

**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)
    - ii. HealthCare.gov
  - 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
    - ii. Conflict of Interest Disclosure Form
    - 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
- Siron (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