Question Essay

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**Practice management system**

The practice management system provides a wide range of dynamic solutions to all the organization's processes and tasks by improving the workflow and by adding efficiencies. It was designed to help the medical office of very possible size to run efficiently. Practice management is deployed by organizations to manage scheduling, registration, patient tracking and reporting (Specialist, n.d.).

There is a range of both tangible and intangible benefits of implementing a practice management system, in clinical settings. However, the practice management system is a software that is used to run the practices of the health system and it streamlines that important task of the organization (Anderson, 1997).

The most important and widely reported benefits of this system are to increase clinical efficacy especially in regards to clinical processes and managing workflow. The practice management software provides a standardize a system that helps to record peak performances, minimize errors and reduce the wait time of patients (Specialist, n.d.).

The reporting and monitoring capabilities of the system help in the quick identification of action and issues and guides to take proactive interventions. For instance, the software allows to focus on the quality care and it minimizes the burdensome administrative tasks. This benefit can be achieved through the automated process like billing due dates, patient tracking, and scheduling. With the increase in documentation within the clinical setting this option will help to minimize errors and increase efficiency. It also increases efficiency by providing better controls on staff timings and by setting automatic standard tasks. For example, the system sends automatic appointment reminders and maintain sufficient supply inventories (Specialist, n.d.).

Moreover, the practice management system adopted in a clinical system hep to save time by improving the billing process, by scheduling and by enhancing documentation and minimizing errors the medical management system facilitates reimbursements process and helps to streamline the payment process. For example, the systems verify insurance eligibility as soon as the patient schedule appointment and this process save time and increase efficiency. It also helps the biller by providing them access to patient reports and records. Such access to the report and records accelerates the reimbursement proves and minimize the costly delay in documentation processes (Anderson, 1997).

The digital system that has evolved for medical documentation has shown a transition towards paperless record keeping. The system has made improved documentation as a priority in the billing process. The technology provides a standardized system that effective reduce errors and deliver service though mobile health system (Anderson, 1997).

The Practice management system saves human resources as well by introducing more versatile technologies for medical use. The integrated system improves patient communication provides online health care system and the EMR system provides practice regardless of whether the patient has specialty practice or general practice. It brings simplicity to the job of the staff and also improves the approaches of patient care. The medical personal views are streamlined by the practice management system and improve patient and provider satisfaction. The system focusses on quality care and automated the process of administrative tasks. This helps to minimize the burden on the workforce and save human resources (Specialist, n.d.).

The medical management system allows the health care providers to focus the, most important factor in the stamen that is the patient and thus it helps to generate a patient-centric care system. The potential issue of the patients is discussed and the burden on the office staff is also lessened by the help of this management system. The medical practices are benefited by the standardize workflow, prove designs of methodologies, quality patient outcome, and efficiency. Thus, Practice management software helps to save time, human resources and increase efficiency in any type of clinical setting (Anderson, 1997).

**2-Medical billing system**

**The importance of the telephonic manners of the office administrator Ellen in the collection process:**

The medical billing is not processed in a single step and it needs medical staffs to operate together. The responsibility for payment of every individual patient needs to be understood by the medical staffs. Proper telephone etiquette is necessary for the billing process because the patient needs to understand the billing process ad a calm voice will make it possible to concentrate on the process. Because not every patient is familiar with the insurance policies and billing processes and they need proper guidance.

A soothing voice will make the patient and their caretakers to minimize the stress of paying huge health costs and will help them to calm their minds. Good manners over the phone will help the patient to contribute to the billing process and will motivate them to pay on time without any hurdle. It will also help to generate a friendly environment between the patient and the health care providers.

**In addition to telephone collections Ellen can send letters to the patients:**

Follow up through emails or Phone calls are necessary step to collect bills from patients who pay very late and the majority of the patients need a reminder from their physician regarding how much they need to pay. This could be done by sending them a medical collection letter. The collection letter would be sent because the patient needs to undertake the urgency in the payment collections and the letter should not be intimidating that it might make the patient lose their trust in the health care system. Moreover, the collection letter should be very friendly and it should not be warning the patients to take serious action against them (Walsh & Crowder Jr, 2003).

**The information and tone that must be included in the letter are:**

The letter should be written in a pleasant tone and should contain information regarding the due amount the patient had to pay. It should also be letting the patient know about the payment options he or she had got and what type of payment cards are accepted for payment. The letter should show sympathy and should reveal a message that the health care organization understand the financial issue faced by the patient and payment is necessary for the quality health care provided to the patient (Walsh & Crowder Jr, 2003).

**The difference between bankruptcy chapter 7 and chapter 13:**

Chapter 7 bankruptcy is called liquidation bankruptcy and it wipes out all the unsecured debt like medical bills and credit cards. The debt is not paid through a repayment plan but to qualify for this procedure the income requirement must be met. However, chapter 13 bankruptcy is for debtors who have regular income and who have enough left in their account to pay a portion of their debts.

Chapter 13 is a type of reorganization bankruptcy and can be filed by individuals only. While chapter 7 bankruptcy can be filed by business entities as well as individuals. The eligibility restrictions for chapter 7 bankruptcy is that the disposable income must be low and for chapter 13 the unsecured debt must not be more than $419,275 and the secured one must not access $1,257,850. Chapter 7 bankruptcy takes three to four months for discharge and chapter 13 bankruptcy is received upon the completion of all plan payment usually in a 3-5 years duration (Pollak, 1997).

Ellen can check whether the patient is eligible for chapter 7 or chapter 13 bankruptcy if that is chapter 7 then Ellen has the option to sell the nonexempt property to catch up the missed payment. If that is chapter 13bankruptcy then the debtor is liable to make monthly payments to Ellen and has to pay back a portion of the unsecured debt.

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