



Young Man Dies from Tooth Infection

A 24 year old man died from what started as a tooth infection.

Kyle Willis went to the dentist when his wisdom tooth started to hurt. He was told by the dentist that it needed to be pulled, but since he was unemployed he could not afford the procedure.

Later, his face started to swell up and his head began to hurt. At that point, he went to the emergency room where they handed him two prescriptions — a painkiller and an antibiotic. He had just enough money for the pain medication, so he neglected to fill the prescription for the antibiotic. The tooth infection spread to his brain and he died two weeks later.

We can look at this story from many angles and come up with reasons why his passing was his fault. We can talk about choices and taking responsibility for our own actions, or we can blame him for making a wrong choice.

But my story is not about making a case for any of those. I am thinking about the responsibility of the emergency room

doctors and nurses. They were presented with symptoms that should have been recognized as a beginning of a dangerous complication from tooth infection, as they are trained to do. I know the emergency room isn't a place for patient education, but I am certain that this young man would have understood the dangers of his condition if only one medical professional would have taken five minutes to explain the reason for the antibiotic prescription. Moreover, perhaps he should have been treated with an intravenous antibiotic and released with more medication in hand. I wonder where is the disconnect? What is obvious to me is that Mr. Willis did not comprehend the severity of his condition. Would he have made the same decision if he would have been told what can happen if he does not start the antibiotic right away? Did he think that he was young and that once the pain had stopped his body would heal itself?

We will never know his reasoning, but we should know why the hospital didn't treat him as they should have...

Quote of the Quarter

Too many Americans lack health insurance. It's a tragic situation exacerbated by slow economic growth, a high rate of unemployment and a broken health system that is still not meeting the health needs of our nation.

According to Alan Baker, interim executive director of the American Public Health Association (APHA)

Changes in the Health Insurance Landscape

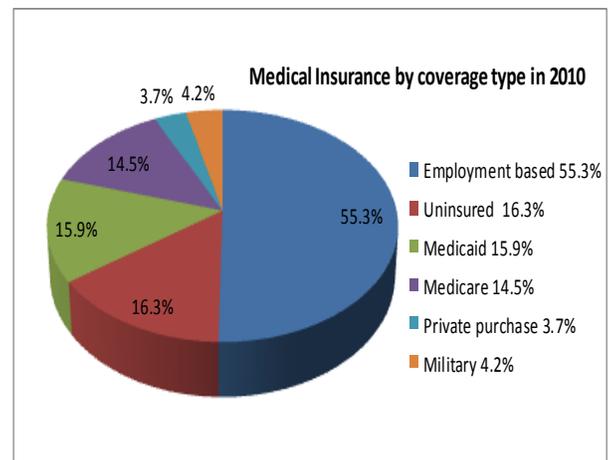
The US Census Bureau data released this month reports increased poverty, decreased median income and a slight increase in uninsured numbers.

Employer-based health insurance declined, while government-based coverage increased. The number of uninsured increased to 16.3 percent, which translates to 49.9 million Americans.

Trending over the last ten years indicates that employer-based coverage is steadily declining and government-based insurance is on the rise, while the numbers of uninsured only increased by 0.1 percent. The only decent news is the hidden data about young adults that were added to their parent's insurance as part of the Patient Protection and Affordable Care Act

(PPACA). However, that assumes a deeper decline in actual employed numbers.

All things considered, since last March when the PPACA was enacted, health insurance is in a steady decline. Planned cuts in Medicare and Medicaid will worsen this situation. The PPACA will further increase the number of uninsured.



Medicare Open Enrollment Changed

The options timeframe to change current Medicare plans has been moved up. This year, open enrollment starts on October 15 and ends on December 7. Actual changes will take effect, as usual, on January 1. This is the time to review cost, coverage and convenience. It is time to consider a return to traditional Medicare or to check out if there is a Medicare Advantage plan that may offer better benefit options.

It is also time to change prescription plans. October is the month to review all letters arriving from the present drug plan. There may be changes in the formulary for next year, which can adversely affect your bottom line. As always information is available at www.medicare.gov. Of course people that are satisfied with their current choices don't have to make any changes.

Definitions:

Medicaid is a state and federal medical insurance program primary designated to help low income families and children.

PPACA Patient Protection and Affordability Care Act or as many call it Obamacare

CMS Center for Medicare and Medicaid Services

Speaking about Money

One of my favorite newsletter is published by Jeanne Scott Matthews. The below chart was created by her. You can find her website at <http://www.health-politics.com/>

I try hard to stay clear from politics, but this time I can't resist sharing. Paying taxes is a part of our lives and it is necessary to keep our country moving forward. Unfortunately, we elect representatives in Congress to decide how to spend our tax money and below is

a primary example why voters decide not to reelect many incumbents.

On the Medicare side the Deficit Reduction Super Committee is working on the CMS budget. The changes will likely shift costs to the beneficiaries, cut benefits, reduce payments to the medical community and reduce the federal cost share for the state Medicaid programs. These changes will make it impossible for states to effectively comply with provisions of the PPACA.

What the Debt Deal Costs

Here are the likely cuts	Here's what Congress protected
Discretionary programs \$650 billion Special education, student aid, and assistance to low-income schools	Tax breaks \$690 billion Bush tax cuts for the wealthiest 2 percent
\$310 billion National Institutes of Health	\$321 billion Extra benefits top-bracket taxpayers receive from itemized deductions
\$100 billion Center for Disease Control and Food and Drug Administration	\$129 billion Subsidies for foreign profits
\$98 billion Head Start and child care program supports	\$97.5 billion Subsidies for business inventories
\$47 billion Energy grants to help low-income families afford heat	\$44 billion Subsidies for oil and gas companies
\$20 billion Job training for unemployed adults	\$21.4 billion Carried interest loophole for hedge fund and private equity fund managers
\$11 billion After school tutoring programs	\$10 billion Tax break on loans for vacation homes and yachts

Source: General Explanation of the Administration's FY 2012 Revenue Proposals (Department of Treasury, 2011); Congressional Budget Office, "Reducing the Deficit: Spending and Revenue Options" (2011); authors' calculations based on Congressional Budget Office, "Budget Options" (2008).

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