ABC’s of Medicare Part F

April 22, 2009 By David Capogna

....or All My Ologists!

Finally my drug costs were reduced to a reasonable amount ($156 for a month of meds) which is around the amount I was paying with private insurance...oh wait, I just did?!...

This is a great time to talk about Medicare Part A & B and the mysterious Part F, with a lot of HIVers’ losing medical coverage because of unemployment. Once COBRA runs out Medicare/Medicaid is the only option for people with HIV, unless a partner/spouse has private medical insurance. Being HIV+ is textbook for a preexisting condition, sorry! In my case, I found myself on disability and in the process of ended my relationship with my boyfriend. We had co-habited and qualified for domestic partner benefits. Adieu, adieu...privy medical coverage, thoughts of me going to an HMO, even worse a clinic, or paying astronomical amounts of money to my own PCP doc and what exactly is a “referral”? A lot of worry for nothing, I’m now more in control of my health coverage than ever. Already having Social Security Disability (SSD, not SSDI) after COBRA ended, I was automatically cover under Medicare Part A (inpatient/hospital) and Part B (medical: doctors, outpatient services, etc.) Add on magical and mystifying Part F (not sure what happen to C and E?) and for $270 odd dollars a month, you can see doctors every day of the week!

It’s a great example of a private company (Empire) working alone with Medicare (The Federation Government). I’m no accountant, and I’m not sure if Empire is making a profit on my $270, or if Medicare is hemorrhaging money, but it look good for my house! Let’s take the last eight month as an example. Having a great infectious disease HIV/AIDS primary care physician, who is continually in New York Magazine’s “Bests Doctors of New York” for over ten years running, isn’t enough for me. Luckily my PCP does accept Medicare; BTW if the provider does participate in Medicare Part B as the primary insurance, Part F is routinely the secondary. Now for the magical portion, Part B cover the 80% of the office visit, Part F covered the additional 20%. And the cryptic referrals, which I thought were literally when your PCP called a specialist to have a chat, are actually just numbers for insurance proposes. Part F doesn’t require referrals EVER. It’s basically free (not literally) and no referral red tape. In late September 2008 after suffering from extreme allergies, I checked myself into the ER late on a Friday night, complaining of severe pain in my right lung every time I took a breath. Scare it might be PCP rearing its ugly head again (already had full-blown PCP in ’96,) I didn’t want to take any chances. After a chest x-ray and several tests I was diagnosed with only good old regular pneumonic...phew! The pain I felt was a bruised rib bone...who knew? My three and a half hour visit to the ER costs close to $5000, I owed nothing thanks to Medicare Part F!

Fortunately, my gastroenterologist also takes Medicare, I’ve been seeing him for years, and I still

here after living throw liver disease! Sadly I had to say goodbye my neurologist/psycho-pharmacologist because she was opposed to taking Medicare and took NO insurance. I had to pay $250, submit a bill and wait patiently by the mailbox every time I say her...ugh. After my private insurance ran out, I saw her less and less which wasn't good for me in the end. After meeting a few doctors and taking the advice of one neurologist I decided to "localize" my docs to ONE hospital - New York University Medical Center. My AIDS PCP is also a professor at NYUMC, maybe that why he doesn't wait time with drug reps and only has office hours twice a week. Using NYUMC has my home base I search for docs practicing or affiliated with the hospital AND Medicare participants. I now have a neurologist AND a psychologist who concentrate on epilepsy (I suffered from seizures following my stroke.) The neurologist has in coming handy dealing with my neuropathy over the last several months (read "Spring Hibernating...?") The physical therapist, which the neurologist sent me to, also takes Medicare. With AIDS wasting comes bone loss; in addition I'm seeing a rheumatologist (see future blogs.) When I need a new prescription for contacts or a CMV checkup, I've got a Medicare ophthalmologist on hand as well. Just to reiterate: When I see a doctors/specialists there is no exchange of cash, check or credit card, I only need to speak to the receptionist to make another appointment or say "Cheerio!" For me the $270 is peanuts compared to the expenses and hassles I would rack up over the curse of month. Now if we could only do something with Medicare Part D...?

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