



# Indiana Navigator

## Subject Matter Content Outline

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### Version 2.0

(as of June 18, 2014)

Published by:

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### **\*IMPORTANT DISCLAIMER\***

**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 that will enable the course provider to provide sufficient instruction to their students.**

## Introduction and Purpose of Outline

The *Indiana Navigator Subject Matter Content Outline (Version 2.0)* identifies and classifies entry level knowledge that Indiana Navigators need to know in order to properly serve Hoosier health insurance consumers and abide by the laws and regulations governing Indiana Navigators. The outline is divided into the following four sections:

- I. Consumer Assistance Basics;**
- II. Medicaid and Indiana Health Coverage Programs (IHCPs);**
- III. Health Insurance Basics and the Federal Marketplace; and**
- IV. Helping Consumers Apply for Health Insurance.**

Sections I through III of the outline identify in detail the four topics required by Indiana Code 27-19-4-11(b) to be taught in Indiana Navigator precertification education (PE) courses. These topics include the following:

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.

In addition to being identified in Sections I through III of the outline, Chapters I through III of the *Indiana Navigator Training Resource Manual (Version 2.0)*, from which the outline was created, and Modules 1 through 3 posted on the IDOI website at [www.in.gov/idoi/2826.htm](http://www.in.gov/idoi/2826.htm), cover these four topics in sufficient detail for the purpose of Indiana Navigator instruction. Indiana Navigator PE courses are expected to address the topics of Sections I through III of this outline and may refer to the manual and modules as additional training resources.

Section IV, as well as Chapter IV of the manual and module 4, provide general guidance as to the general practice of Indiana Navigators and are not expected to be covered in PE courses, though it may be beneficial to do so. The everyday practice, functions, and continued development of Indiana Navigators are not expected to be taught in PE courses, but are rather the responsibility of the Indiana Navigator and their respective Application Organizations.



# 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. Affordable Care Act (ACA) (also referred to as Patient Protection and Affordable Care Act (PPACA) or Obamacare)
2. Agent (also referred to as Broker or Producer)
3. Application Organization (AO)
4. Centers for Medicare & Medicaid Services (CMS)
5. Certified Application Counselor (CAC)
6. Conflict of Interest Policy
7. Consumer Assistant
8. Department of Health and Human Services (HHS)
9. Ethics
10. Family and Social Services Administration (FSSA)
11. Federal Marketplace (also referred to as Federally-facilitated Marketplace or FFM)
12. Federal Navigator
13. Healthcare.gov
14. Indiana Code 27-19
15. Indiana Department of Insurance (IDOI)
16. Indiana Health Coverage Program (IHCP)
17. Indiana Navigator
18. Marketplace (also referred to as Exchange)
19. Non-Navigator Assistance Personnel (also known as In-Person Assister or In-Person Counselor)
20. Partnership Marketplace (also referred to as Partnership Exchange)
21. Privacy and Security Agreement
22. State-based Marketplace

## C. Consumer Assistance History

## 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 Navigators and Application Organizations 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*
      - iii. Becoming an Application Organization – Privacy and Security*
    - 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 training and Certification Exam
    - d. Maintaining Indiana Navigator Certification
    - e. Indiana Navigator Certification Renewal
    - f. Options and requirements for Indiana Navigator Applicants



- g. State limitations for Indiana Navigators
  - i. *Conflict of Interest Policy*
    - aa. Financial Conflict of Interest
    - bb. Conflict of Loyalty
    - cc. Changes in Potential or Actual Conflicts of Interest
    - dd. Conflict of Interest Disclosure Form
  - ii. *Additional requirements for federally-designated entities*
  - 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 (CLAS Standards)
2. Serving persons with disabilities



## II. Medicaid Basics and Indiana Health Coverage Programs (IHCPs)

### A. Objectives

1. Understand the Medicaid eligibility factors and be able to assess whether a consumer might be eligible for Medicaid
2. Understand what information a consumer needs to provide as part of the Medicaid application
3. Understand a consumer's options for applying for Indiana Health Coverage Programs (IHCPs) through the State of Indiana
4. Understand what a consumer should expect after the Medicaid application 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. Care Management Organization (CMO)
8. Care Select
9. Children's Health Insurance Program (CHIP)
10. Division of Family Resources (DFR)
11. Eligibility Group (also referred to as Aid Category)
12. Eligibility Hierarchy
13. Eligibility Redetermination
14. Family Planning Eligibility Program
15. Federal Poverty Level (FPL)
16. Health Maintenance Organization (HMO)
17. Healthy Indiana Plan (HIP)
18. Home and Community-Based Services (HCBS) Waiver
19. Hoosier Healthwise (HHW)
20. Indiana Application for Health Coverage (IAHC)
21. Indiana Health Coverage Program (IHCP)
22. Managed Care Entity (MCE) (also referred to as Managed Care Organization (MCO))
23. Medicaid
24. Medicaid Review Team (MRT)
25. Medicare Savings Program
26. M.E.D. Works



27. Miller Trust (also referred to as Qualified Income Trust (QIT))
28. Modified Adjusted Gross Income (MAGI)
29. Modified Adjusted Gross Income (MAGI) Conversion
30. Non-Modified Adjusted Gross Income (Non-MAGI) Population
31. Office of Medicaid Policy and Planning (OMPP)
32. POWER Account (also referred to as Personal Wellness and Responsibility Account)
33. Preferred Provider Organization (PPO)
34. Presumptive Eligibility (PE)
35. Primary Medical Provider (PMP)
36. Prior Authorization (PA)
37. Provider
38. Qualified Provider (QP) (also referred to as Presumptive Eligibility (PE) Qualified Entity)
39. Right Choices Program
40. Social Security Administration (SSA)
41. Social Security Disability Insurance (SSDI)
42. Spend Down
43. Supplemental Nutrition Assistance Program (SNAP)
44. Supplemental Security Income (SSI)
45. Temporary Assistance for Needy Families (TANF)
46. Traditional Medicaid (also referred to as Fee-for-Service)
47. Transitional Medical Assistance (TMA)
48. Web Interchange

### **C. General Structure**

### **D. Overview of Indiana Health Coverage Programs**

1. **Hoosier Healthwise**
2. **Healthy Indiana Plan (HIP)**
  - a. Hoosier Healthwise & HIP - Managed Care Entities
3. **Care Select**
4. **Traditional Medicaid (Fee-for-Service)**
5. **M.E.D. Works**
6. **590 Program**
7. **Home & Community Based Services Waivers (HCBS)**
  - a. Behavioral and Primary Healthcare Coordination Program
8. **Medicare Savings Program**
9. **Family Planning Eligibility Program**
10. **Spend Down**
11. **Breast and Cervical Cancer Program**
12. **Right Choices Program**



**E. Presumptive Eligibility (PE)**

1. **Presumptive Eligibility: Covered Services, Eligibility Overview, and Qualified Providers**
  - a. PE for Pregnant Women
  - b. Qualified Providers
2. **Hospital Presumptive Eligibility**
  - a. Overview
  - b. Qualified Hospitals

**F. Indiana Medicaid Benefit Packages****G. Overview of Services Available under Medicaid & the Children's Health Insurance Program (CHIP)**

1. **Overview of Healthy Indiana Plan (HIP) Benefits**

**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
  - 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. **Transitional Medical Assistance**
4. **Pregnant Women**
5. **Former Foster Children**
6. **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 & Insurance Card**
3. **CHIP Premiums**
4. **HIP Personal Responsibility and Wellness (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 & Newborn Coverage**

**T. Using Coverage**

**U. Prior Authorization**

**V. Cost-Sharing**

1. **Post-Eligibility Appeals**
  - a. **Hoosier Healthwise, HIP & Care Select Grievances & Appeals**
  - b. **Appeals to the State**

**W. Contacting the State for Assistance & Information**



## III. Health Insurance Basics and the Federal Marketplace

### A. Objectives

1. Understand basic health insurance concepts
2. Understand the key concepts and requirements of the Affordable Care Act (ACA)
3. Understand the federal Marketplace and the health insurance plans and insurance affordability programs offered
4. Understand how to assess consumers' eligibility for Indiana Health Coverage Programs and/or the federal Marketplace and how to assist consumers with application and enrollment

### B. Key Terms

1. Actuarial Value (AV)
2. Affordable Care Act (ACA) (also referred to as Patient Protection and Affordable Care Act (PPACA) or Obamacare)
3. Agent (also referred to as Broker or Producer)
4. Applicable Large Employer
5. Bronze Plan
6. Catastrophic Plan
7. Certificate of Coverage
8. Child-only Policy (or "Child-only Plan")
9. Churn (also known as Transitional Risk)
10. COBRA Insurance (also known as Consolidated Omnibus Budget Reconciliation Act)
11. Coinsurance
12. Common-Law Employee (or Employee)
13. Copayment (also referred to as Copay)
14. Cost-sharing
15. Cost-sharing Reduction (CSR)
16. Deductible
17. Department of Health and Human Services (HHS)
18. Dependant
19. Employer Mandate (also referred to as Employer Shared-Responsibility)
20. Enrollment Period
21. Essential Health Benefit (EHB)
22. Explanation of Benefits (EOB)
23. Federal Poverty Level (FPL)
24. Federal Marketplace (also referred to as Federally-facilitated Marketplace or FFM)



25. Flexible Spending Account (FSA)
26. Free Look Period
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
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 or Carrier)
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
59. Pediatric
60. Platinum Plan
61. Policy Year



62. Premium
63. Premium Tax Credit (PTC) (also referred to as Advanced Premium Tax Credit or APTC))
64. Provider (also referred to as Healthcare Provider)
65. Qualified Health Plan (QHP)
66. Rate Review
67. Reward
68. Seasonal Worker
69. SHOP Enrollment Period
70. Silver Plan
71. SHOP (Small Business Health Options Program) Marketplace
72. Small Employer (also referred to as Small Group Employer)
73. Special Enrollment Period
74. Stand-Alone Dental Plan
75. 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
5. **Health Insurance Basics and Characteristics of Coverage under the Affordable Care Act**
  - a. Basics of Health Insurance Markets
6. **Basics of Health Insurance Coverage**



- a. *Health Plan Cost*

**7. 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

**8. Other Commercial Coverage Types**

- a. Stand-Alone Plans
- b. Other Excepted Benefit Plans
- c. High Risk Pool Coverage

**D. Characteristics of the Health Insurance Market under the Affordable Care Act**

**1. Minimum Essential Coverage (MEC)**

- a. Government-Sponsored Coverage
- b. Minimum Essential Coverage (MEC) Detail: Medicare
- c. Minimum Essential Coverage (MEC) Detail: Medicaid and the Children's Health Insurance Program (CHIP)
- d. Minimum Essential Coverage (MEC) Detail: Medicaid Family Planning Coverage
- e. Minimum Essential Coverage (MEC) Detail: Medicaid Tuberculosis Related Services
- f. Minimum Essential Coverage (MEC) Detail: Medicaid Pregnancy-Related Services
- g. Minimum Essential Coverage (MEC) Detail: Medicaid Coverage of Emergency Medical Services
- h. Coverage for Veterans and Other Federal Coverage
- i. Employer-Sponsored Coverage
- j. Coverage in the Individual Market
- k. Coverage under a Grandfathered Plan
- l. COBRA & Retiree Coverage
- m. Additional Coverage as Specified
- n. 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
    - 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 (SHOP)**
  - 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 (USPTF) Guidelines*
    - ii. *Preventive Guidelines for Women*
    - iii. *Preventive Guidelines for Children*
    - iv. *Guidelines for Immunizations*
  - b. Essential Health Benefits (EHBs)
  - c. State-Mandated Benefits
  - d. Actuarial Value (AV)
- 11. **Changes in Insurance Affordability Options under the Affordable Care Act**
  - a. Insurance Affordability Programs
  - b. Federal Poverty Level (FPL)
  - c. Modified Adjusted Gross Income (MAGI)
- 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 (CSRs)



- e. Open Enrollment Periods/Re-enrollment– 2015 and Beyond
- f. Special Enrollment Periods
- g. Open Enrollment Period and the Outside Market
- h. Applying for Individual or Family Marketplace Coverage
  - i. *Applying for QHP Coverage Only*
  - ii. *Applying for QHP Coverage with Insurance Affordability Programs*
  - iii. *Enrollment*
  - iv. *Plan Termination*
  - v. *Mid-Year Changes*
  - vi. *Churn*
  - vii. *Reenrollment*
  - viii. *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. 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. Eligibility Redetermination
7. Federal Marketplace (also referred to as Federally-facilitated Marketplace or FFM)
8. Federal Poverty Level (FPL)
9. Healthcare.gov
10. Healthy Indiana Plan (HIP)
11. Home and Community-Based Services (HCBS) Waiver
12. Indiana Application for Health Coverage (IAHC)
13. Indiana Health Coverage Program (IHCP)
14. Insurance Affordability Program
15. Medicaid
16. Medicaid Review Team (MRT)
17. Open Enrollment Period
18. Preliminary Eligibility Screening
19. Presumptive Eligibility (PE)
20. Re-enrollment
21. Social Security Administration (SSA)
22. Social Security Disability Insurance (SSDI)
23. 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 (IHCPs)



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 –As of June 1, 2014
  2. **The Healthy Indiana Plan (HIP)**
    - a. HIP Application - Online
    - b. HIP Application – By Phone
    - c. HIP Application – Where to Submit
  3. **Home and Community-Based Services Waiver Programs**
  4. **Presumptive Eligibility (PE)**
- E. How to Help Consumers Apply for Coverage and Insurance Affordability Programs on the federal Marketplace**
1. **Federal Marketplace Applications Basics**
    - a. Beginning the Federal Marketplace Application
    - b. Disability Question on the federal Marketplace Application
    - c. Employer Coverage Questions on the federal Marketplace Application
    - d. Sources of information needed for the federal Marketplace application
  2. **Interaction with the federal Marketplace**
    - a. After completing an application
    - b. To challenge a decision
    - c. Reporting changes
    - d. Eligibility Redeterminations

