link*
 - iv. *HIP State Plan*
 - d. Becoming Pregnant While on HIP 2.0

- e. Gateway to Work
- f. How to Apply for HIP 2.0
- g. Payment of the POWER Account Invoice
- h. Hoosier Healthwise and HIP 2.0 Managed Care Entities
- 3. **Hoosier Care Connect**
- 4. **Traditional Medicaid (Fee-for-Service)**
- 5. **M.E.D. Works**
- 6. **590 Program**
- 7. **Home & Community Based Services (HCBS) Waivers**
 - a. Behavioral and Primary Healthcare Coordination Program
- 8. **Medicare Savings Program**
- 9. **Family Planning Eligibility Program**
- 10. **Breast and Cervical Cancer Program**
- 11. **Right Choices Program**
- 12. **End Stage Renal Disease Program**
- E. Presumptive Eligibility**
 - 1. **Presumptive Eligibility for Pregnant Women – Qualified Providers**
 - a. Presumptive Eligibility for Pregnant Women
 - b. Qualified Providers
 - 2. **Hospital Presumptive Eligibility – Qualified Hospitals**
 - a. Hospital Presumptive Eligibility
 - b. HPE Adult – Healthy Indiana Plan (HIP 2.0) Presumptive Eligibility
 - c. Qualified Hospitals
 - 3. **Presumptive Eligibility for Inmates**
- F. Indiana Medicaid Benefit Packages**
- G. Overview of Services Available under Medicaid, the Children’s Health Insurance Program, and the Healthy Indiana Plan**
 - 1. **Medicaid Covered Services**
 - 2. **Children’s Health Insurance Program Covered Services**
 - 3. **Healthy Indiana Plan Covered Services**
- H. General Medicaid Factors of Eligibility**
 - 1. **Residency**
 - 2. **Citizenship/Immigration Status**
 - 3. **Requirement to Provide a Social Security Number**
 - 4. **Requirement to File for Other Benefits**
- I. Assignment of Medical Rights**
- J. Access to Other Insurance**
- K. Eligibility Determination & Enrollment Standard Changes under the ACA**
 - 1. **Medicaid Modified Adjusted Gross Income (MAGI) Methodologies**
 - a. MAGI Conversion Process
 - b. Non-MAGI Populations

L. Eligibility Groups

M. The Eligibility Hierarchy

1. **Infants & Children**
 - a. CHIP Specific Eligibility Provisions
2. **Parents and Other Caretaker Relatives**
3. **Pregnant Women**
4. **Former Foster Children**
5. **Long Term Care/Nursing Facility**
 - a. Miller Trusts and Eligibility for Medicaid Coverage of Long-Term Care and Home and Community-Based Services

N. Income Standards

O. Authorized Representatives

P. Verifying Factors of Eligibility

Q. Eligibility Appeals

R. What an Individual Can Expect After Being Determined Eligible for Indiana Medicaid

1. **Effective Date of Eligibility**
2. **Notices and Insurance Card**
3. **CHIP Premiums**
4. **HIP 2.0 POWER Account Contributions**
5. **M.E.D. Works Premiums**

S. Eligibility Redeterminations

1. **Eligibility Redeterminations for Members Eligible Based on Blindness or Disability**
2. **Reporting Changes**
3. **Pregnancy and Newborn Coverage**

T. Using Coverage

U. Prior Authorization

V. Copayments

1. **Post-Eligibility Appeals**
 - a. HIP 2.0, Hoosier Healthwise, and Hoosier Care Connect Grievances and Appeals
 - b. Appeals to the State

W. Contacting the State for Assistance and Information

III. Health Insurance Basics and the Federally-facilitated Marketplace

A. Objectives

1. Understand basic insurance concepts, how the health insurance market works, and the key costs and benefits on a health insurance plan description
2. Understand the key concepts of the Affordable Care Act (ACA) and what are the requirements for consumers and for health insurance plans sold on the Federally-facilitated Marketplace (FFM)
3. Understand what the FFM is, who can use it, and where Hoosiers consumers should go for assistance with the FFM
4. Understand how to help a consumer identify whether or not the consumer may be eligible for coverage and cost assistance programs, and how to enroll into Indiana Health Coverage Programs (IHCPs) or the FFM
5. Understand the new insurance affordability programs including qualified health plans (QHPs), premium tax credits (PTCs), and cost-sharing reductions (CSRs), how these programs work, and who is eligible for these programs

B. Key Terms

1. Actuarial Value (AV)
2. Adverse Selection
3. Affordable Care Act (ACA) (also referred to as Patient Protection and Affordable Care Act (PPACA) or Obamacare)
4. Benchmark Plan
5. Bronze Plan
6. Catastrophic Plan
7. Certificate of Coverage
8. Child-only Policy (or “Child-only Plan”)
9. Churn
10. COBRA Insurance (also known as Consolidated Omnibus Budget Reconciliation Act)
11. Coinsurance
12. Common-Law Employee (or Employee)
13. Consumer Directed Health Plan (CDHP) (also known as High Deductible Health Plan (HDHP))
14. Copayment (also referred to as Copay)
15. Cost-sharing
16. Cost-sharing Reduction (CSR)
17. Deductible
18. Department of Health and Human Services (HHS)
19. Dependant
20. Employer Mandate (also referred to as Employer Shared-Responsibility)
21. Enrollment Period (also known as Open Enrollment Period, Special Enrollment Period (SEP), or SHOP Enrollment Period)

22. Essential Health Benefit (EHB)
23. Explanation of Benefits (EOB)
24. Federal Poverty Level (FPL)
25. Federally-facilitated Marketplace (also referred to as Federal Marketplace, Marketplace, or HealthCare.gov)
26. Flexible Spending Account (FSA)
27. Full-time Equivalent Employee (FTE) Count
28. Gold Plan
29. Grandfathered Health Plan
30. Grandmothered Health Plan (also referred to as Transitional Health Plan)
31. Group Market
32. Health Contingent Wellness Program
33. Health Insurance (also referred to as Insurance, Benefits, or Coverage)
34. Health Reimbursement Account (HRA)
35. Health Savings Account (HSA)
36. Healthcare.gov
37. High Risk Pool (also referred to as Indiana’s High Risk Pool or ICHIA (Indiana Comprehensive Health Insurance Association))
38. In-Network Provider
39. Individual Mandate (also referred to as Individual Shared-Responsibility)
40. Individual Market
41. Insurance Affordability Program
42. Insurer (also referred to as health insurance Issuer, Carrier, or Company)
43. Large Employer (also referred to as Large Group Employer)
44. Major Medical Insurance
45. Marketplace (also referred to as Exchange)
46. Medical Loss Ratio (MLR)
47. Medicare
48. Metal Tier (also referred to as Health Plan Category, Metal Level, or Metal Plan)
49. Minimum Essential Coverage (MEC)
50. Minimum Value (MV)
51. Modified Adjusted Gross Income (MAGI)
52. Modified Adjusted Gross Income (MAGI) Conversion
53. Network Adequacy Standards
54. Non-Grandfathered Health Plan
55. Non-Modified Adjusted Gross Income (Non-MAGI) Populations
56. Open Enrollment Period
57. Out-of-network Provider
58. Out-of-pocket Maximum (also referred to as Out-of-pocket Limit)
59. Pediatric
60. Platinum Plan
61. Policy Year

62. Pre-existing Condition
63. Premium
64. Premium Tax Credit (PTC) (also referred to as Advanced Premium Tax Credit or APTC) or Subsidy)
65. Producer (also referred to as Agent, Broker, or Agency)
66. Provider (also referred to as Healthcare Provider)
67. Qualified Health Plan (QHP)
68. Rate Review
69. Rating Factors
70. Redetermination
71. Re-Enrollment
72. Reward
73. Seasonal Worker
74. SHOP Enrollment Period
75. Silver Plan
76. SHOP (Small Business Health Options Program) Marketplace
77. Small Employer (also referred to as Small Group Employer)
78. Special Enrollment Period (SEP)
79. Stand-Alone Dental Plan
80. State Health Insurance Assistance Program (SHIP)
81. Summary of Benefits and Coverage
82. Wellness Program

C. Basics of the Affordable Care Act

1. **Individual Impacts**
 - a. Requirement to Have Health Insurance
 - b. Guaranteed Issue and Guaranteed Renewability
 - c. Comprehensive Coverage
 - d. New Avenues to Purchase Health Insurance
 - e. Help Paying for Health Insurance and Cost-Sharing
 - f. Enrollment Periods
2. **Employer Impacts**
 - a. Full-time Equivalent Employees
3. **Small Employers**
 - a. SHOP Marketplace
 - b. Small Employer Tax Credits
 - c. Employer Shared-Responsibility Payments
 - d. Minimum Value of Plans
 - e. Employer Interaction with the Individual Marketplace
4. **Insurer Impacts**
 - a. Rating Requirements
 - b. Market Reforms
 - c. Certification Requirements

- d. Medical Loss Ratio

D. Health Insurance Basics and Characteristics of Coverage under the Affordable Care Act

1. **Basics of Health Insurance Markets**
2. **Basics of Health Insurance Coverage**
 - a. Health Plan Cost
3. **Types of Health Insurance Coverage**
 - a. Major Medical Insurance
 - b. Metal Tiers (Actuarial Value)
 - c. Catastrophic Plans
 - d. Grandfathered Plans
 - e. Grandmothered Health Plans
 - f. Qualified Health Plans
 - g. Multi-State Plans
4. **Other Commercial Coverage Types**
 - a. Stand-Alone Plans
 - b. Other Excepted Benefit Plans
 - c. High Risk Pool Coverage

E. Characteristics of the Health Insurance Market under the Affordable Care Act

1. **Minimum Essential Coverage**
 - a. Government-Sponsored Coverage
 - i. *Minimum Essential Coverage Detail: Medicare*
 - ii. *Minimum Essential Coverage Detail: Medicaid and the Children’s Health Insurance Program*
 - iii. *Minimum Essential Coverage Detail: Healthy Indiana Plan*
 - iv. *Minimum Essential Coverage Detail: Medicaid Family Planning Coverage*
 - v. *Minimum Essential Coverage Detail: Medicaid Tuberculosis Related Services*
 - vi. *Minimum Essential Coverage Detail: Medicaid Pregnancy-Related Services*
 - vii. *Minimum Essential Coverage Detail: Medicaid Coverage of Emergency Medical Services*
 - viii. *Minimum Essential Coverage Detail: Coverage for Veterans and Other Federal Coverage*
 - b. Employer-Sponsored Coverage
 - i. *COBRA & Retiree Coverage*
 - c. Coverage in the Individual Market
 - d. Coverage under a Grandfathered Plan
 - e. Additional Coverage as Specified
 - f. Updates to Coverage Types

2. **Individual Shared-Responsibility Requirement**
 - a. Exemptions
 - b. Applying for an Exemption
 - c. Exemption Appeals
 - d. Exemption Wrap-Up
3. **Shared-Responsibility Payment**
4. **Guaranteed Availability and Guaranteed Renewability**
 - a. Pre-Existing Conditions
 - b. Dependent Age 26
5. **Elimination of Lifetime and Annual Maximums**
6. **Rating Factors**
 - a. Rating for Age
 - b. Rating for Tobacco
 - c. Rating for Location
 - d. State-Specific Rating Areas
 - i. *Family Plans*
 - ii. *Small Group Plans*
7. **Medical Loss Ratio (MLR)**
8. **Marketplace vs. Non-Marketplace Coverage**
9. **Small Business Health Insurance Options Program**
 - a. SHOP Enrollment
10. **Changes to Health Insurance Regulatory Conditions under the Affordable Care Act**
 - a. ACA-Mandated Benefits: Preventive Services
 - i. *United State Preventive Task Force Guidelines*
 - ii. *Preventive Guidelines for Women*
 - iii. *Preventive Guidelines for Children*
 - iv. *Guidelines for Immunizations*
 - b. Essential Health Benefits
 - c. State-Mandated Benefits
 - d. Actuarial Value
11. **Changes in Insurance Affordability Options under the Affordable Care Act**
 - a. Insurance Affordability Programs
 - b. Federal Poverty Level
 - c. Modified Adjusted Gross Income
12. **Eligibility for Insurance Affordability Programs**
 - a. Requirement to File
 - b. Requirement to Report Changes
13. **Applying for Insurance Affordability Programs**
 - a. Household Eligibility
 - b. Payment of the Premium Tax Credits
 - c. APTC Reconciliation
 - d. Cost-Sharing Reductions

- e. Open Enrollment Periods/Re-enrollment
- f. Special Enrollment Periods
- g. Open Enrollment Period and the Outside Market
- h. Applying for Individual or Family Coverage through the Federally-facilitated Marketplace
 - i. Applying for Qualified Health Plan Coverage*
 - ii. Enrollment*
 - iii. Plan Termination*
 - iv. Mid-Year Changes*
 - v. Churn*
 - vi. Re-enrollment*
 - vii. Appeals*

IV. Helping Consumers Apply for Health Coverage

A. Chapter Objectives

1. Ability to screen consumers for the “best door” to health insurance coverage.
2. Ability to help consumers apply for state and federal health coverage programs.
3. Ability to address consumer questions and concerns before and after consumer health coverage applications are submitted.
4. Gain helpful knowledge, tools, and additional resources for assisting health insurance consumers.
5. Understand how and when it is appropriate to refer consumers to other resources.

B. Key Terms

1. 1634 Status
2. Appeal
3. Benefits Portal
4. Best Door
5. Eligibility Group (also referred to as Aid Category)
6. Federal Poverty Level (FPL)
7. Federally-facilitated Marketplace (also referred to as Federal Marketplace, Marketplace, or HealthCare.gov)
8. Healthcare.gov
9. Healthy Indiana Plan (HIP 2.0)
10. Home and Community-Based Services (HCBS) Waiver
11. Indiana Application for Health Coverage (IAHC)
12. Indiana Health Coverage Program (IHCP)
13. Insurance Affordability Program
14. Medicaid
15. Medical Review Team (MRT)
16. Open Enrollment Period
17. Preliminary Eligibility Screening
18. Presumptive Eligibility (PE) (also referred to as PE for Pregnant Women (PEPW), Hospital PE (HPE), or PE for Inmates)
19. Redetermination (also referred to as Eligibility Redetermination)
20. Re-enrollment
21. Social Security Administration (SSA)
22. Social Security Disability Insurance (SSDI)
23. Special Enrollment Period (SEP)
24. Supplemental Security Income (SSI)

C. Preparing to Help Consumers Apply for Health Coverage

1. **Step One: Inform the Consumer of Any Actual or Potential Conflicts of Interest and of the Indiana Navigator’s Roles and Responsibilities**

2. **Steps Two and Three: Complete Preliminary Eligibility Screening and Recommend the “Best Door” for the Consumer to take**

D. How to Help Consumer Apply for Indiana Health Coverage Programs

1. **Medicaid (Hoosier Healthwise or Traditional, Fee-for-Service)**
 - a. Using the Online Medicaid Application
 - b. Checking Medicaid Application Status
 - c. Medicaid Eligibility Based on Blindness or Disability
2. **Healthy Indiana Plan (HIP 2.0)**
3. **Home and Community-Based Services Waiver Programs**
4. **Presumptive Eligibility**

E. How to Help Consumers Apply for Coverage and Insurance Affordability Programs on the Federally-facilitated Marketplace

1. **Federally-facilitated Marketplace Applications Basics**
 - a. Beginning the FFM Application
 - b. Disability Question on the FFM Application
 - c. Employer Coverage Questions on the FFM Application
 - d. Sources of Information Needed for the FFM Application
2. **Interaction with the Federally-facilitated Marketplace**
 - a. After Completing an Application
 - b. To Challenge a Decision
 - c. Reporting Changes
 - d. Eligibility Redeterminations