Indiana Navigator
Examination Content Outline
*60 Multiple-Choice Questions Total
**Time Limit 90 Minutes
Passing Score 70% (42 Correct Out of 60)
Revised 5/16/2018

I. Consumer Assistance Basics (20 Total Questions)

A. Federally-Designated Consumer Assistants (3 Questions)
   1. Governing Bodies/Law
      a. Department of Health and Human Services (HHS)
         i. Centers for Medicare and Medicaid Services (CMS)
      b. Affordable Care Act (ACA)
   2. Types of Federally-Designated Consumer Assistants
      a. Federal Navigators
         i. Federal vs. State Requirements for Navigators
      b. Certified Application Counselors (CACs)
      c. Non-Navigator Assistance Personnel
      d. Producers (Agents and Brokers)
   3. Definition, Purpose, Roles and Responsibilities, and How to Become Each Type of Federally-Designated Consumer Assistant
   4. Federally-Designated Consumer Assistants Serving Hoosiers – State Requirements
      a. Application of Indiana Navigator Law (IC 27-19)

B. Indiana Navigators and Application Organizations (12 Questions)
   1. Who needs to be certified as an Indiana Navigator or Application Organization
   2. Application Organizations (1 Question)
      a. Definition, Roles and Responsibilities
      b. Becoming an Application Organization
         i. Online Application
      iii. Privacy and Security Agreement
      iv. List of All Locations (for Multi-Location AOs)
      c. Annual Renewal Requirements
   3. Indiana Navigators (2 Questions)
      a. Definition, Roles and Responsibilities
      b. Becoming an Indiana Navigator
         i. Online Application
      ii. Background Check
      iii. Conflict of Interest Disclosure Form

*Additional non-scored trial questions may be added to exam
**Extra time will be allotted for any additional non-scored trial questions
iv. Privacy and Security Agreement
v. Precertification Education
vi. Certification Examination
c. Annual Renewal Requirements; Continuing Education

4. Limitations for Indiana Navigators and Application Organizations (6 Questions)
a. Conflicts of Interest
   i. Conflict of Interest Policy
      a. Financial Conflict of Interest
      b. Conflict of Loyalty
      c. Changes in Actual or Potential Conflict of Interest
      d. Conflict of Interest Disclosure Form

b. Privacy and Security; confidentiality
   i. Privacy and Security Agreement
      a. Personal Information
      b. Reporting a Breach of Privacy/Security

c. Ethical Standards
   i. Commitment to Clients
   ii. Self-Determination
   iii. Informed Consent and Authorization
   iv. Competence
   v. Cultural Competence
      a. Serving Different Cultures and Languages – the National CLAS Standards
      b. Serving Persons with Disabilities

vi. Conflicts of Interest
vii. Privacy and Confidentiality
viii. Access to Records
ix. Professional Conduct
d. Advising on plan selection
e. Receiving Compensation
f. Using unique certification/registration number
g. Reporting Requirements
   i. Change of name or contact information
   ii. Administrative, criminal, or legal action
   iii. Change in Conflict of Interest status
   iv. Security Breach or improper disclosure of consumer’s Personal Information

5. Information Resources (3 Questions)
   a. How and when to access (e.g., websites, resources, agency contacts)
C. State of Indiana – Roles and Responsibilities (5 Questions)

1. State Role in Certification/Registration and Re-certification/Re-registration of Indiana Navigators and Application Organizations
   a. State Monitoring and Oversight (1 Question)
      i. Indiana Department of Insurance (IDOI)
      ii. Family and Social Services Administration (FSSA)
   b. State Administrative Actions (2 Questions)
      i. Consequences for Violation of Navigator/Application Organization laws and regulations
   c. Issuing a Consumer Complaint (2 Questions)
      i. Who to contact
      ii. What to expect
   d. Legal Authority
      i. Indiana Code (IC 27-19)
      ii. Indiana Administrative Code (760 IAC 4)

II. Indiana Health Coverage Programs (20 Questions Total)

A. Overview of Indiana Health Coverage Programs (14 Questions)

1. Types of Indiana Health Coverage Programs – Benefit Packages/Available Services
   a. Hoosier Healthwise
   b. Healthy Indiana Plan (HIP)
      i. Types of Coverage
         1. HIP Plus
         2. HIP Basic
         3. HIP Maternity
         4. HIP State Plan
      ii. Gateway to Work
      iii. POWER Account Contributions and Preventive Care
      iv. Tobacco Surcharge
   c. Managed Care Entities
   d. Hoosier Care Connect
   e. Traditional Medicaid (Fee-for-Service)
   f. Children’s Health Insurance Program (CHIP)
   g. M.E.D. Works
   h. Home & Community Based Services (HCBS) Waivers
      i. Behavioral and Primary Healthcare Coordination Program
   i. Medicare Savings Program
   j. Family Planning Eligibility Program
   k. Breast and Cervical Cancer Program
   l. Right Choices Program
   m. End Stage Renal Disease Program
n. Presumptive Eligibility (PE) (e.g., Pregnant women, Hospital, Inmates)

2. General Factors of Eligibility
   a. Residency
   b. Citizenship/Immigration Status
   c. Income Standards
   d. Requirement to Provide a Social Security Number
   e. Requirement to File for Other Benefits
   f. Medicaid Modified Adjusted Gross Income (MAGI) Methodologies
      i. MAGI vs. non-MAGI Populations
   g. Medicaid Eligibility Based on Blindness or Disability

B. Indiana Application for Health Coverage / Post-Enrollment (6 Questions)

1. Preparing to Help Consumers Apply for Health Coverage
   a. Step One: Inform the Consumer of Any Actual or Potential Conflicts of Interest and of the Indiana Navigator’s Roles and Responsibilities
   b. Step Two: Complete Preliminary Eligibility Screening

2. Application Process
   a. How to Help Consumers Apply for Indiana Health Coverage Programs
   b. Methods (i.e., online, paper, phone, in-person)
   c. Checking Application Status
   d. Home and Community-Based Services Waiver Programs
   e. Presumptive Eligibility

3. Authorized Representatives

4. Appeals

5. What an Individual Can Expect After Being Determined Eligible for an Indiana Health Coverage Program
   a. Effective Date of Eligibility
   b. Notices and Insurance Card
   c. CHIP Premiums
   d. HIP POWER Account Contributions
   e. M.E.D. Works Premiums

6. Using Coverage
   a. Prior Authorization
   b. Copayments
   c. Reporting Changes
   d. Who to Contact for Assistance or Grievances
   e. Eligibility Redeterminations
III. Health Insurance Basics and the Federally Marketplace
(20 Questions Total)

A. Basics of the Federal Health Insurance Marketplace (4 Questions)
   1. Functions of the Marketplace
      a. Insurance Affordability Options under the ACA
         i. Insurance Affordability Programs
            a. Cost-Sharing Reductions (CSRs)
            b. Premium Tax Credits (PTCs)
            c. Eligibility
            d. Requirement to File and Report Changes
         ii. Federal Poverty Level (FPL)
         iii. Modified Adjusted Gross Income (MAGI)
      b. Small Business Health Insurance Options Program (SHOP) Marketplace
         i. Small Employers Definition
         ii. SHOP Enrollment Period
      c. Application Process
         i. Household Eligibility
         ii. Payment of the Premium Tax Credits (PTCs)
         iii. APTC Reconciliation
         iv. Cost-Sharing Reductions (CSRs)
         v. Open Enrollment Periods/Re-enrollment
         vi. Special Enrollment Periods
         vii. Open Enrollment Period and the Outside Market
   2. Qualified Health Plans (QHPs)
      a. Metal Tiers
      b. Actuarial Value
   3. Stand-Alone Dental Plan

B. The Marketplace Application (5 Questions)
   1. Preparing to Help Consumers Apply for Health Coverage
      a. Step One: Inform the Consumer of Any Actual or Potential Conflicts of Interest and of the Indiana Navigator’s Roles and Responsibilities
      b. Steps Two: Complete Preliminary Eligibility Screening
   2. Application Process
      a. Methods (i.e., paper, online, phone)
      b. Beginning the Marketplace Application
      c. Disability Question on the Marketplace Application
      d. Employer Coverage Questions on the Marketplace Application
      e. Sources of Information Needed for the Marketplace Application
   3. Verifying Eligibility
   4. Interaction with the Marketplace
a. After Completing an Application
b. Notices
c. Plan Selection
d. Appeals - Challenging a Decision
e. Reporting Changes
f. Eligibility Redeterminations
g. Re-enrollment

C. Health Insurance Basics (6 Questions)
   1. Basics of Health Insurance Markets
   2. Basics of Health Insurance Coverage
      a. Health Plan Cost
   3. Types of Health Insurance Coverage
      a. Catastrophic Plans
      b. Grandfathered Plans
      c. Qualified Health Plans
      d. Multi-State Plans
   4. Other Commercial (off-Marketplace) Coverage Types
      a. Stand-Alone Plans
      b. Other Excepted Benefit Plans
   5. Basics of the Affordable Care Act
      a. Individual Impacts
         i. Requirement to have health insurance (the “Individual Mandate”)
         ii. Guaranteed Availability and Guaranteed Renewability
         iii. Essential Health Benefits
         iv. Help Paying for Health Insurance and Cost-Sharing
         v. Enrollment Periods
      b. Insurer Impacts
         i. Rating Requirements
         ii. Medical Loss Ratio
      a. Individual Shared-Responsibility Requirement
         i. Minimum Essential Coverage
         ii. Penalty
         iii. Exemptions
      b. Elimination of Lifetime and Annual Maximums
      c. Rating Factors (i.e., age, tobacco, location)

D. Indiana Insurance Law and Terminology (5 Questions)
   1. Indiana Code 27-19 – Health Benefit Exchange
   2. Indiana Administrative Code (760 IAC 4) – Indiana Navigators and Application Organization
   3. Glossary of Commonly Used Terms
Key Terms and Concepts

- Actuarial Value (AV)
- Administrative Action
- Affordable Care Act (ACA) (also referred to as Patient Protection and Affordable Care Act (PPACA))
- Application Organization (AO)
- Authorized Representative (AR)
- Auto Assignment
- Behavioral and Primary Healthcare Coordination Program (BPHC)
- Benefits Portal
- Bronze Plan
- Catastrophic Plan
- Centers for Medicare & Medicaid Services (CMS)
- Certificate of Coverage
- Certified Application Counselor (CAC)
- Children’s Health Insurance Program (CHIP)
- COBRA Insurance (also known as Consolidated Omnibus Budget Reconciliation Act)
- Coinsurance
- Compensation
- Complaint
- Conflict of Interest
- Conflict of Interest Disclosure Form
- Conflict of Interest Policy
- Conflict of Loyalty
- Consumer Assistant
- Consumer Directed Health Plan (CDHP) (also known as High Deductible Health Plan (HDHP))
- Copayment (also referred to as Copay)
- Cost-sharing
- Cost-sharing Reduction (CSR)
- Deductible
- Department of Health and Human Services (HHS)
- Dependent
- Division of Family Resources (DFR)
- Enrollment Period
- Essential Health Benefit (EHB)
- Ethics
- Explanation of Benefits (EOB)
- Family and Social Services Administration (FSSA)
- Family Planning Eligibility Program
- Fast Track
- Federal Navigator
- Federal Poverty Level (FPL)
- Federally-facilitated Marketplace (FFM) (also referred to as Federal Marketplace, Exchange, or HealthCare.gov)
- Financial Interest
- Flexible Spending Account (FSA)
- Gateway to Work
- Glossary of Commonly Used Terms
- Gold Plan
- Grandfathered Health Plan
- Health Insurance (also referred to as Insurance, Benefits, or Coverage)
- Health Maintenance Organization (HMO)
- Health Savings Account (HSA)
- Healthy Indiana Plan (HIP)
- HIP Basic
- HIP Maternity
- HIP Plus
- HIP State Plan
- Home and Community-Based Services (HCBS) Waivers
- Hoosier Care Connect
- Hoosier Healthwise (HHW)
- Indiana Administrative Code – Title 760, Article 4
- Indiana Application for Health Coverage (IAHC)
- Indiana Code 27-19
- Indiana Department of Insurance (IDOI)
- Indiana Health Coverage Program (IHCP)
- Indiana Navigator
- Indiana Navigator Designation Form for Licensed Insurance Producers and Consultants
- Individual Mandate (also referred to as Individual Shared-Responsibility)
- Individual Market
- In-Network Provider
- Insurance Affordability Programs (also referred to as Cost Sharing Reductions and Premium Tax Credits)
- Insurer (also referred to as health insurance Issuer, Carrier, or Company)
- M.E.D. Works (short for Medicaid for Employees with Disabilities)
- Managed Care Entity (MCE) (also referred to as Managed Care Organization (MCO))
- Marketplace
- Medicaid
- Medical Loss Ratio (MLR)
- Medical Review Team (MRT)
- Medically Frail
• Medicare Savings Program
• Metal Tier (also referred to as Health Plan Category, Metal Level, or Metal Plan)
• Miller Trust (also referred to as Qualified Income Trust (QIT))
• Minimum Essential Coverage (MEC)
• Minimum Value (MV)
• Modified Adjusted Gross Income (MAGI)
• Navigator Continuing Education (CE)
• Navigator Service Request Form
• Non-Modified Adjusted Gross Income (Non-MAGI) Population
• Non-Navigator Assistance Personnel (also known as In-Person Assister or In-Person Counselor)
• Office of Medicaid Policy and Planning (OMPP)
• Open Enrollment Period
• Out-of-network Provider
• Out-of-pocket Maximum (also referred to as Out-of-pocket Limit)
• Partnership Marketplace
• Pediatric
• Personal Identifiable Information (PII)
• Platinum Plan
• Policy Year
• POWER Account (also referred to as Personal Wellness and Responsibility Account)
• Pre-existing Condition
• Preferred Provider Organization (PPO)
• Premium
•Premium Tax Credit (PTC) (also referred to as Advanced Premium Tax Credit or APTC) or Subsidy)
• Presumptive Eligibility (PE) (also referred to as PE for Pregnant Women (PEPW), Hospital PE (HPE), or PE for Inmates)
• Primary Care Provider (PCP)
• Prior Authorization (PA)
• Privacy and Security Agreement
• Producer (also referred to as an Agent or Broker)
• Provider (also referred to as Healthcare Provider)
• Qualified Health Plan (QHP)
• Qualified Provider (QP)(also referred to as Presumptive Eligibility (PE) Qualified Entity)
• Rating Factors
• Redetermination
• Re-Enrollment
• Reporting Requirement
• Right Choices Program
• Security Breach
• SHOP (Small Business Health Options Program) Marketplace
- SHOP Enrollment Period
- Silver Plan
- Sircon (also known as Vertafore)
- Small Employer (also referred to as Small Group Employer)
- Social Security Administration (SSA)
- Social Security Disability Insurance (SSDI)
- Special Enrollment Period (SEP)
- Stand-Alone Dental Plan
- State Health Insurance Assistance Program (SHIP)
- State-based Marketplace
- Summary of Benefits and Coverage
- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Temporary Assistance for Needy Families (TANF)
- Traditional Medicaid (also referred to as Fee-for-Service)
- Transitional Medical Assistance (TMA)
- 1115 (c) Waiver