

The logo for NAAHU (National Association of Medicare Advocates) features the letters 'NAAHU' in a bold, blue, sans-serif font. A thick, blue, curved line sweeps across the bottom of the letters, starting under the 'N', arching under the 'A', 'H', and 'U', and ending under the 'U'.

NAAHU

**Your Medicare Advocate
in Washington, D.C.**

Changing Landscape – Your Success as a Medicare Agent

- Today's Medicare Agent must take on the role of consultant to be successful.
 - 31% of beneficiaries are on Medicare Advantage but many still select Original Medicare and need a Medicare supplement. They also need to know what to do about prescription drug coverage.
 - Seniors are changing – many are working longer and will be actively working after they become Medicare eligible. Today's Medicare Agent needs to be a master of timing to ensure that their clients maximize both employer opportunities and coverage options through Medicare.
 - Seniors want to know not only about Medicare but what is going on with health care in other areas. They want and need their agent to be up to date on the Medicare products industry but they also need to know what is going on in Washington and how it could affect them.

NAHU is your key to being on the cutting edge.



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Our involvement was so significant in the Medicare Modernization Act that we were invited by President Bush to be on the **front row at the**

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We were recognized for our work in educating and enrolling seniors in Medicare Part D during a **West Wing ceremony**

ACA has taken a lot of time in recent years, but we are still

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seniors in Medicare Part D
during a **West Wing ceremony**

ACA has taken a lot of time in
recent years, but we are still
**heavily involved in Medicare
related issues – Medicare,
Medigap, and Medicare Advantage**



Looked to as a resource on
Capitol Hill and in federal agencies

**Currently working
on a project relative
to Plan Finder**



Have been named by the NAIC to several federally mandated working groups on Medigap which ensures both state and federal involvement

Why are there regulatory differences between Medicare Advantage and Med Supp?

Medicare Advantage is a public-private partnership. CMS promulgates the regulations on behalf of beneficiaries for this government program.

Med Supps are private plans that fill gaps in coverage and not regulated by CMS, but through NAIC.



Restoration of January Open Enrollment Period for Medicare Advantage

**This period was
removed in ACA
and we have
worked to restore
it since 2010**



Medicare Advantage

Have worked at regulatory level
with CMS to make Medicare
marketing rules less restrictive



Medicare Advantage

CMS 110.00 also reduces restrictions on agent advertising for MA and Part D that require filing. Also reduces restrictions on social media.



Success in avoiding Part D
compensation decreases.



Successfully Lobbied to get more
transparency in Medicare



Treating COBRA as creditable coverage

H.R. 5104

Introduction of
Observation rule legislation

H.R. 1421 & S. 568

H.R. 1421 & S. 568

Working on a broker bill to address the onerous marketing rules that restrict agent/brokers in enrollment and servicing; would also eliminate marketing rules, including scope of appointment and adjusting rules on compensation.

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Allow HSA contributions beyond age 65 for those still in the workforce.

H.R. 6311

(Passed House on 7/25/18)

Getting Things Done in D.C.

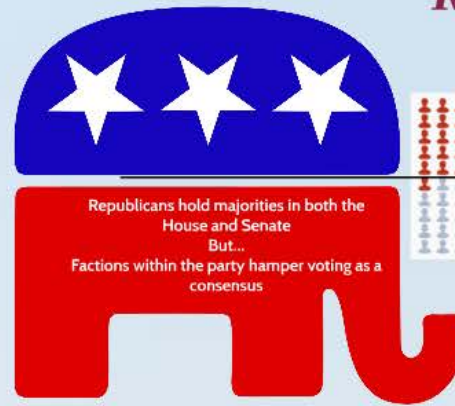
In Congress

**With the
Administration**

Democratic Divisions

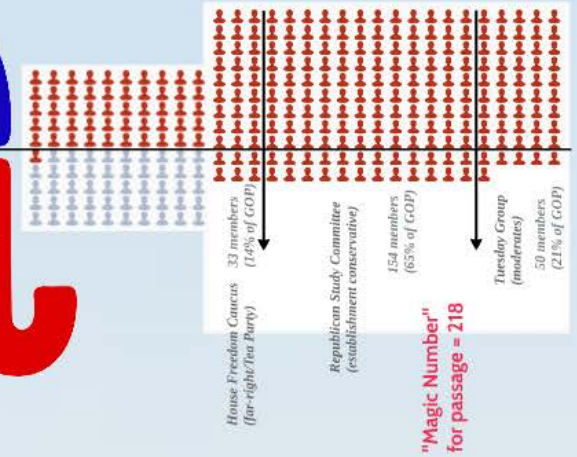


Hillary Clinton / Bernie Sanders
divisions remain among supporters after 2016 primary
no clear consensus on major issues



Republicans hold majorities in both the House and Senate
But...
Factions within the party hamper voting as a consensus

Republican Divisions



POLITICAL CLIMATE *In Washington, D.C.*

Democratic Divisions



*Hillary Clinton / Bernie Sanders
divisions remain among supporters after 2016 primary
no clear consensus on major issues*



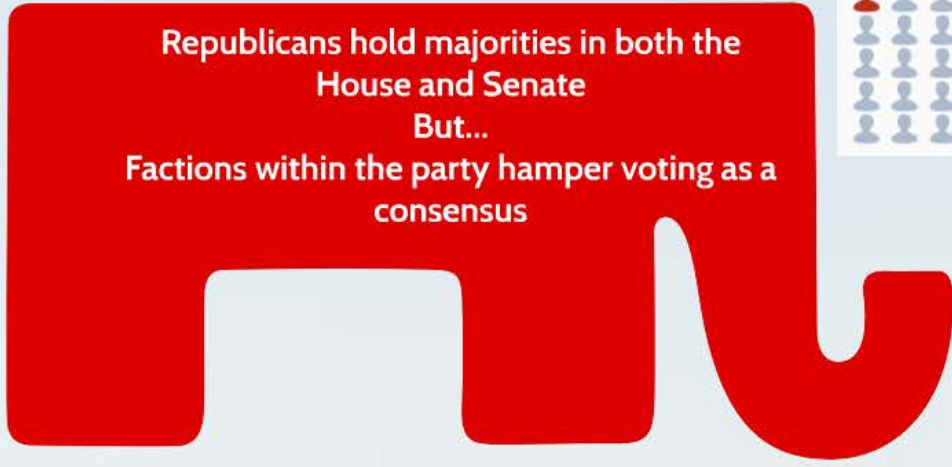
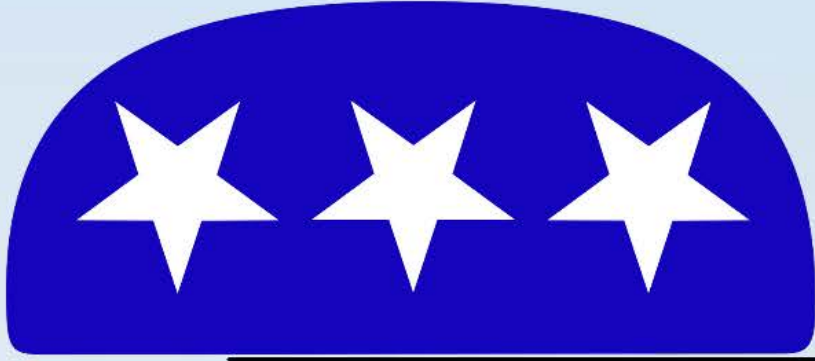
Democratic Factions in Congress

Progressive Caucus
(70 members)

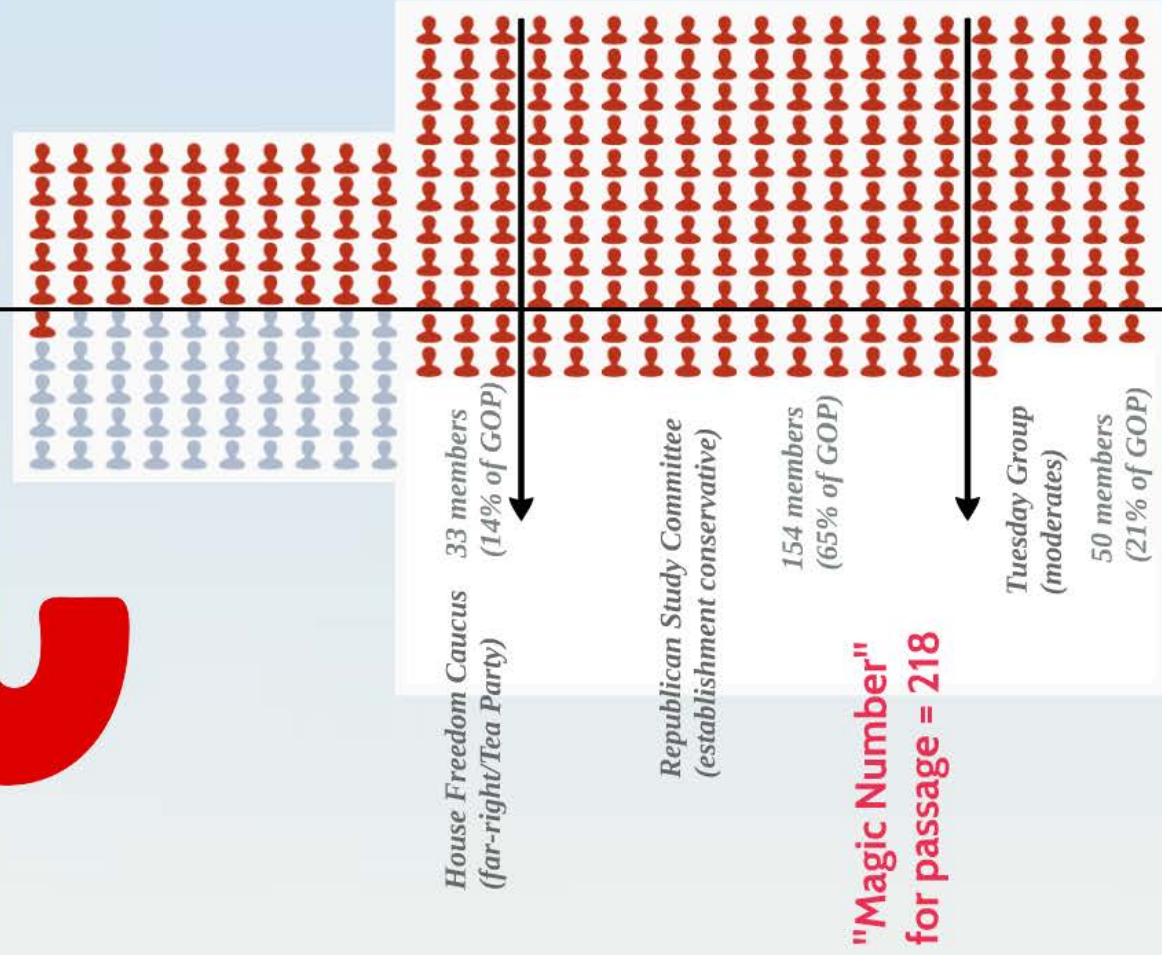
New Democrats
(68 members)

Blue Dogs
(18 members)

Republican Divisions



Republicans hold majorities in both the House and Senate
But...
Factions within the party hamper voting as a consensus



*House Freedom Caucus
(far-right/Tea Party)*

*33 members
(14% of GOP)*



*Republican Study Committee
(establishment conservative)*

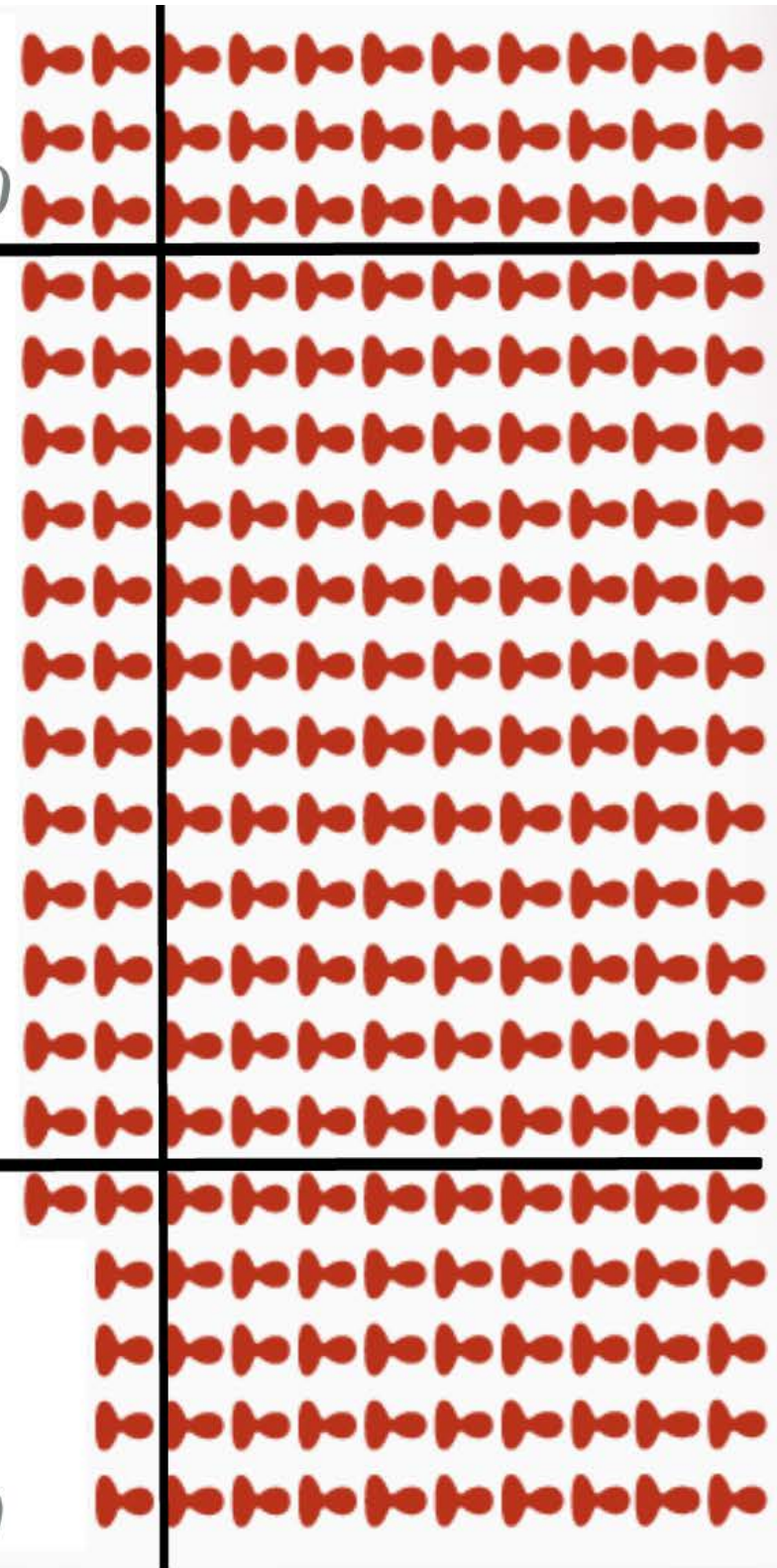
*154 members
(65% of GOP)*



**"Magic Number"
for passage = 218**

*Tuesday Group
(moderates)*

*50 members
(21% of GOP)*



Mid-Term Elections

All 435 House seats are up for re-election

Democrats need to flip 23 Republican-held seats to win control

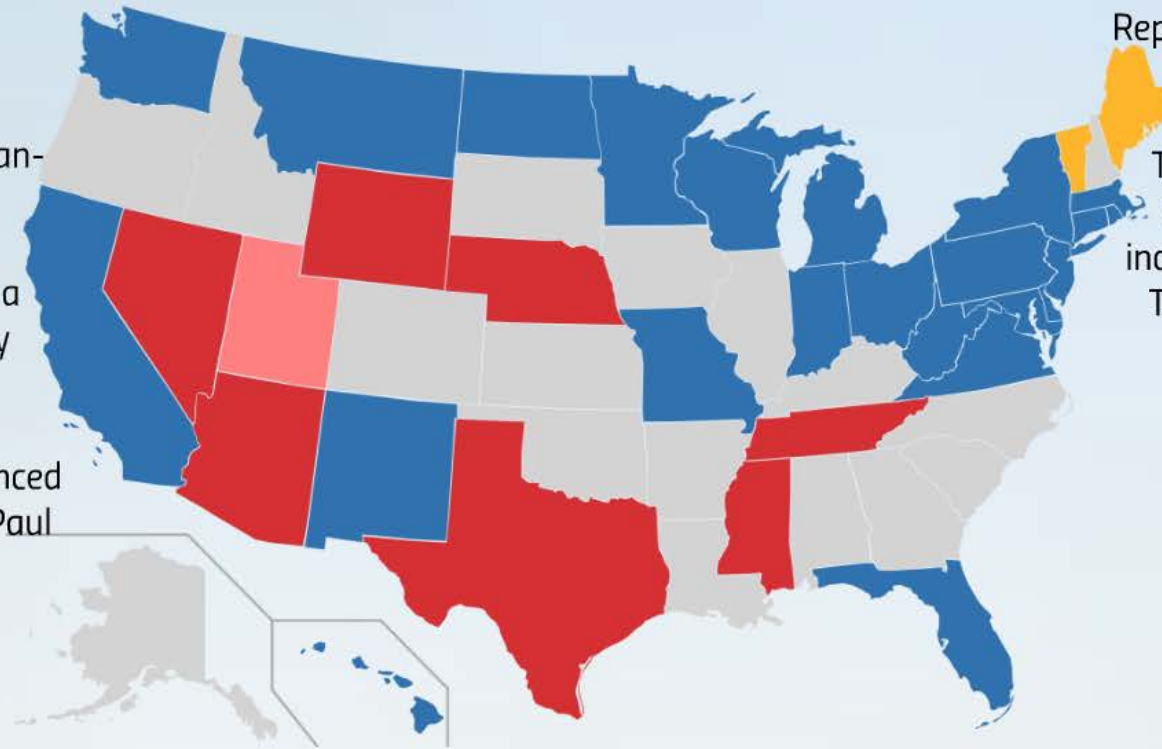
There are 23 House seats held by a Republican incumbent that Hillary Clinton won in 2016

40+ House Republicans have announced they are retiring, including Speaker Paul Ryan

33 of the 100 Senate seats are up for election

Democrats need to flip 2 Republican-held seats to win control

There are 10 states with a Democratic incumbent that Donald Trump won in 2016



House Race

COMPETITIVE RACES

*Italicized name denotes Freshman member

LIKELY DEMOCRATIC 9 Dem • 3 Rep	LEAN DEMOCRATIC 1 Dem • 8 Rep	DEMOCRATIC TOSS UP 2 Dem • 0 Rep	REPUBLICAN TOSS UP 0 Dem • 28 Rep	LEAN REPUBLICAN 0 Dem • 27 Rep	LIKELY REPUBLICAN 1 Dem • 26 Rep
AZ-01 O'Halleran	AZ-02 Open	MN-01 Open	CA-10 Denham	AR-02 Hill	AK-AL Young
CA-07 Bera	CA-49 Open	MN-08 Open	CA-25 Knight	CA-50 Hunter	AZ-06 Schweikert
CA-16 Costa	FL-27 Open		CA-39 Open	FL-15 Open	CA-04 McClintock
FL-07 Murphy	IA-01 Blum		CA-45 Walters	FL-16 Buchanan	CA-21 Valadao
MN-07 Peterson	NJ-11 Open		CA-48 Rohrabacher	FL-18 Mast	CO-03 Tipton
NH-01 Open	NV-03 Open		CO-06 Coffman	FL-26 Curbelo	FL-06 Open
NJ-02 Open	PA-07 Vacant		IA-03 Young	GA-06 Handel	FL-25 Diaz-Balart
NJ-05 Gottheimer	PA-17 Rothfus		IL-06 Roskam	IL-13 Davis	GA-07 Woodall
NV-04 Open	VA-10 Comstock		IL-12 Bost	IL-14 Hultgren	IA-04 King
PA-05 Vacant			KS-02 Open	MO-02 Wagner	IN-02 Walorski
PA-06 Open			KS-03 Yoder	MT-AL Gianforte	MI-01 Bergman
PA-08 Cartwright			KY-06 Barr	NC-02 Holding	MI-06 Upton
			ME-02 Poliquin	NC-13 Budd	MI-07 Walberg
			MI-08 Bishop	NE-02 Bacon	NC-08 Hudson
			MI-11 Open	NM-02 Open	NY-01 Zeldin
			MN-02 Lewis	OH-12 Balderson	NY-11 Donovan
			MN-03 Paulsen	PA-01 Fitzpatrick	NY-24 Katko
			NC-09 Open	PA-10 Perry	NY-27 Collins
			NJ-03 MacArthur	PA-16 Kelly	OH-10 Turner
			NJ-07 Lance	SC-01 Open	OH-14 Joyce
			NY-19 Faso	TX-23 Hurd	PA-14 Open
			NY-22 Tenney	UT-04 Love	TX-02 Open
			OH-01 Chabot	VA-05 Open	TX-21 Open
			TX-07 Culberson	WA-03 Herrera	TX-22 Olson
			TX-32 Sessions	Beutler	TX-24 Marchant
			VA-02 Taylor	WA-05 McMorris	TX-31 Carter
			VA-07 Brat	Rodgers	WI-06 Grothman
			WA-08 Open	WI-01 Open	
				WV-03 Open	

11 Republican-held seats in likely/lean Democratic category

28 Republican-held seats in toss-up category

If Democrats win all of the 11 Republican-held seats they are currently favored to win, they only need to win **HALF** of the toss-ups to take control of the chamber.

Why Could the House Flip?

How Democrats have performed in special elections

U.S. House and Senate special elections this cycle, by the seat's partisan lean and final vote margin

YEAR	DATE	SEAT	PARTISAN LEAN	VOTE MARGIN	DEM. SWING
2017	April 4	California 34th*	D+69	D+87	+18
	April 11	Kansas 4th	R+29	R+6	+23
	May 25	Montana at large	R+21	R+6	+16
	June 20	Georgia 6th	R+9	R+4	+6
	June 20	South Carolina 5th	R+19	R+3	+16
	Nov. 7	Utah 3rd	R+35	R+32	+3
	Dec. 12	Alabama Senate	R+29	D+2	+31
2018	March 13	Pennsylvania 18th	R+21	D+0.3	+22
	April 24	Arizona 8th	R+25	R+5	+20
	June 30	Texas 27th*	R+26	R+21	+5
	Aug. 7	Ohio 12th[†]	R+14	R+1	+13

Partisan lean is the average difference between how the constituency voted and how the country voted overall in the last two presidential elections, with 2016 weighted 75 percent and 2012 weighted 25 percent.

* Results are from either an all-party primary or an all-party general election, both of which include multiple candidates of the same party; vote margin is the total vote share of all Democratic candidates combined minus the total vote share of all Republican candidates combined.

[†] Unofficial results.

Democrats have swung districts by an average of **15-points** in their favor in the 2017-18 Special Elections.

While the margins in the rural areas are still very favorable to Trump Republicans, turnout in **suburban/exurban** areas has dramatically increased and in favor of Democrats.

The Big Numbers: Vulnerable Republicans

68

Republican-held seats that lean more Democratic than OH-12

119

Republican-held seats that lean more Democratic than PA-18

Senate Race

SOLID D	LIKELY D	LEAN D	TOSS UP	LEAN R	LIKELY R	SOLID R
CA-Felstein	MI-Stabenow	OH-Brown	FL-Nelson	TX-Cruz	MS-Open	MS-Wicker
CT-Murphy	MN-Smith	Reinsurance	IN-Donnelly		NE-Fischer	UT-Open
DE-Carper	MT-Tester	MLR, HIT Repeal, Cadillac Tax Repeal, 40-Hour Workweek	MO-McCaskill			WY-Barrasso
HI-Hirono	NJ-Menéndez	HIT Repeal, Medicare Observation Status	ND-Heitkamp			
MA-Warren	PA-Casey	40-Hour Workweek	WV-Manchin			
MD-Cardin	WI-Baldwin		AZ-Open			
ME-King			NV-Heller			
MN-Klobuchar			TN-Open			
NM-Heinrich						
NY-Gillibrand						
RI-Whitehouse						
VA-Kaine						
VT-Sanders						
WA-Cantwell						

Democrats would need to win at least two of the currently Republican-held seats **AND** not lose any of their current seats to take control of the chamber.

LEAN D

TOSS UP

LEAN R

OH-Brown

Reinsurance

*MLR, HIT Repeal,
Cadillac Tax Repeal,
40-Hour Workweek*

*HIT Repeal,
Medicare Observation
Status*

40-Hour Workweek

FL-Nelson

IN-Donnelly

MO-McCaskill

ND-Heitkamp

WV-Manchin

AZ-Open

NV-Heller

TN-Open

TX-Cruz

*Cadillac Tax Repeal,
HIT Delay*

Why Medicare Matters

**A Testing
Ground for
Innovation**

YOU add value

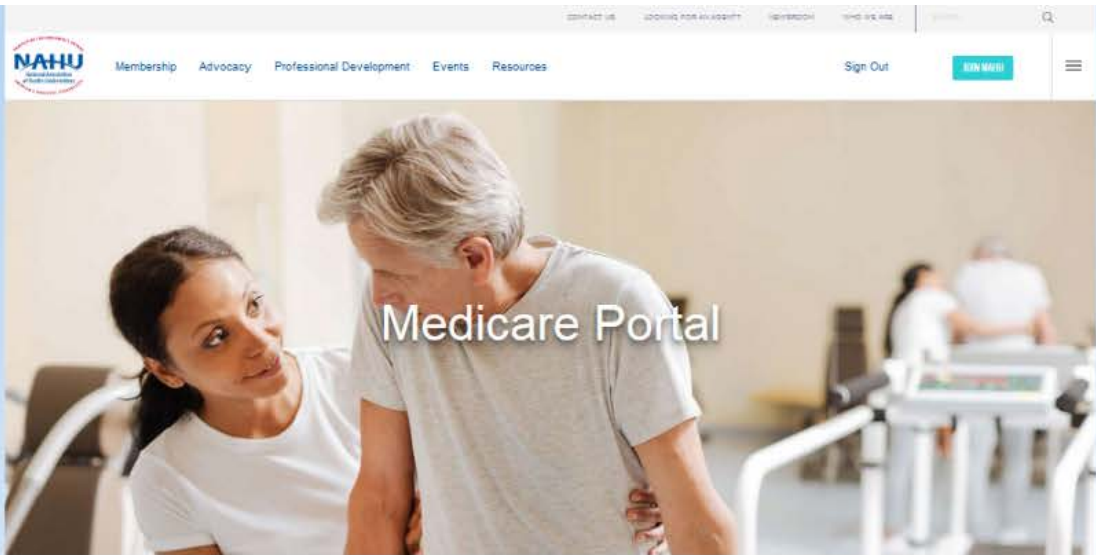
- **YOU** make a difference to your clients
- **YOU** understand their individual needs and can help them narrow their decisions
- **YOU** can help them understand the crosswalk between Social Security and Medicare
- **YOU** can help them understand how working past the Medicare eligibility can affect their Medicare options
- **YOU** can explain the difference between Medicare Advantage, Original Medicare and Medicare supplements, and Medicare Part D
- NAHU can help **YOU** bring more value to your clients

Challenges

- AHIP and Certifications every year
- Staying up to date with compliant selling
- Understanding all the client's options.
- Analyzing PDP plans and networks
- Finding trusted resources
- Government regulation changes

NAHU Resources

- Presence in Washington, DC and a seat at the table on issues that matter to you
- Lobby CMS and Congress on Medicare and Medicare Agent issues
- Dedicated Advisory Group to monitor regulatory and congressional actions and to ensure we are providing resources the Medicare Agent needs
- New Medicare Infographic and Brochure
- New Medicare Certification course with information not found in other courses
- Compliance tools for Business Associate Agreements



Medicare Portal

NAHU is the only trade organization representing professional agents and brokers who work with Medicare beneficiaries and Medicare products. A long history of working on Medicare issues on Capitol Hill has resulted in strong relationships with legislators. In addition, growing influence with the Center for Medicare and Medicaid Services (CMS) makes NAHU your valued choice for advocacy and professional development.

NAHU recently successfully lobbied for restoration of the option for Medicare beneficiaries to make a one-time change in their plan selection during the first 90 days of the year beginning in 2019. NAHU is also working on other Medicare-related issues, such as the interaction with HSAs and COBRA, Part B enrollment, and CMS's marketing and compensation issues.

NAHU's Medicare Advisory Group is tasked to support staff and the Legislative Council with valuable insights into real world issues affecting Medicare beneficiaries and Medicare producers. This group draws broad expertise from members with extensive knowledge of Medicare and Medicare program, coordination of benefits, and overlapping financing mechanisms.

Medicare is complex, thus this portal was developed to support members who want to:

- Expand their business and engage in industry best practices in the sale and service of products.
- Start a conversation with clients on Medicare's unprotected risks.

The sections below provide some basic information and resources on Medicare. We hope it is useful.

NAHU's Broker to Broker online discussion group is another resource to quickly get answers to Medicare-related questions. Members can [login here](#) for the Medicare discussion group.



NAHU Resources

Medicare Portal

<http://nahu.org/resources/medicare-portal>

What Questions Should I Ask When Considering Which Plan to Enroll In?

The following questions may help you decide which plan is best for you.

Can I Keep My Doctor If I Enroll in Medicare?

If you enroll in Medicare Part B and your doctor does not accept Medicare, you would be responsible for the bill. Doctors may take an employer plan but may not take Medicare.

Am I Taking Prescription Drugs?

Part D plans and Medicare Advantage plans have formularies (lists of covered drugs). The drugs on these lists vary and change year to year. A review of the formularies would be needed to determine the best plan for you. A NAHU professional can assist you with this.

Do I Plan to Travel Inside or Outside the United States?

Medicare does not cover a person outside the country. Some supplements and Medicare Advantage plans cover a person for worldwide emergencies.

What If I Am Still Working?

If you are 65 and not receiving Social Security, you do need to enroll in Medicare but do not have to take Social Security. If your employer still offers health insurance to you, you likely need to enroll only in Medicare Part A. You can keep your employer group insurance plan and delay enrolling in Part B and Part D until you retire and lose your group coverage. A NAHU professional can assist you with this decision.

What Does Medicare Cost?

Costs for Medicare vary from year to year. Generally, you will need to pay a Part A deductible, Part B premium and Part B deductible. Most people don't pay a premium for Part A, since they have paid into the system during their working years.

Part D also has a monthly premium, as do Medicare Supplement plans. Medicare Advantage plans often have low or zero premiums, which vary by plan type and geography, and often include prescription drug coverage at no extra cost.

Can I Qualify for Extra Help?

People with limited income and resources may qualify for Extra Help programs that pay the Part B Original Medicare premium and/or lower the costs of Medicare prescription drug coverage. You can get more information about assistance by going to a Social Security office, calling 1-800-772-1211, visiting www.ssa.gov or talking to your licensed insurance agent.



What If I Have More Questions?

Medicare.gov offers many helpful resources for you to learn more about Medicare. Another good resource is health insurance agents.

Agents are highly trained insurance professionals who will guide you through the complex task of choosing appropriate coverage at an affordable cost and are dedicated to serving your long-term interests. Agents are licensed and regulated by state insurance departments.

The National Association of Health Underwriters has trained and certified Medicare insurance professionals ready to help you review your choices and make an informed decision. There is no fee for their service. To find an agent in your area, visit www.nahu.org.

This material is for informational purposes only and is neither an offer of coverage nor medical advice.

The important message is covered by:



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www.nahueducationfoundation.org

QUESTIONS ABOUT MEDICARE?

What You Need to Know



What is Medicare?

Medicare is the federal health insurance program for people who are 65 or older, certain people with disabilities under age 65 and people with End-Stage Renal Disease or Lou Gehrig's Disease. The program helps with the cost of health care but does not cover all medical expenses or the cost of long-term care. Medicare has four Parts: Part A, Part B, Part C and Part D.

Who Is Eligible?

In general, individuals who are United States citizens, who are 65 years old and who have worked at least 10 years in this country or individuals deemed disabled for 24 months may be eligible for Original Medicare Part A at no cost and Part B by paying a premium based on income.

How Do I Enroll in Medicare?

An individual can enroll in Medicare at a Social Security office, by calling Social Security (800-772-1213) or online at www.medicare.gov.

There are specific timeframes involved when enrolling. Consult with a NAHU professional about these enrollment periods.

Why Is It Important to Enroll?

There are regulations surrounding enrolling in Medicare that can result in a financial penalty. If you are working, you may or may not need to enroll in Part A and/or Part B. Other regulations involve COBRA, HSA health plans, creditable and non-creditable plans and other types of plans. A NAHU professional can help you understand whether you need to enroll in Medicare. If you are working, a NAHU professional can compare your current plan to Medicare to determine which plan best meets your needs.

What Are the Four Parts of Medicare?

There are four parts that make up Medicare: Part A, Part B, Part C and Part D.

Part A

Part A covers inpatient hospital room and board, skilled nursing care, hospice and some home healthcare costs.

Part B

Part B covers medically necessary doctor visits, outpatient surgery, physical therapy, home care and medical equipment.

Part C

Part C, also known as Medicare Advantage, provides the same coverage as Part A, Part B and often Part D, but coverage is provided by private health insurance carriers that have a contract with Medicare.

Medicare Advantage plans may have no or low monthly premiums, copays and annual out-of-pocket maximums to protect a person from catastrophic illness. These plans can include more benefits than Original Medicare (Part A and Part B). Additional benefits may include coverage for prescriptions, a comprehensive physical, dental, vision, routine foot care and gym memberships.

Part D

Part D provides outpatient prescription drug coverage. Plans can be purchased on a standalone basis or be included in a Medicare Advantage plan. Plans vary in price, copays and the drugs included on their formulary (prescription drug list).

ORIGINAL MEDICARE

OR

MEDICARE ADVANTAGE



What is Medicare Supplement (Medigap)?

Medicare Supplement, or Medigap, plans cover the "gaps" in Original Medicare (Part A and Part B). These gaps include items like copayments, coinsurance and deductibles. Medicare Supplement plans are provided by private insurance companies.

What is Medicare Advantage?

Medicare Advantage is offered through private insurance plans. Its popularity comes from low or no premiums and a cap on total out-of-pocket expenses. Medicare Advantage plans may include drug coverage and additional benefits not covered by Original Medicare. These plans have copays and possibly other costs.

WHAT YOU NEED TO KNOW ABOUT MEDICARE

Generally, **Medicare is available for people 65 or older**. It has four parts: Part A, Part B, Part C and Part D.



ORIGINAL MEDICARE
Includes **Part A** and **Part B**.

MEDICARE ADVANTAGE
Also known as **Part C**.

Part A is hospital insurance. It has a deductible and copay. It may have a premium.

Part B covers medically necessary services and supplies. It has a deductible, premium and coinsurance.

Medigap
Medicare Supplement insurance can cover copayments, coinsurance and deductibles that are not covered by Part A or Part B.

Part D is prescription drug coverage.

Part C plans cover all of the services included in Original Medicare, have a cap on the annual out-of-pocket costs and include Part D at no additional cost.

Medicare Advantage plans are administered by **private insurers**. They feature co-pays, low or no monthly premiums plus additional benefits.



Ready to Enroll?
Talk with a certified health insurance agent who is a member of NAHU. NAHU members can help you make an informed decision. Visit www.nahu.org to find a certified agent in your area.



GLOSSARY OF TERMS

- 1. Medicare:** The federal health insurance program for people over the age of 65. Those with certain diseases or who have been disabled for more than 23 months and are on Social Security disability may also qualify.
- 2. Deductible:** The amount beneficiaries pay for health care before their insurance plan begins to cover costs.
- 3. Copay:** A flat fee that beneficiaries pay for medical appointments, prescription drugs and other procedures.
- 4. Premium:** A monthly fee beneficiaries pay for health coverage. Premiums do not count toward deductibles or out-of-pocket maximums.
- 5. Co-insurance:** The percentage of the cost of healthcare services for which beneficiaries are responsible.
- 6. Out-of-Pocket Maximum:** A cap on the amount of money that a beneficiary can spend out of pocket on health care in a given year. After this cap is reached, insurance covers all other charges for the rest of the year.
- 7. Medicare Part A:** Part A covers inpatient hospital care, skilled nursing facility stay and hospice/home care. Part A coverage is free for beneficiaries who have worked and paid Social Security taxes for at least 40 calendar quarters. Those who have not may need to pay a premium.
- 8. Medicare Part B:** Part B includes preventive care, doctor visits, outpatient surgeries, physical therapy, home care and medical tests, x-rays and equipment, emergency and ambulance services and more.
- 9. Medicare Part C (Medicare Advantage):** Federally subsidized private insurance plans that cover Part A, Part B and often Part D services, as well as some supplementary benefits.
- 10. Medicare Part D:** Part D provides prescription drug coverage.
- 11. Medicare Supplement Insurance:** Also known as **Medigap**, these private insurance policies supplement original Medicare. They can cover things like copayments, coinsurance and deductibles that are not covered by Part A or Part B.

Consult a certified NAHU professional to see what plan is best for you.



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