CGM LYTEC 2022 Release Notes

January 2022

CGM LYTEC

Practice Management and EHR

Copyright notice

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Product

CGM Lytec 2022

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Chapter 1 - Enhancements

This chapter presents a high-level description of the following enhancements to the CGM LYTEC® system.

Important: you must have an account set up in eMDs Salesforce and your account must include an "asset code" or "subscription code" for the following features before you can use them: CGM CONNECTION, in addition to the asset requirements from Lytec 2021 for Acuant OCR Card Scanning, CPT Lookup, and IMO - Enhanced Code Search. Verify with your Value-Added Reseller (VAR) that you have an account and that it has your assets and/or subscriptions for these features listed. VARs should contact their VSE for more information.

Microsoft Windows 11, as of GA of Lytec 2022, is not a supported OS. The goal is to support this OS and once successful testing of Windows 11 is complete an announcement will be released.

In this chapter

Rebranding

Lytec has been rebranded to CGM LYTEC. In addition, Revenue Management has been rebranded as CGM REVENUE MANAGEMENT.

Enhanced Security

Password security has been updated in the following ways:

- Passwords are now case sensitive.

- Text has been added to the User Security Profile - Add/Edit User screen and Preferences - Passwords tab to remind you of the new requirements.

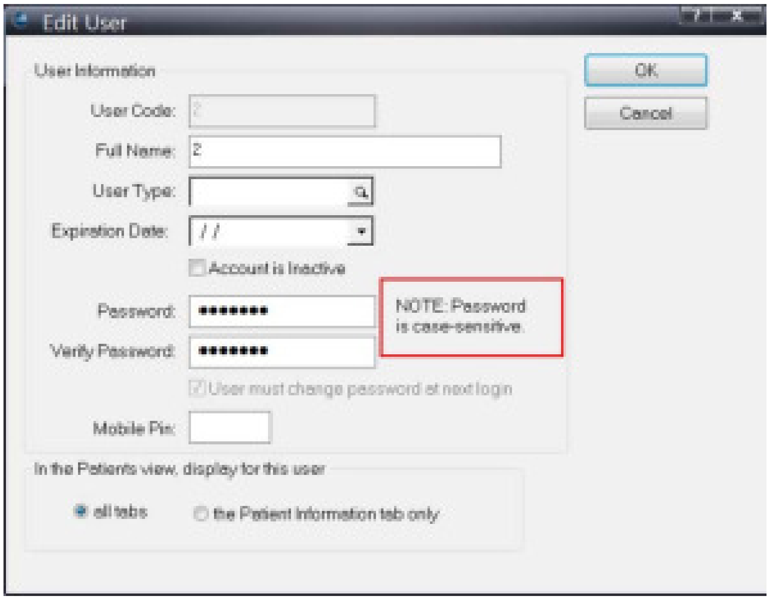


Figure 1. Edit User screen

After CGM LYTEC 2022 is installed, you will be prompted to create a new password upon login if your current password does not meet the new requirements.

CGM LYTEC Mobile

Note that the CGM LYTEC Mobile app will remain case INsensitive for passwords.

Revenue Management password

Revenue Management password requirements have been updated to match CGM LYTEC.

New Dashboards

You can now view key financial and operational data in CGM LYTEC using two new dashboards. These dashboards are available in all versions of CGM LYTEC.

There are two new dashboards: Patient Encounter and Practice Financial. Each dashboard shows you key information about that area of your practice using graphs and metrics.

New User option

There is a new option under Admin > User Preferences > Default tab: Show Dashboard on Startup.

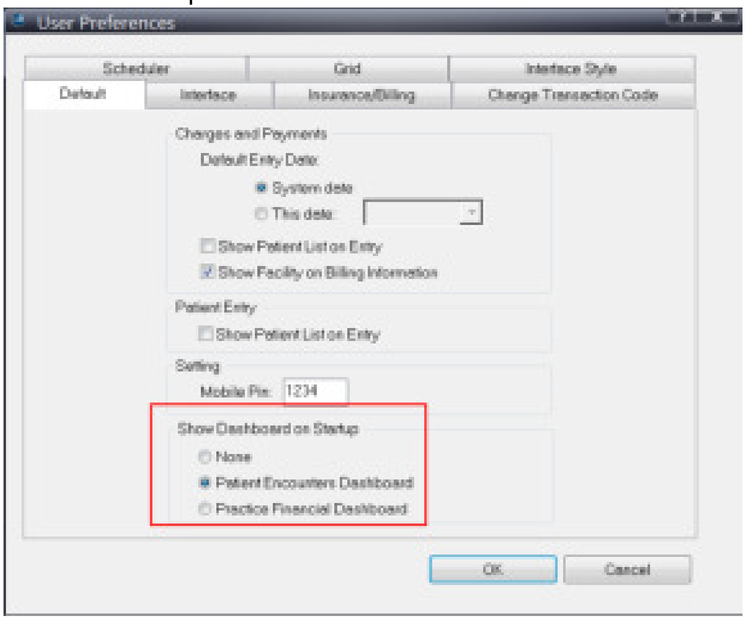


Figure 2. User Preferences - Default tab

Use this option to specify a default action at startup for the dashboards. You can select to have either the Practice Financial or Patient Encounter dashboard open at logon or you can select to have neither one. The default value is None.

New Security Profile option

There are two new options under Security Profile in the Reports section, which you can use to set a user's access to the dashboards. By default, these selections are unchecked and must be checked for each user who is granted access to the Dashboards.

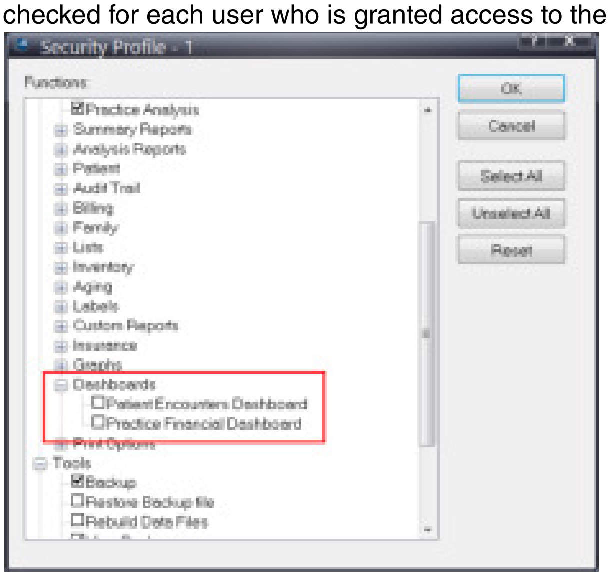


Figure 3. Security Profile screen

New menu option

There is a new menu option on the Reports menu: Dashboard Options. On this option, there are two sub-options, which you can use to open one of the dashboards.

Figure 4. Reports menubar

New Patient Encounter dashboard

The **Patient Encounter Dashboard** has three informational sections:

- Patient Visits Count
- Percentage of Canceled and Missed Appointments
- Average Charges Per Visit

Options

- Date Range: You can specify a date range for the information. The date range selected automatically applies to all sections of the dashboard.

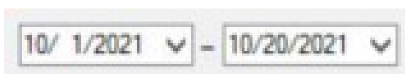


Figure 5. Date Range

If you change the date manually, you must press the Enter key for the data to refresh.

- Providers: You can select which providers (single, multiple, all) you want to see metrics for. CGM LYTEC will remember which providers you selected and automatically filter the dashboard based on the previous selection. If you do not select any providers, all appointments will appear, including appointments with no provider.

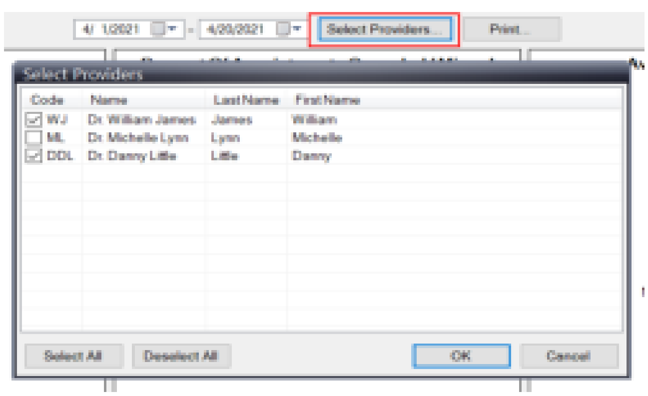


Figure 6. Provider Selection

- Print: if you want to print the information, click the Print button.

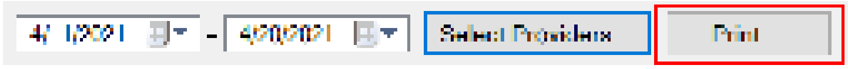


Figure 7. Print button

Patient Visits Count section

This section shows the sum of unique dates of service within billings that were created during the selected time range. The system will calculate the number of visits based on unique Dates of Service (for the listed Transaction Code Types) found in the billing detail. Duplicate Dates of Service will not count as multiple Dates of Service. The total count will display on the top of the bar graphs for both the selected period and the prior year of the selected date range. The following Transaction Code Types will be counted:

- Procedure-Insurance
- Procedure-Unclassified
- Inventory

If the billing detail has a Date of Service with a “From” and “To” date which are different, CGM LYTEC will calculate “visits” by using the number of units.

Percent of Appointments Canceled/Missed

The section will individually sum those appointments with a Canceled or Missed status and divide those numbers by the total appointments (with patient charts only) during the same time period and display a percentage of canceled appointments or percentage of missed appointments of the total appointments.

Average Charges Per Visit

The system will calculate the total amount of charges for the selected time period and divide that number by the number of visits created during the same time period. The number of visits will be unique Dates of Service, using the criteria specified above, and not include multiple charge lines for a Date of Service. The resulting dollar amount will display on the top of the bar graphs for both the selected period and the prior year of the selected date range.

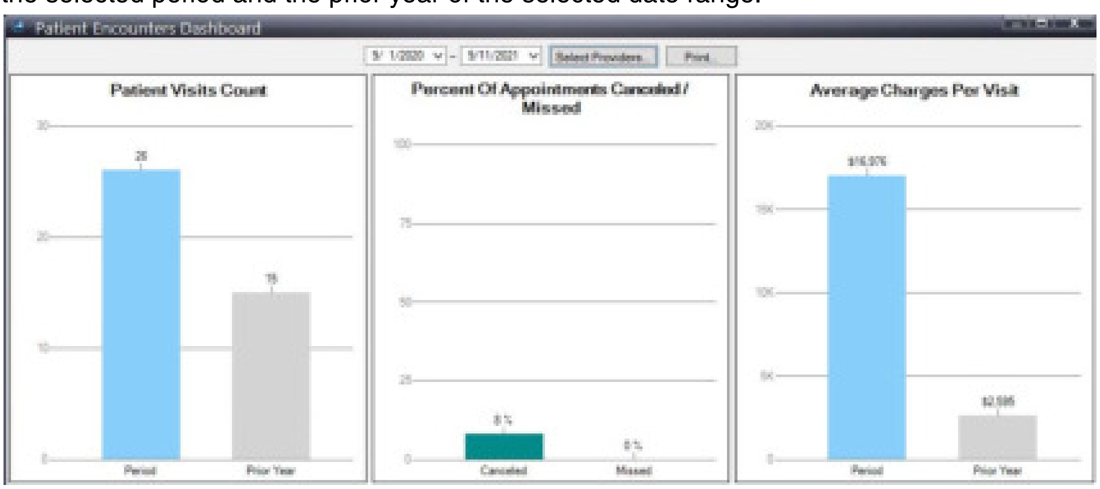


Figure 8. Patient Encounters dashboard

New Practice Financial dashboard

The Practice Financial Dashboard has three informational sections.

- Production Report, including breakdown of Charges, Payments, Adjustments
- A line graph of Charges and Payments
- Adjusted Net Collection Percentage

Each of the sections displays data based on the current system date at the time is it displayed. The information is current at the point of displaying the information for the entire practice.

NOTE: Very large practice databases can cause the display of the Dashboard results to take extended time to complete the multiple calculations. It is recommended to initially run the Financial Dashboard during a time when Lytec is not being actively used by you so you can obtain an estimate of the amount of time future dashboard requests will take. This will assist in knowing when to run the Dashboard so it does not prevent other work from being performed in Lytec. If display times are lengthy, you should not check the box to display the dashboard upon entry.

Note that the selected dashboard will appear on top of any other screens you may have open and you cannot toggle between open screens.

Options

Print: You can print the displayed information using the Print button or you can export the information into a PDF. The date and time the dashboard is printed will be included on the printed page.

Figure 9. Print button

Date

The default date is the current system date. You can select a different date from the arrow drop-down. When you do, the data in the screen will update automatically. if you change the date manually in the date field, it will refresh when you press Enter.

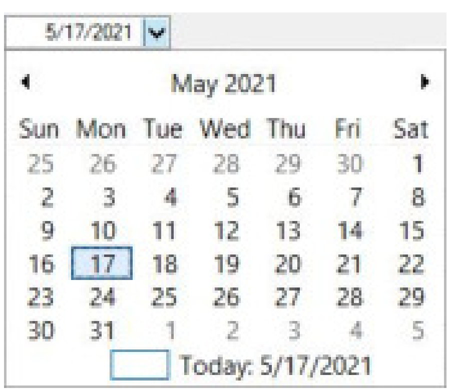


Figure 10. Date selection field

Note: When you select a date other than the current date, the AR Days and % AR Over 90 Days metrics are removed.

Production report

The **Production Report** will display the individual totals for:

- **Charges** (Procedure-Insurance, Procedure-Unclassified, Inventory)
- **Debit Adjustments** (Adjustment-Charge, Refund, Insurance Charge Back)
- **Payments** (Primary Insurance Payment, Secondary Insurance Payment, Tertiary Insurance Payment, Partial Primary Insurance Payment, Partial Secondary Insurance Payment, Partial Tertiary Insurance Payment, Patient Payment (including prepays)
- **Credit Adjustments** (Adjustment-Credit, Insurance Adjustment)
- **Net Production** (sum of extended amounts from each line)

Sign Display

- This section will display no sign if the extended amount is normally a positive number for Charges and Debit Adjustments.
- If the amount is negative for Charges and Debit Adjustments, it will display a negative sign.
- It will display a negative sign if the extended amount is normally a negative number for Payments and Credit Adjustments.
- If the amount is positive for Payments and Credit Adjustments, it will display no sign.

Displayed columns

Displayed columns will include:

- Current month
- The same month from the prior year
- A Variance amount between the current month and the prior year's same month (Current Month minus Prior Year Same Month)

The resulting Variance will display with no sign or a negative sign, resulting from the calculation. Other columns will be:

- This Year's Year-To-Date data
- The same Year-To-Date period from the Prior Year
- A Variance amount between the current YTD and the prior YTD for the same period. (Current YTD minus Prior Year YTD)

Again, the resulting Variance will display with no sign or a negative sign, resulting from the calculation.

The displayed numbers will allow for up to $9 billion (9,000,000,000), and display in whole dollars (no cents), rounded-up or rounded-down to the nearest dollar.

- **Accounts Receivable Days** - Accounts Receivable Days will display the result found by Total Accounts Receivable divided by one year revenue and multiplied by 365 (Accts Receivable/ Revenue) x 365). It will display to two decimal places.

Calculation: Total Accounts Receivable as of this date (no date ranges) divided by total Charges (Procedure-Insurance, Procedure-Unclassified, Inventory) for one year date range back from today. Multiple this amount by 365

- **Adjusted Collection Percentage (percentage of receivables over 90 days)** - This is found by (Total Accounts Receivable amount over 90 days of Date of Service divided by Total Accounts Receivable). ((AR>90 Days from DOS) / (Total AR)). Display this number as a percentage to one decimal place.

  Calculation: Total of Charges which are equal to or greater than 90 Days from today's date (using Dates of Service for Insurance Balances, Patient Balances, and Patient Co-Pay) that are unpaid. Divide that number by the Total Accounts Receivable as of this date (no date ranges).

Charges and Payments Mix Over 12 Months

This will be a line graph consisting to two data elements---total charges and total payments.

Calculation: Total Charges (Procedure-Insurance, Procedure-Unclassified, Inventory). Total Payments (Primary Insurance Payment, Secondary Insurance Payment, Tertiary Insurance Payment, Partial Primary Insurance Payment, Partial Secondary Insurance Payment, Partial Tertiary Insurance Payment, Patient Payment).

Adjusted Collection Percentage

This section will display an amount which will represent the percentage of collections over a rolling 12-month period of time. The calculation of the Adjusted Collection Percentage is the total amount of payments received over the time period, less refunds and credits, divided by the total amount of charges created over the time period, less write-offs. The result will be multiplied by 100 to obtain a percentage.

Calculation: (((Total Payments – Credits) / (Total Charges – Write Off's)) x 100).

Total Payments - Credits = all payments received from insurance and patients, minus patient refunds, for the rolling 12-month time period. Net the following Transaction Types:

- Insurance Payment
- Partial Primary Insurance Payment
- Partial Secondary Insurance Payment
- Partial Tertiary Insurance Payment
- Patient Payment
- Refund
- Secondary Insurance Payment
- Tertiary Insurance Payment

Total Charges - Write Off's = all charges created, <u>minus</u> insurance adjustments, insurance write-offs, patient write-offs, bad debt, for the rolling 12-month time period. Net the following Transaction Types:

- Adjustment Charge

- Adjustment Credit
- Insurance Adjustment
- Insurance Charge Backs
- Inventory
- Procedure – Insurance
- Procedure --Unclassified

Sales Tax Payments are not included in any calculations.

Figure 11. Practice Financial Dashboard

CGM CONNECTION™

CGM CONNECTION™ is a platform created by CGM that enables CGM LYTEC customers to send automated appointment reminders to their patients via SMS text, email, and voice calls. Patients have the ability to confirm or cancel the appointment, which will automatically get reflected in the CGM LYTEC system.

CGM LYTEC will interface bi-directionally with CGM CONNECTION, allowing CGM LYTEC to update CGM CONNECTION, as well as sending confirmed or canceled appointments from CGM CONNECTION back to CGM LYTEC.

Services include:

- Appointment Reminders – Bi-directional notification to and from patients
    - Email, Voice and Text

Other features are available in CGM CONNECTION such as Instant Notifications, No-Show messages, and Mass Messages, but these are currently available in the CGM CONNECTION Customer Portal and are not controlled nor triggered from CGM LYTEC.

Data Transfers

CGM CONNECTION with CGM LYTEC includes the following;

CGM LYTEC to CGM CONNECITON

- Real time interface to send new/updated patient and appointment data.

CGM CONNECTION to CGM LYTEC

- Update the patient's Appointment Status with response of Confirmed or Canceled from CGM CONNECTION if the existing appointment Status is Pending.
- Appointment reminder status, for example, confirmation/cancellation results will display in the CGM LYTEC schedule.
- Leave the patient's Appointment Status at Confirmed if the response is Confirmed and the status is already set to Confirmed.
- Update the patient's Appointment Status to Canceled from the response if the existing Status is Confirmed.
- Do not update any other Statuses that may exist on the appointment at that time.

Initial load

There is no initial load of patient/appointment data from CGM LYTEC to CGM CONNECTION. Instead, information is sent only with triggering events in CGM LYTEC.

Note that if the patient’s Date of Birth is blank in CGM LYTEC, it will appear in CGM CONNECTION as 1/1/1900.

Triggering events

From the time that the integration is initiated, CGM LYTEC will only send needed data to CGM CONNECTION when certain information is entered or changed in patient demographics and/or appointments, which would trigger the sending of that data AND the patient has opted in to at least one contact method. See CGM CONNECTION Prefs section for details.

If a patient has been opted in and patient and appointment data has been previously sent to CGM CONNECTION and then later is changed to OPT Out, the opt out preference is sent to CGM CONNECTION so reminders will no longer be sent to the patient.

Triggered events include any new appointment, changes in date or time or length to an existing appointment, canceled appointments, deleted appointments, changes to an appointment reason (Type in CGM CONNECTION), or changes to an appointment provider (Resource and Location in CGM CONNECTION). Triggered events also include any new patients, changes to an existing patient's name, address, date of birth, gender, any phone number field that is being used in the CGM CONNECTION Preferences, any email field, change to an opt- out / opt-in status via communication preferences, or language. Updates will be sent on a regular basis using the time set in the Interface Configuration keeping the CGM CONNECTION database updated with the changes.

Reason description and provider information will be sent when the patient/appointment is sent.

New appointments are only sent to CGM CONNECTION if they are created with the PENDING status.

Appointments that are deleted will send a delete message to CGM CONNECTION to update their database.

If the status of an existing appointment is not changed, only appointments with a status of PENDING will be sent to CGM CONNECTION.

Note: If the appointment status is PENDING or CANCELED, there will be no update.

If the status of an existing appointment changes FROM anything to PENDING, CONFIRMED, or CANCELED, the update will be sent to CGM CONNECTION.

If the status of an existing appointment changes TO anything except CONFIRMED or CANCELED, a deleted message will be sent to CGM CONNECTION so a reminder will not be sent to patient.

Any other existing appointment status change is ignored (appointment update not sent to CGM CONNECTION). For instance, Missed appointments are not sent to CGM CONNECTION and the No Show Appointment trigger in CGM CONNECTION is NOT triggered for Missed appointments.

Triggered fields for data which is new or changed include:

- Appointment Provider
- Appointment Reasons
- Appointment Statuses (PENDING and CANCELED status only)
- Appointment Date/Time
  - Appointments with a status of CONFIRMED, RESCHEDULED, RECALL, WAITING, BEING SEEN, COMPLETED, LATE, or MISSED are not sent
- Appointment ID
- Patient demographic details relevant to appointment confirmation (only Patients NOT marked Deceased or Inactive)
  - Patient First Name
  - Patient Last Name
  - Patient Date of Birth
  - Patient Gender
  - Patient Address 1
  - Patient City
  - Patient State
  - Patient Zip Code
  - Telephone Call (from Preference Window) (unless opt-out is selected, CGM CONNECTION does NOT send any data)
  - Text Message (from Preference Window) (If opt-out is the selected preference, CGM CONNECTION does NOT send any data other than opt-out)

    - Email (from preference window) (unless Email opt-out is selected, do NOT send any Email data)
    - Opt-out of all CGM CONNECTION (If opt-out of all CGM CONNECTION [Master opt-out] is checked, CGM CONNECTION does not send contact data for the three preferences and only sends opt-out for all three preferences)
- Language (note, CGM CONNECTION only utilizes English, French and Spanish. Other languages default to English)

Launching CGM CONNECTION

You can launch the CGM CONNECTION website from within CGM LYTEC in the following ways:

- Clicking the CGM CONNECTION button on the Scheduling menu (for more information, see "Updated Scheduling menu" on page 18)
- Selecting CGM CONNECTION on the right-click menu on the Schedule Appointments screen (for more information, see "Updated right-click menu" on page 19)
- Clicking the icon to the right of the Chart Number field on the Patient screen (for more information, see "Updated Patient screen" on page 20)

Note: if you have not purchased and have not yet implemented CGM CONNECTION, you will receive a message saying this feature is not available.

CGM CONNECTION documentation

A User Guide for CGM CONNECTION is available on the CGM LYTEC 2022 Documentation page in the VAR Lightning Portal. This guide shows you how to create customized messages for phone call, text, and email appointment reminders.

New Security Option

There is a new security option for CGM CONNECTION Configuration. This option is available under Admin > User Security Profiles > Security Profiles button > Admin Function > CGM CONNECTION Configuration.

Very Important: the default value for this access level is unchecked, so you MUST use this screen to select one or more users BEFORE any user can access the new CGM CONNECTION

Configuration screen. Users who do not have access to the new Configuration screen will show the feature as disabled.

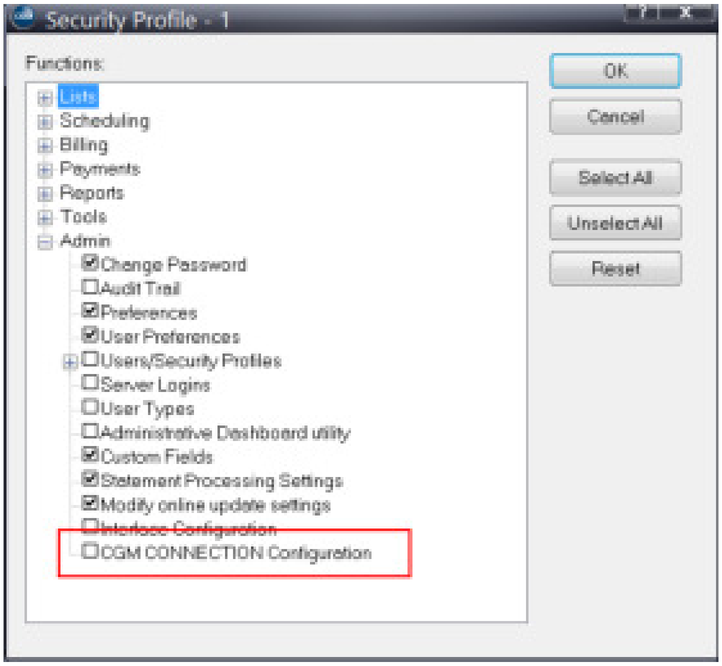


Figure 12. Security Profile screen

New Menu Option

Once you have contracted for CGM CONNECTION, you will set up and enable the interface.

There is a new option on the Admin > Interface Configuration menu: CGM CONNECTION. Select this option to open the CGM CONNECTION Interface Configuration screen.

Figure 13. Admin > Interface Configuration menu

New screen

Use this new screen to set up interface parameters for CGM CONNECTION.

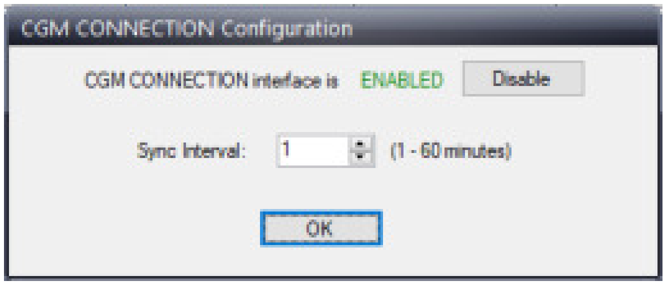


Figure 14. CGM CONNECTION Interface Configuration screen

The table below describes the options on this screen.

Option	Description
Enable/Disable button	Select this button to enable or disable the interface. When you click Enable, the Enter Interface Information screen opens.
Sync Interval	Enter the time interval for sending updates to selected patients demographics and preferences, and selected appointment creation or updates. The Sync Interval is in minutes. You can select a range between 1 and 60 minutes, with the default being set at 5 minutes.
OK button	Click this button to save the changes on the screen.

New Screen

There is a new screen that opens when you click the Enable button on the CGM CONNECTION Interface screen: Enter Interface Information. Use this screen to enter the Interface ID and Interface Key you received when you signed up to use CGM CONNECTION.

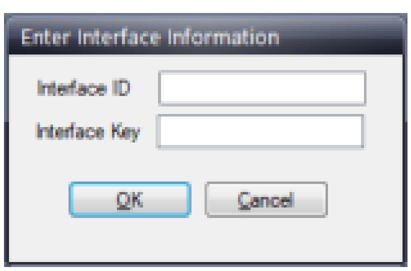


Figure 15. Enter Interface Information screen

Enabling the interface

1. Contact CGM CONNECTION Implementation and set up your account. You will receive an Interface ID and Interface Key that you will enter on the Enter Interface Information screen.

2. In CGM LYTEC, click Admin > Interface Configuration menu: CGM CONNECTION. The CGM CONNECTION Configuration screen opens.
3. Click the **Enable** button. The Enter Interface Information screen opens.
4. Enter your Interface ID and Interface Key.
5. Click the **OK** button.
6. Specify the Sync Interval.
7. Click the **OK** button.

Updated Patient screen

New button

There is a new button on the Patient screen: CONNECTION Prefs. Click this button to set the patient's preferences for receiving communications using CGM CONNECTION.

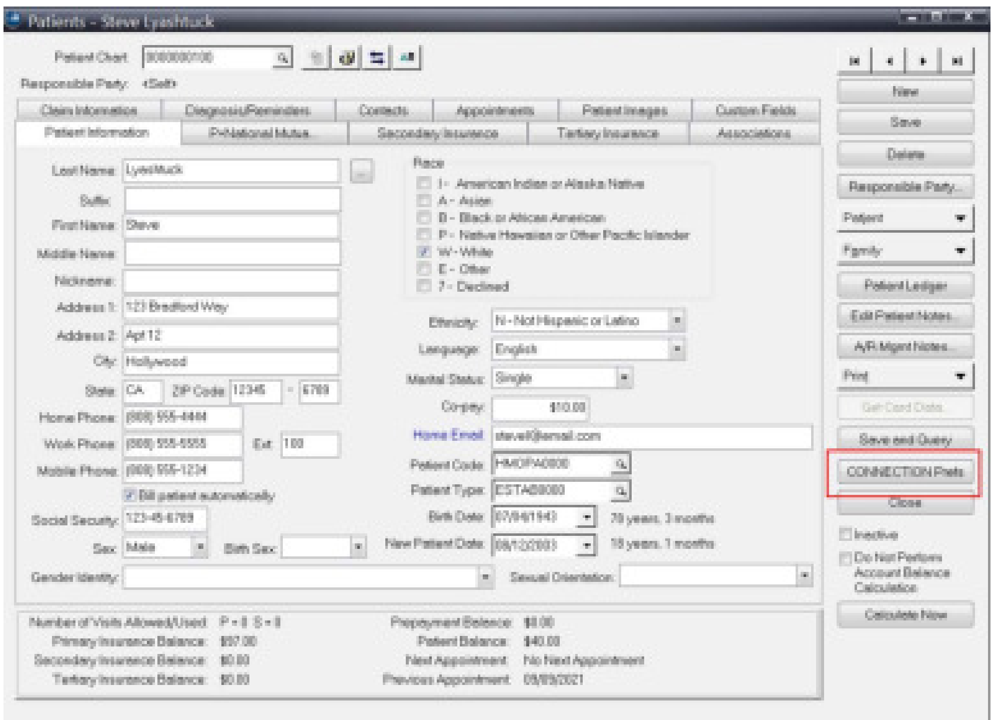


Figure 16. Patients screen

Updated Insert/Edit Appointment screen

New button

There is a new CONNECTION Preferences button on the Insert/Edit Appointment screen. Clicking this button will open the new CGM CONNECTION Preferences screen (for more information, see

“New screen” on page 16).

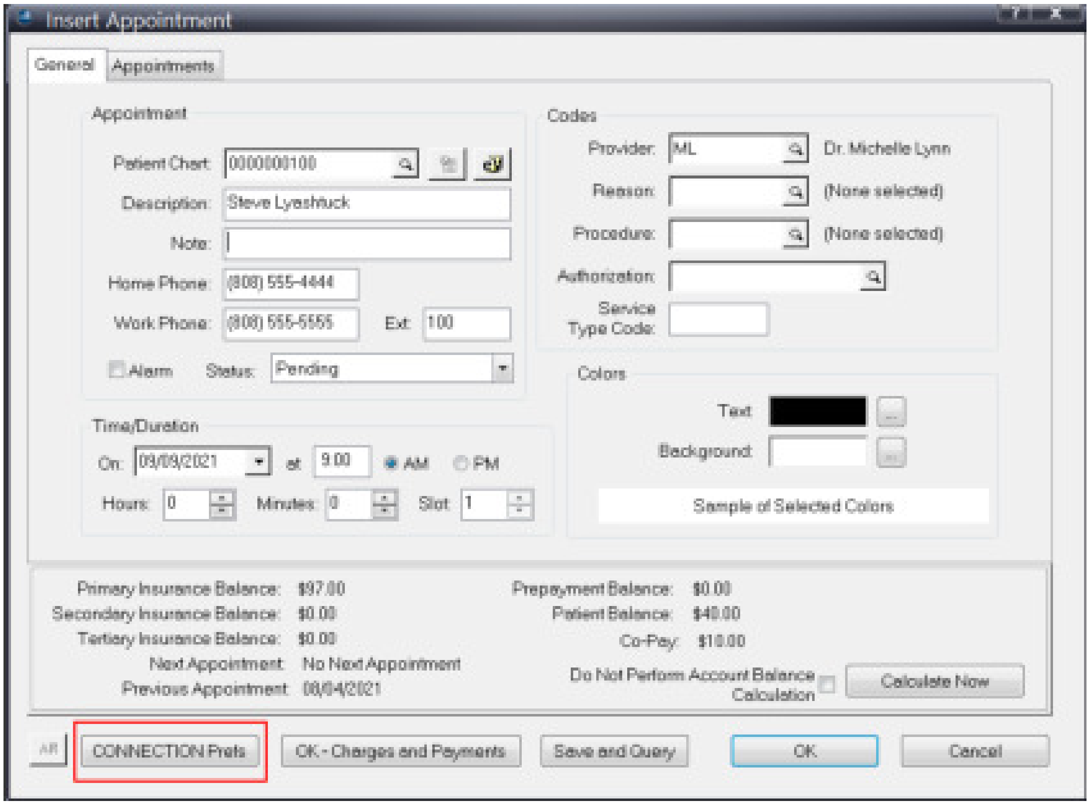


Figure 17. Insert Appointment screen

New screen

There is a new screen: CGM CONNECTION Preferences. Use this screen to specify whether or not the patient opts-out of CGM CONNECTION, or to select the contact preferences if the patient is opting in to reminders.

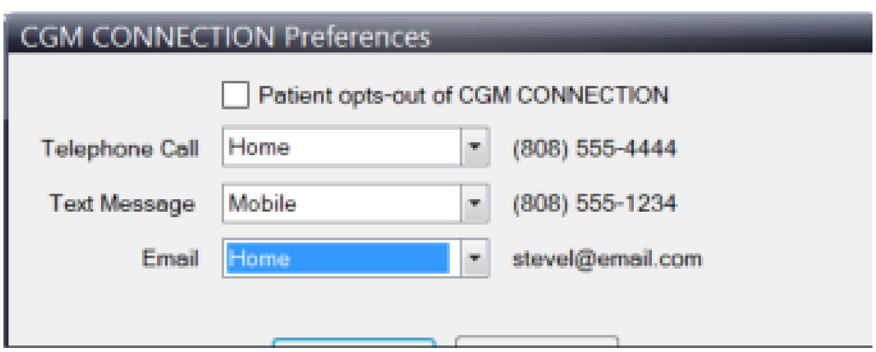


Figure 18. CGM CONNECTION Preferences screen

Note: Phone numbers MUST have an area code. If there is no area code, the number will be blank in CGM CONNECTION.

The table below describes the options on this screen.

Option	Description
Patient opts out of CGM CONNECTION check box	Select this check box if the patient opts out of CGM CONNECTION. Note that for each of the three contact methods (telephone call, text message or email), the patient can individually opt out.
Telephone Call	Use this field to select which phone number in the patient's record that will be used to send the patient voice messages.
Text Message	Use this field to select which phone number in the patient's record that will be used to send the patient text messages.
Email	Use this field to select which email address in the patient's record that will be used to send the patient email messages.
OK button	Click this button to set the options.
Cancel button	Click this button close the screen without saving any changes.

Note: If selections of phone or email are made in the individually fields and then master Opt-out box is checked, the individual selections will remain and be disabled. The opt out preference will be sent to CGM CONNECTION for all fields. The numbers/email remain and are not cleared in case the opt out box was checked in error. If the Opt-out box is unchecked the fields are enabled and the preferences will be resent to CGM CONNECTION.

Updated Appointment Schedule

There is a new column that you can add to the Appointment Schedule: CONNECTION Status.

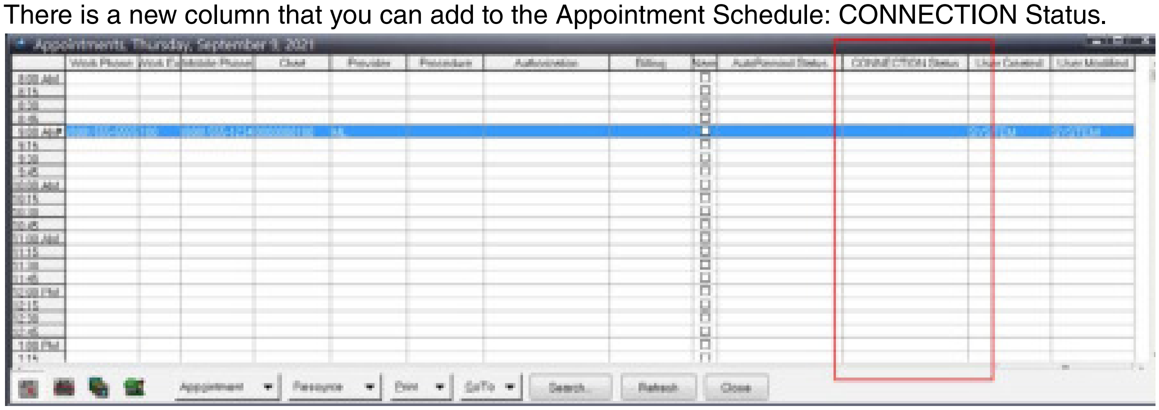


Figure 19. Appointment Schedule

This column will show you the status as sent through CGM CONNECTION. Values are Confirmed or Canceled. A date and time stamp of the CGM CONNECTION status change will also be displayed.

Updated Edit Layout screen

There is a new value that you can add to a layout: CONNECTION Status. Select this item if you want the CONNECTION Status column to appear on your custom layouts.

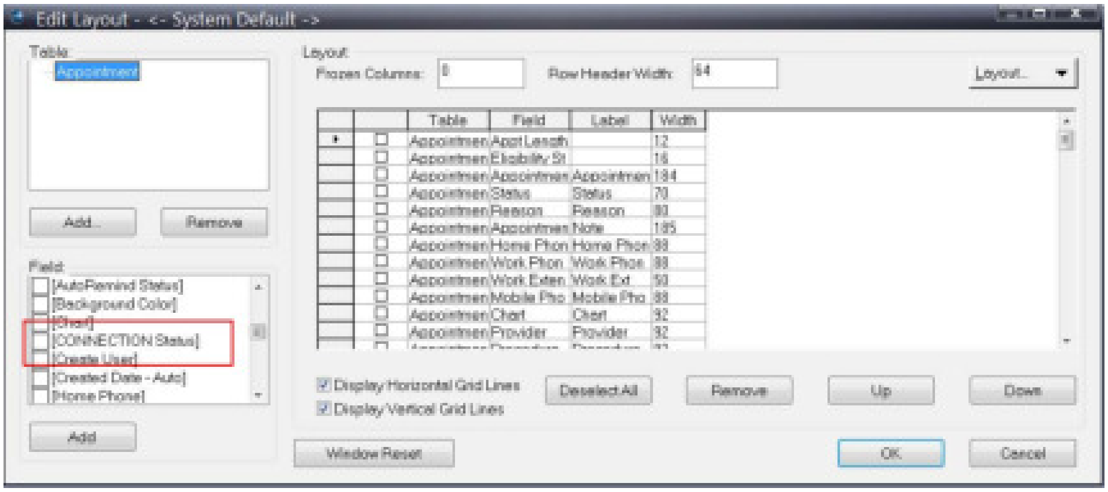


Figure 20. Edit Layout screen

Updated Scheduling menu

There is a new option on the Scheduling menu: CGM CONNECTION. Clicking this button will open the CGM CONNECTION website.

Figure 21. Scheduling menu

Updated right-click menu

There is a new option on the right-click menu on the Schedule Appointments screen: CGM CONNECTION. Selecting this option will launch CGM CONNECTION in your browser.

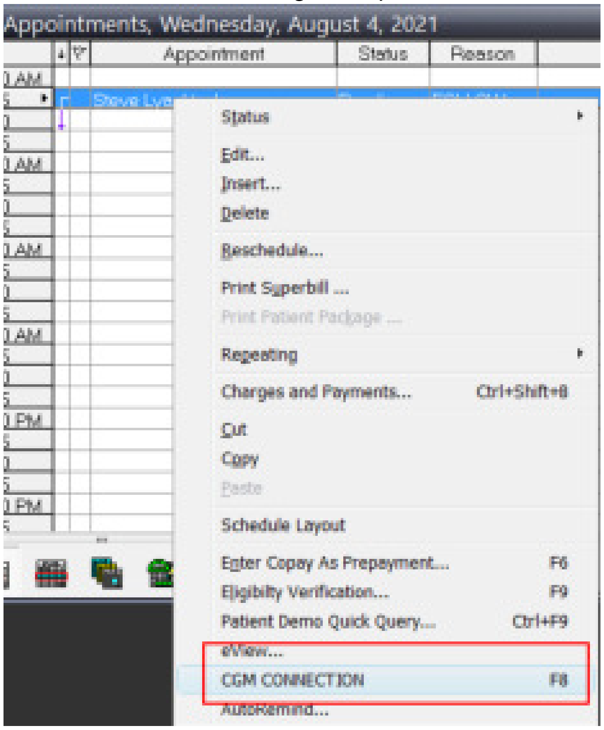


Figure 22. Right-click menu

Note: this option will be disabled if there is no Patient Chart number for the appointment selected.

Updated Patient screen

There is a new button on the Patient screen. It is located to the right of the Patient Chart number. Clicking this button will launch CGM CONNECTION in your browser.

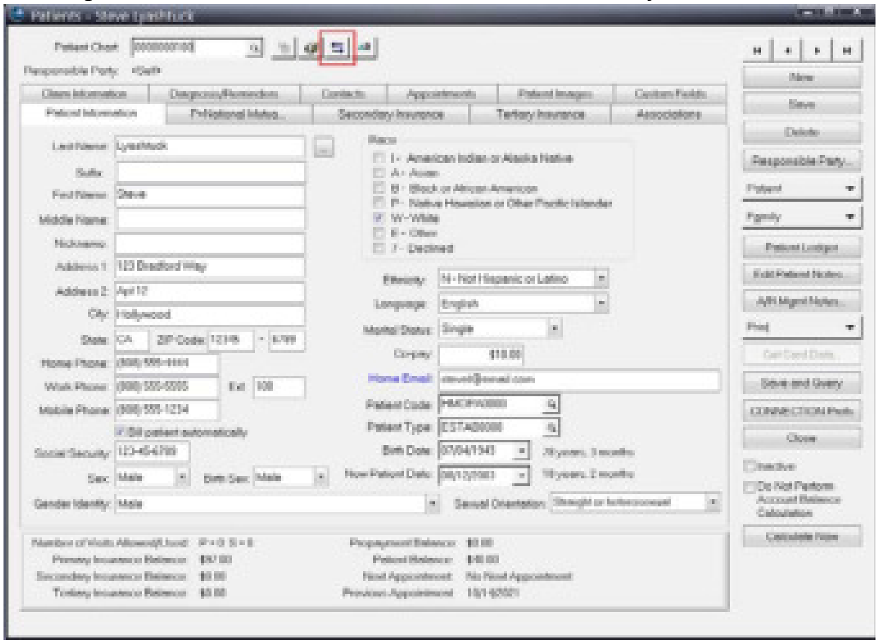


Figure 23. Patient screen

Patients

Updated Patient screen

Several new fields are available on the Patient screen to accommodate the USCDI and 21st Century CURES Act Requirements.

New button

There is a new button to the right of the Last Name field on the Patient Information tab. Clicking this button will open the Specify Patient Demographics screen on which you can enter and save previous names and addresses for the patient.

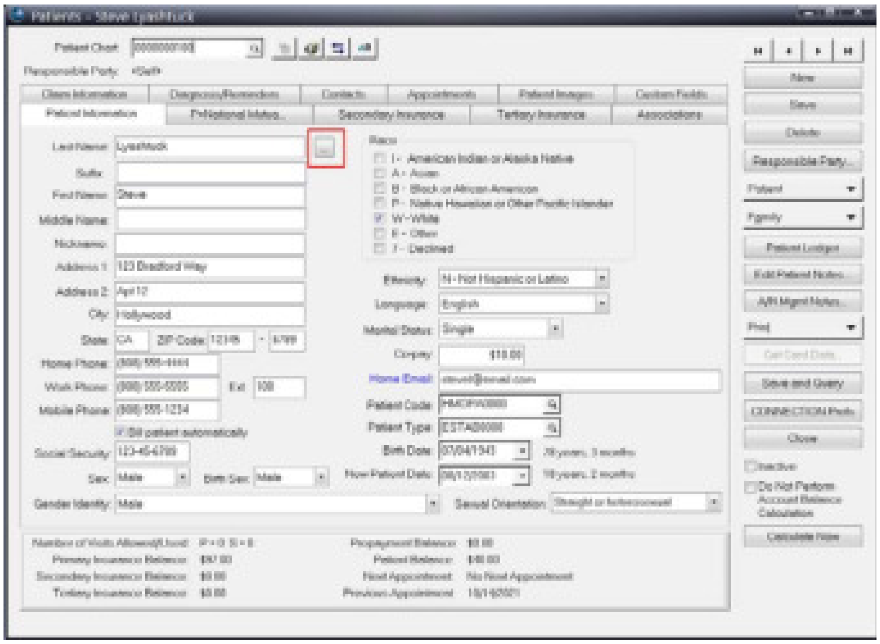


Figure 24. Patient screen

New Specify Previous Demographics screen

There is a new screen that you can use to enter and save previous names and addresses for patients: Specify Patient Demographics.

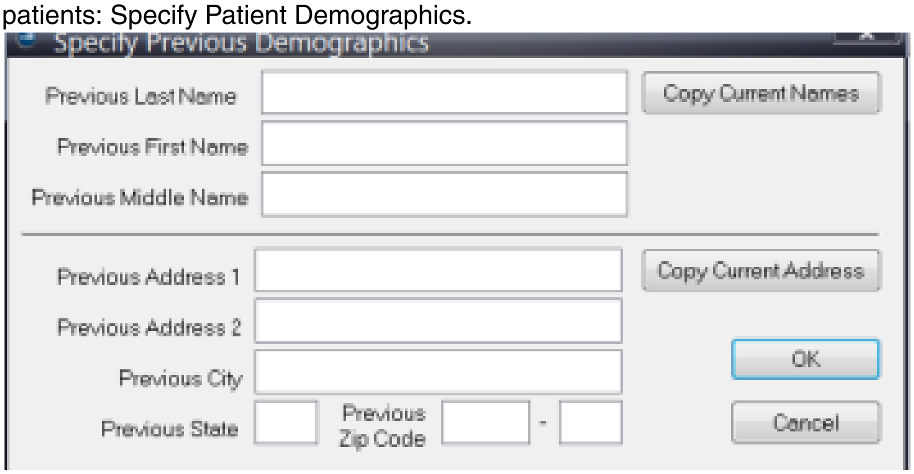


Figure 25. Specify Patient Demographics screen

The table below describes the options on this screen:

Option	Description
Previous Last Name	Enter the patient's previous last name.
Previous First Name	Enter the patient's previous first name.

Option	Description
Previous Middle Name	Enter the patient's previous middle name.
Copy Current Names button	Click this button to copy the patient's current name into the Name fields on this screen.
Previous Address 1	Enter the patient's previous address line 1.
Previous Address 2	Enter the patient's previous address line 2.
Previous City	Enter the patient's previous city.
Previous State	Enter the patient's previous state.
Previous Zip	Enter the patient's previous zip code.
Copy Current Address button	Click this button to copy the patient's current address into the Address fields on this screen.
OK button	Click this button to retain the changes and close the window. The changes will be saved when you save the patient record.
Cancel button	Click this button to close the screen without saving any changes.

New field

There is a new field on the Patient Information tab of the Patient screen: Birth Sex. Choose the patient's sex assigned at birth from the drop-down list.

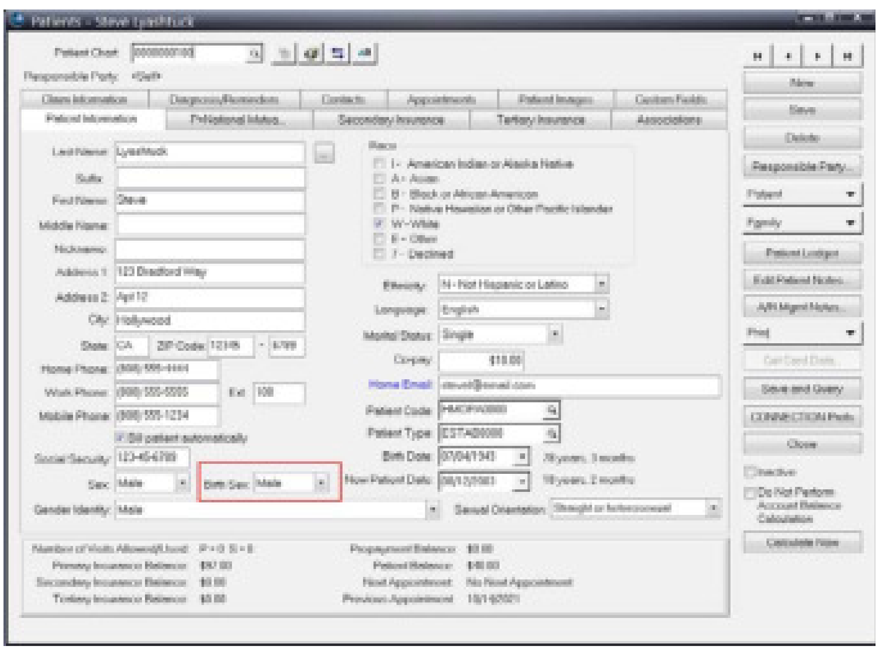


Figure 26. Patient screen

New field

There is a new field on the Patient Information tab of the Patient screen: Gender Identity. Use this field to select the patient's gender identity.

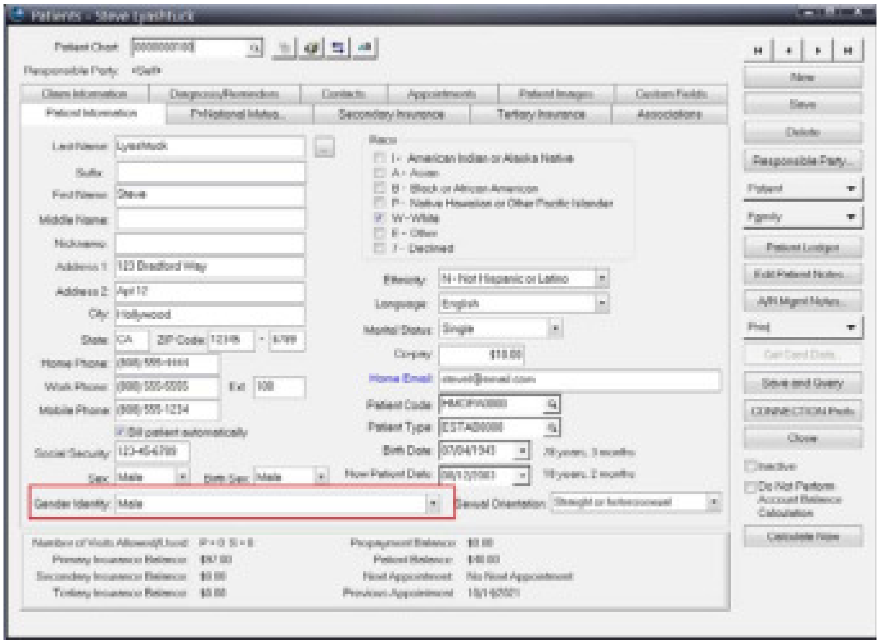


Figure 27. Patient screen

New field

There is a new field on the Patient Information tab of the Patient screen: Sexual Orientation. Use this field to select the patient's sexual orientation.

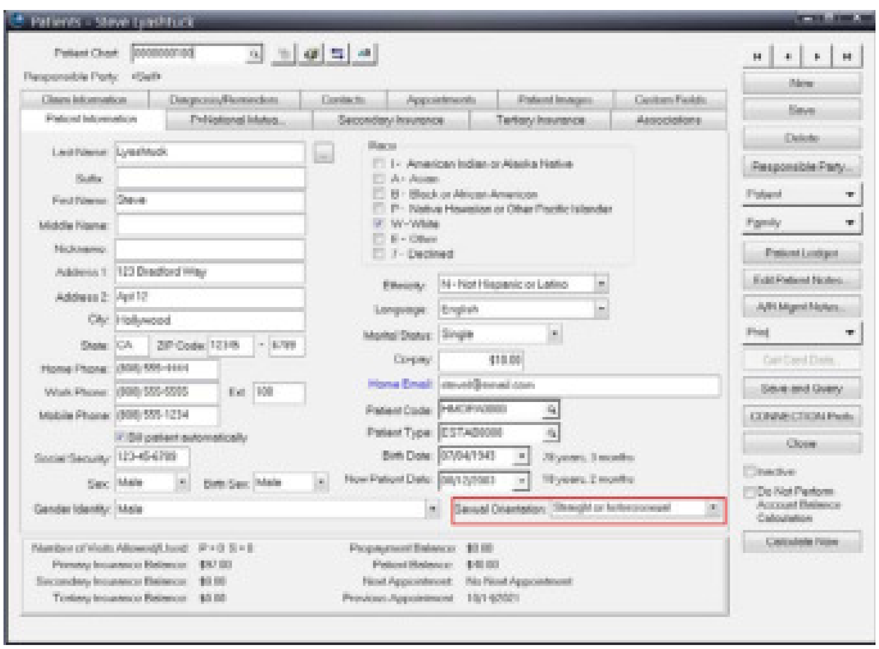


Figure 28. Patient screen

Updated CURES Act report

The following new fields have been added to the CURES Act Patient Demographics report:

- Previous First Name
- Previous Middle Name/Initial
- Previous Last Name
- Previous Address 1
- Previous Address 2
- Previous City, State, Zip, Zip+4
- Birth Sex
- Gender Identity
- Sexual Orientation

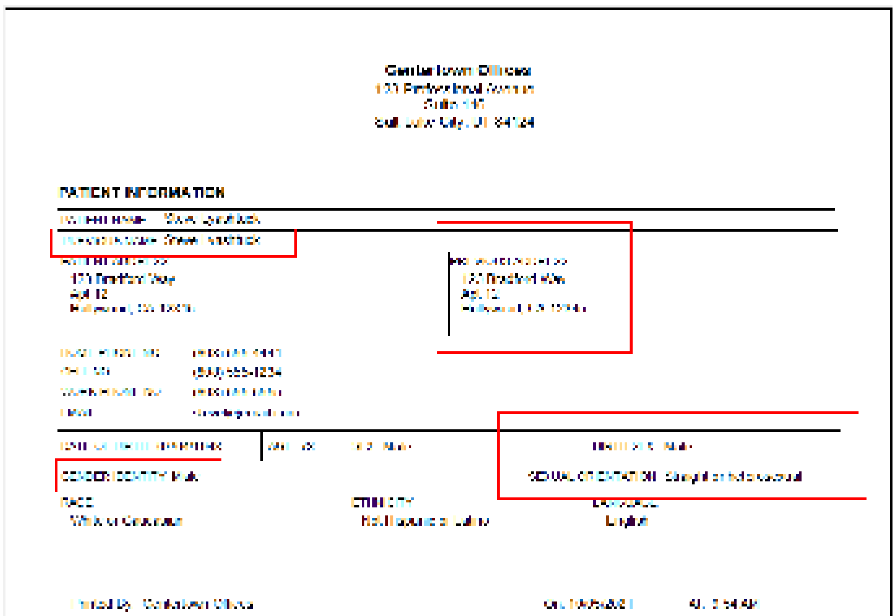


Figure 29. CURES Act Patient Demographics report

Reports

New Payment Analysis Report

There is a new Payment Analysis report that will show payments received/posted against a selected charge's Date(s) of Service. The results show total charges, total insurance payments, total patient payments, and total payments. This can be broken down by CPT code and includes the ability to subtotal by Provider, Facility and Location.

Note: You MUST post line-item payments for both Insurance and Patients for this report to be accurate. Payments posted only at the billing level will not be included in the report and Charge transaction codes without any line item payments posted to them will not be included on the report.

New menu item

There is a new menu item under Reports > Analysis Reports: Payment Analysis. Select this option to print or preview the new Payment Analysis report.

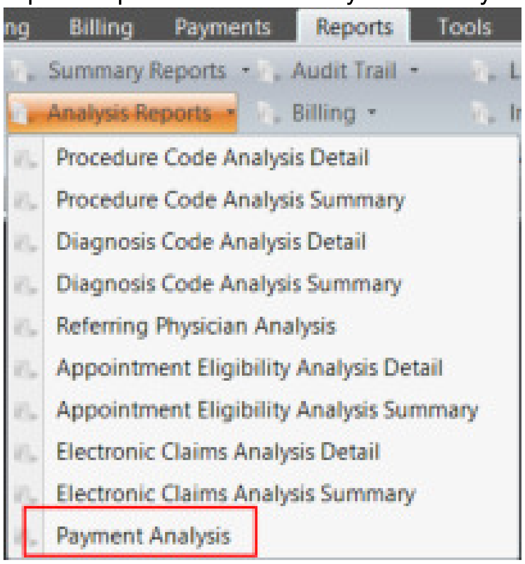


Figure 30. Reports > Analysis Reports menu

New Filter/Options screens

The report includes both ranges and Multi-Select filters, two include tabs and one Exclude tab with the same nine (9) filters that are on Exclude tabs in most other reports.

New Options tab

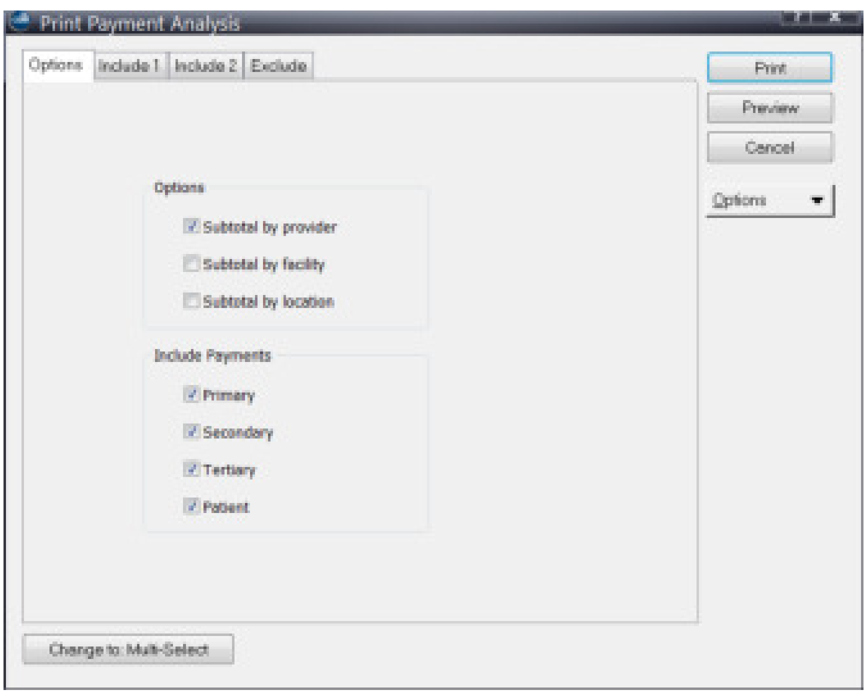


Figure 31. Options tab

New Include 1 tab

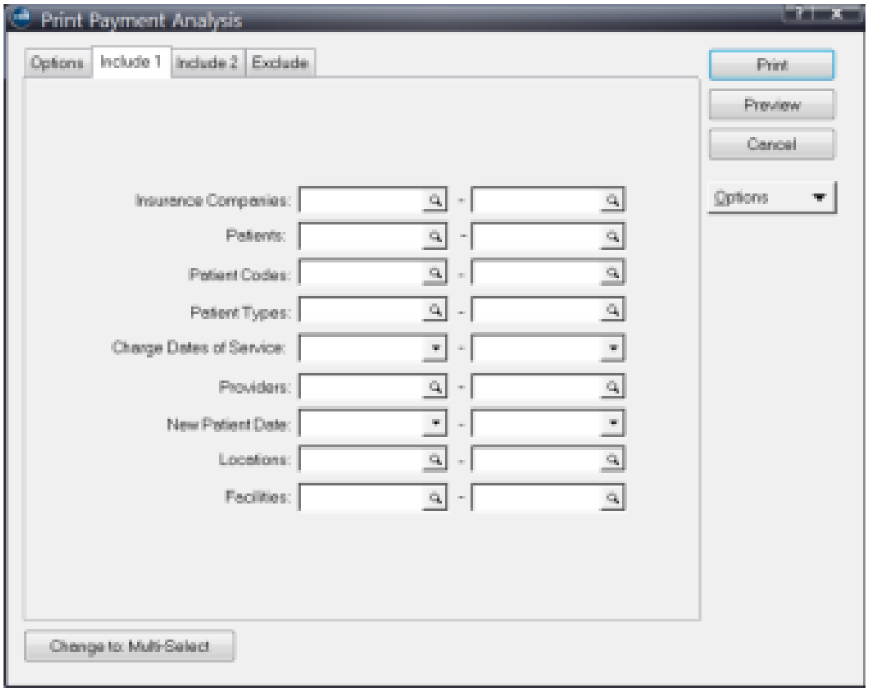


Figure 32. Include 1 tab

New Include 2 tab

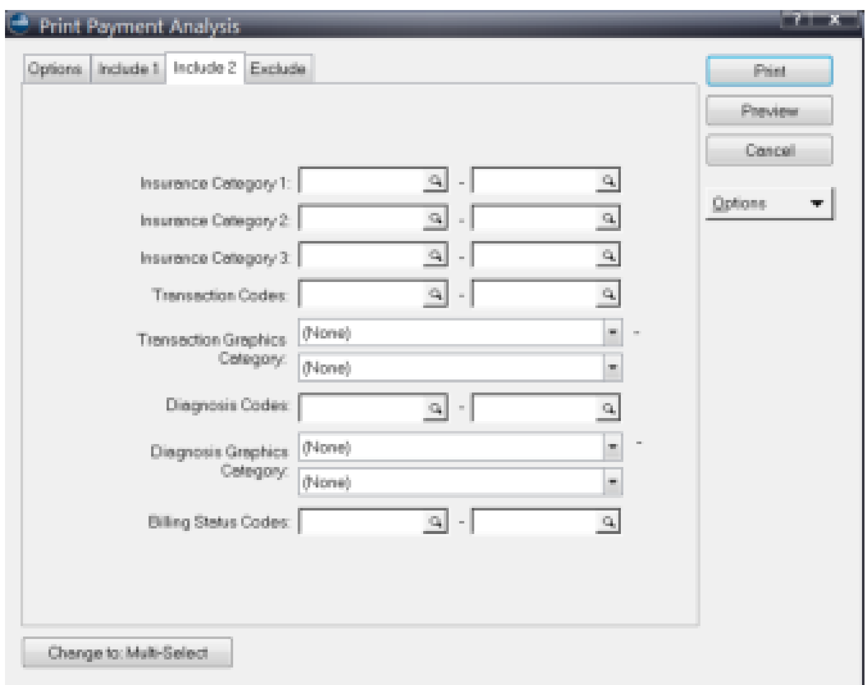


Figure 33. Include 2 tab

New Exclude tab

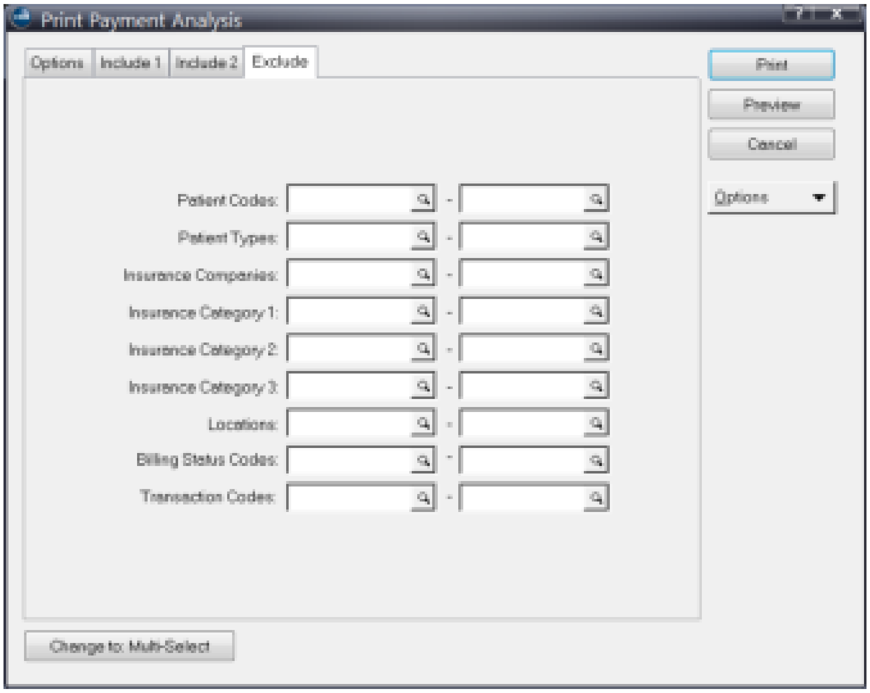
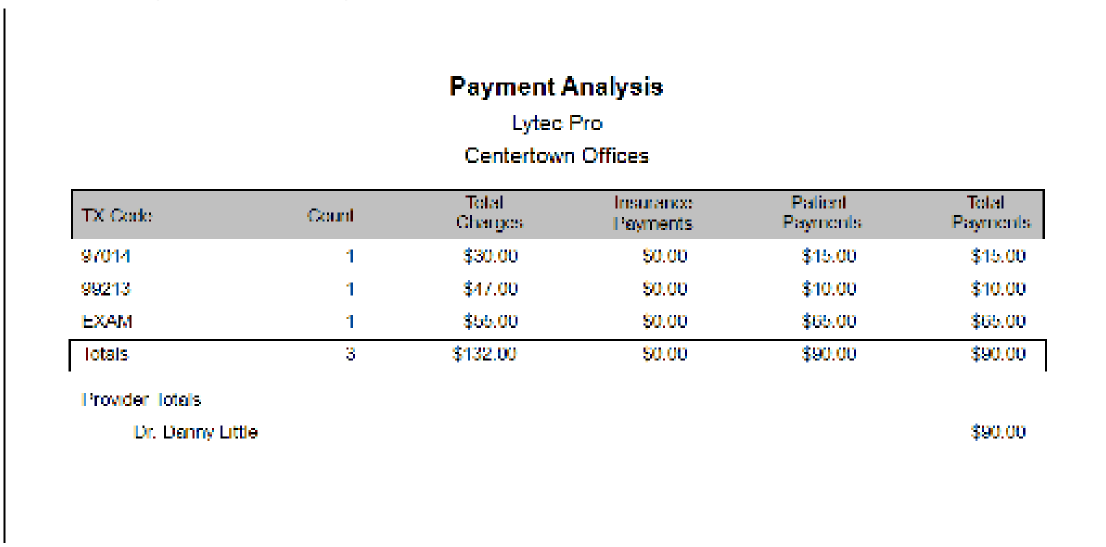


Figure 34. Exclude tab

Below is a representative output:



Payment Analysis

Lytec Pro

Centertown Offices

TX Code	Count	Total Charges	Insurance Payments	Patient Payments	Total Payments
97014	1	$30.00	$0.00	$15.00	$15.00
99213	1	$47.00	$0.00	$10.00	$10.00
EXAM	1	$55.00	$0.00	$65.00	$65.00
Totals	3	$132.00	$0.00	$90.00	$90.00

Provider Totals

Dr. Danny Little $90.00

Figure 35. Payment Analysis report

Updated Printing/Exporting List Reports

There is a new filter on the reports listed below that allows you to specify whether you want to print/ export Active, Inactive items or both on the report. The default values are selected for Active items and unselected for Inactive items.

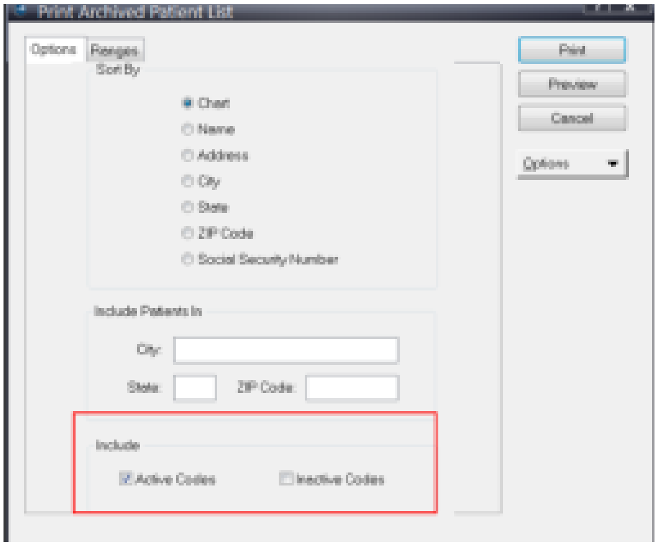


Figure 36. Print Archived Patient List screen

The following reports now have this option:

- Lists/Archived Patients
- Lists/Guarantors
- Lists/Provider
- Lists/Insurance Companies
- Lists/Diagnosis Codes
- Lists/Hold Codes
- Lists/Notes Reminders
- Lists/Facilities
- Lists/Referring Physicians
- Lists/Addresses
- Lists/Laboratories
- Lists/Place of Service
- Lists/Patient Code
- Lists/Patient Type
- Lists/Billing Status Codes
- Lists/Insurance Categories
- Lists/Appointment Reason Codes

- Lists/Locations
- Lists/EDI Receivers
- Lists/AR Management Status
- Lists/AR Management Task
- Labels/Insurance Companies Labels
- Labels/Facility Labels
- Labels/Referring Physician
- Labels/Address

Chapter 2 - Resolved Issues

The following issues were resolved with CGM LYTEC 2022.

PBI	Application	Description
67606	CGM LYTEC	Assign Agent and Task from Charges and Payments now works if the user name is 15 characters.
67627	Revenue Management	Multiple Antivirus programs will no longer remove files from the Revenue Management installation. Steps to recreate None
67640	CGM LYTEC - Eligibility	Scheduled Eligibility tasks will no longer run multiple times for an appointment when run a certain number of days in advance. Eligibility will be verified only once. Steps to recreate 1. Schedule an eligibility task set to several days in advance. 2. Allow the task to run. 3. Verify it runs only one time per appointment.
68928/ 69078/ 73373	Revenue Management	Secondary claims will no longer output loop 2430 segment CAS*PR for patient responsibility with a zero (0) dollar amount. Steps to recreate None
69087	Revenue Management	Lytec Eligibility Verification will now initiate the process of eligibility verification. Steps to recreate Launch an eligibility verification from either the Patient screen or the Lytec Scheduler and verify that the verification takes place.
69123	Revenue Management	Eligibility will now launch from patient list or appointment scheduler. Steps to recreate 1. Open any practice and open the Patient List. From any patient, press **F9** on your keyboard to open the Eligibility Verification screen. 2. Click the **Verify** button. Verify that Revenue Management opens and eligibility is performed.
69573	Revenue Management	Revenue Management will now warn if the same ERA remittance file is being posted more than once. Steps to recreate None

77353	Revenue Management	Eligibility will now stay synced with patient name and policy holder name when viewing the enhanced eligibility report. <u>Steps to recreate</u> Run an enhanced eligibility report and verify that the patient name and policy holder remain in sync.
77068	Revenue Management	Lytec Scheduled Eligibility will now handle an appointment deleted during a scheduled eligibility check. <u>Steps to recreate</u> 1. Schedule an eligibility check and let it start. 2. Delete an appointment during the check. 3. Verify that there is no error.
80428	Revenue Management	Multiple eligibility requests conducted as a batch file inside Revenue Management will now be sent as singular files back-to-back in real-time. This aligns batch eligibility behavior inside Revenue Management to match Medisoft batch eligibility through the Task Scheduler. <u>Steps to recreate</u> 1. Create multiple appointments for different patients. 2. Open Revenue Management and select two or more patient appointments and send their eligibility requests. 3. Verify all the requests are sent out one at a time one-by-one, and not all at once.
81028/ 83894	Revenue Management	Text labels and buttons have had their default positions restored to match previous versions of Revenue Management. <u>Steps to recreate</u> 1. In Revenue Management, place an ERA/remittance file in the Download folder of any practice and open the remit file in Revenue Management Reports. 2. Verify that the new labels of text align with the legend at the top of the grid.