CGM LYTEC 2024 Release Notes

December 2023

CGM LYTEC

Practice Management and EHR

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Chapter 1 - Enhancements

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

Note: you may encounter several changes to the software which are currently out of use to accommodate an upcoming release that will be fully documented at that time.

Important!

CGM recommends that you always install successive versions of the software when upgrading to ensure proper registration and data conversion.

For example, if you are currently on Lytec 2022 and are upgrading to CGM LYTEC 2024, it is recommended you upgrade to CGM LYTEC 2023 first, then register and convert your practice data. Then, from CGM LYTEC 2023, upgrade to CGM LYTEC 2024.

Note: Acuant is now called IDology. Documentation from earlier releases will still use Acuant.

In this chapter

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Features needing setup prior to use

Feature	Setup items
eMEDIX Statements	• sign up for eMEDIX statements • Enter credentials and options on eMEDIX tab in Preferences (see "New eMEDIX Statements tab" on page 3)
Patient Responsibility Estimate	• sign up for Patient Responsibility Estimate • Enter credentials and options on eMEDIX Estimate tab in Preferences (see "New eMEDIX Estimate tab" on page 17)

eMEDIX Statements

You can now have CGM LYTEC create and transmit patient statements to eMEDIX for delivery.

Contact your Value-Added Reseller for information on signing up, and receiving a login for eMEDIX, a unique TPID (Trading Partner ID) number, and the Submitter ID for working with eMEDIX statements.

When it is available, for those practices who subscribe to the online patient payment feature at eMEDIX, a QR code will automatically be added to the printed statements for the patient to scan and more easily navigate to the payment portal.

For this new feature, several updates have been made to CGM LYTEC.

New permission

There is a new permission to control access to eMEDIX options in CGM LYTEC, under Admin > User Security Profiles. Use this to set users' access to eMEDIX Statements.

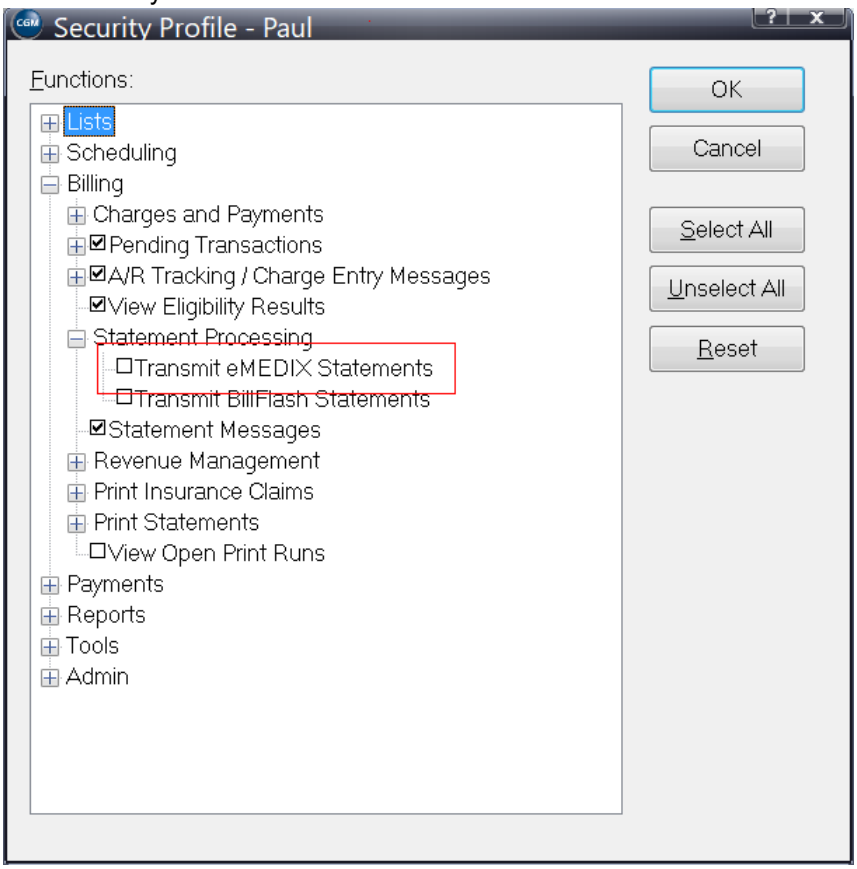


Figure 1. Security Profile screen

If a user does not have access to eMEDIX statements, they will receive a warning when they attempt to access the feature.

Figure 2. Message screen

Updated Preferences

New eMEDIX Statements tab

In Admin > Preferences, use the eMEDIX Statements tab to enter your credentials for eMEDIX Statements, as well as other statement options.

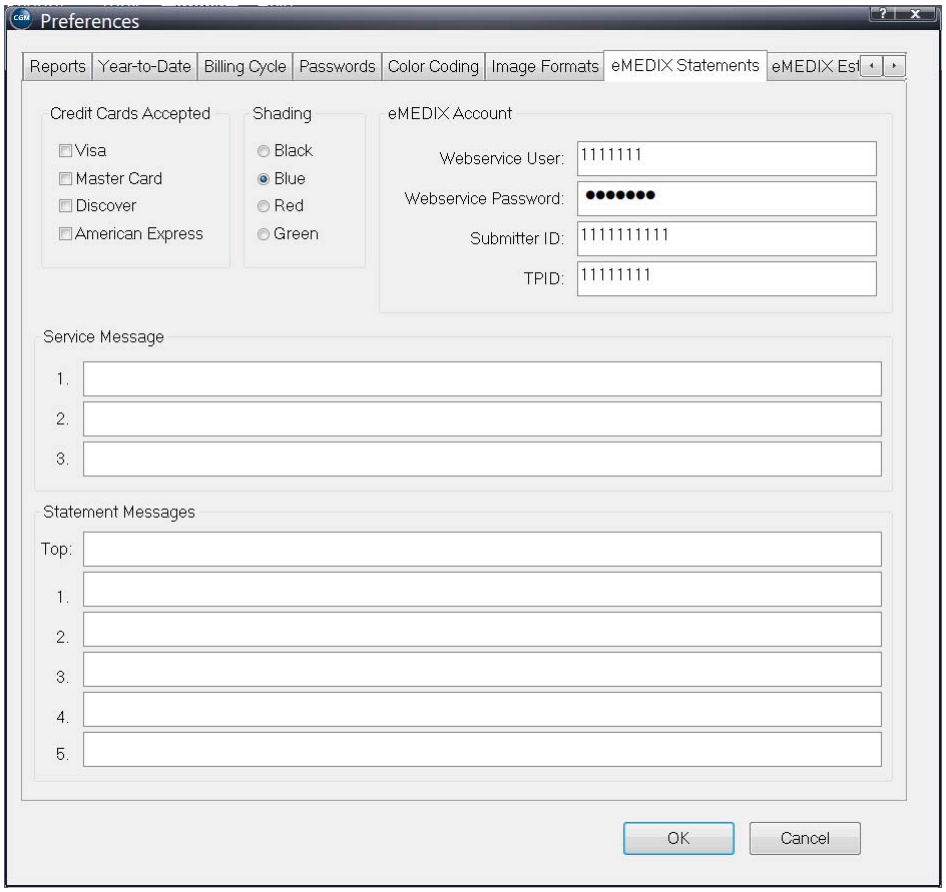


Figure 3. Preferences - eMEDIX Statements tab

The table below describes the elements on this tab.

Element	Description
Credit Cards Accepted section	Select the check boxes for the credit cards your practice accepts. These will appear on the statement.
Shading	Optional choice of color for column headings on the statement.

Element	Description
eMEDIX Account section	Complete the fields in this section with the credentials you received from your Value Added Reseller. All four fields are required. If any are left blank, you will receive an error message when you attempt to send statements.
Service Message section	Enter any messages that you want to appear on the statement.
Statement Messages section	Enter any messages you want to appear on the statement. NOTE: The statement message line labeled as "Top" is a great place to add a message to the recipient of what phone number you would like to provide if the patient has billing questions. Example: "For billing questions please call our office at (800) 555-1212 during business hours."

Updated Billing menu

There is a new drop-down on the Statement Processing button under Billing. Use this to open a second menu of items for either BillFlash or eMEDIX.

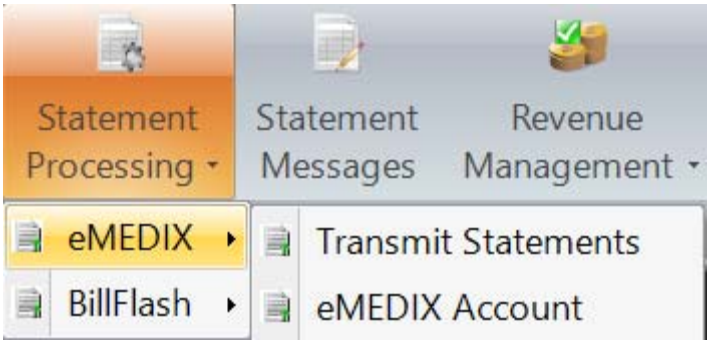


Figure 4. Billing menu - Statement Processing

The table below describes the options on the menu for eMEDIX.

Option	Description
Transmit Statements	Clicking this will open the custom format selection list. Choose the new eMEDIX statement format (_eMEDIX LY1 CoPay Stmt v2024+.lcs) and then filter the patients and other criteria to create the statements you want sent to eMEDIX Clicking Generate will create statements and display them in the new Select Statements to Transmit window.

eMEDIX Account	Launches the eMEDIX web site in your default browser, opening to the Login window. Once you log in, you can see your Account page and navigate to the desired area. eMEDIX reports can also be accessed at this location.

No changes have been made to the BillFlash menu.

New Statement Format

There is a new statement format specifically designed for use with eMEDIX Statements: _eMEDIX LY1 CoPayStmt v2024+.lcs. Select and use this format when you are sending statements to eMEDIX.

Do NOT make changes to this format, as it is specifically mapped at eMEDIX for patient statements. Make certain that all users are accessing the same common statement format and not a copy located on their workstation.

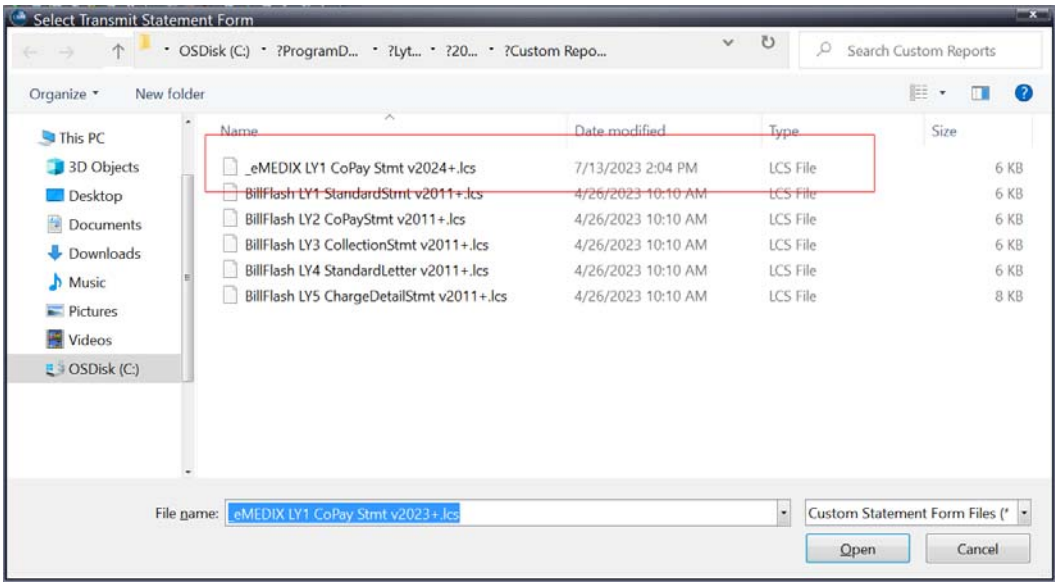


Figure 5. Select Transmit Statement Form screen

Updated Charges and Payments screen

Updated menu

The Print menu has been updated to include a new option under Transmit Statements for eMEDIX.

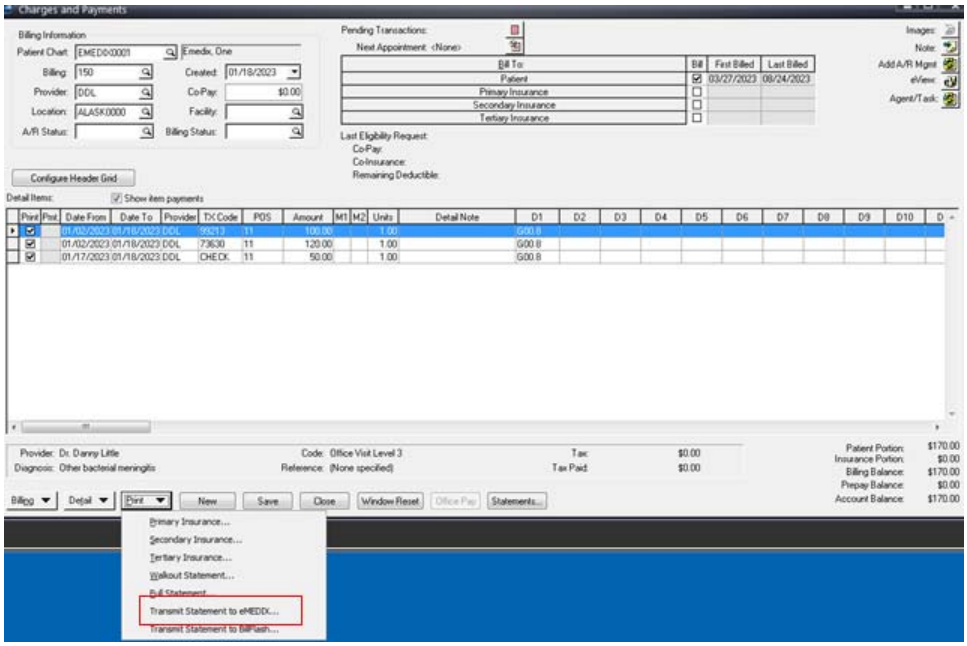


Figure 6. Charges and Payments screen

This option is also available on the Pending Transactions screen.

New Select Statements to Transmit screen

When you click the Generate button on the Generate Statements to Transmit screen, the Select Statements to Transmit screen will open. Use this screen to select the statements that you want to transmit to eMEDIX.

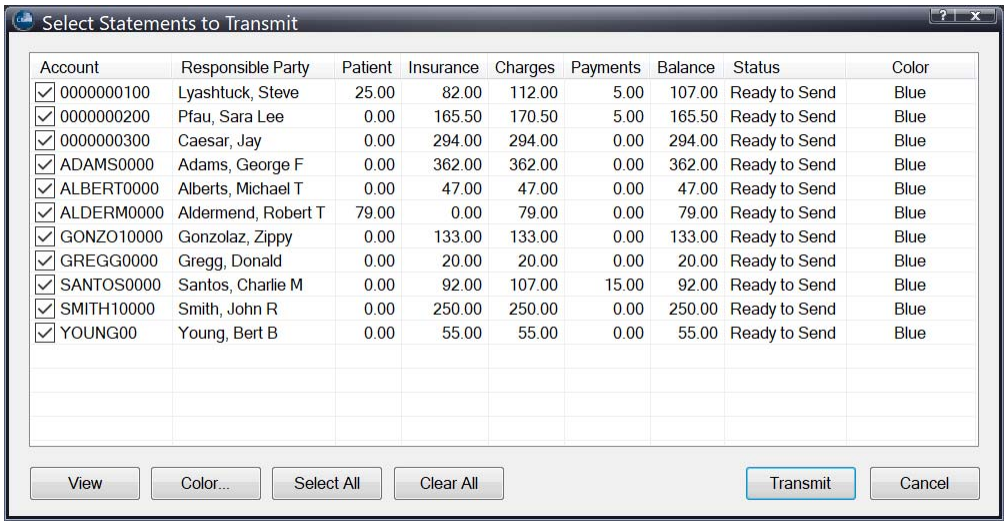


Figure 7. Select Statements to Transmit screen.

You can click the column headings to sort by that column, for easier locating of high balances or sorting by various amounts.

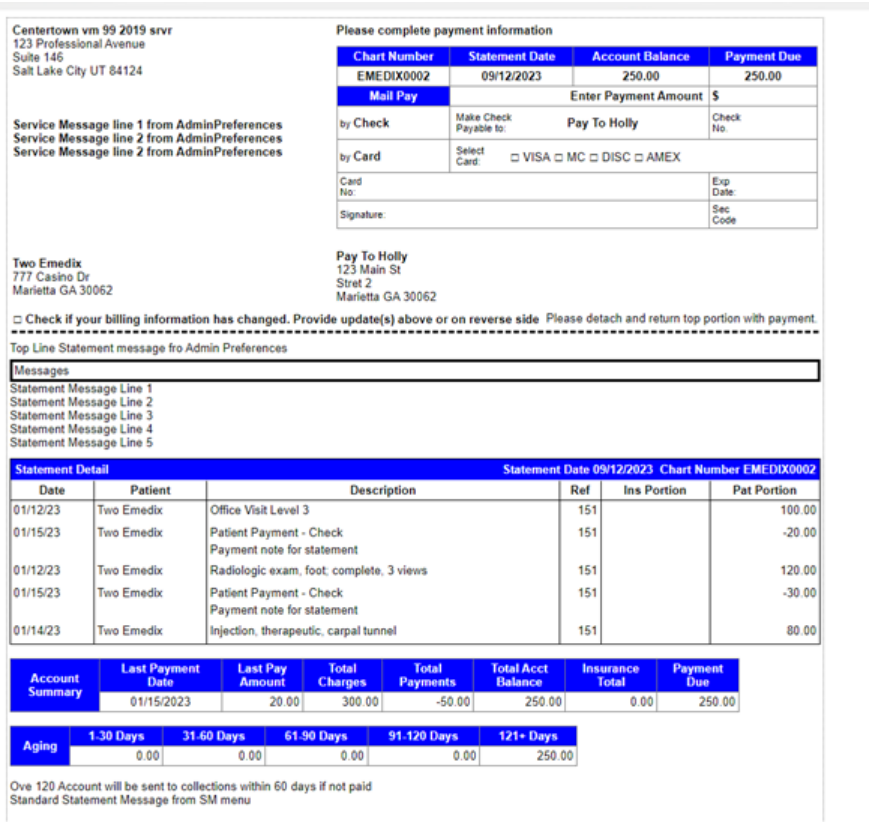
The table below describes the options on this screen.

Element	Description
Grid	The grid shows you the statements that are ready to be sent to eMEDIX based on the filters used. They are all selected to be sent by default but you can clear the check boxes as necessary.
View button	Click the View button to see a preview of the highlighted statement on the new Statement Preview screen (for more information, see “New Statement Preview screen” on page 7). You can also double-click a statement to open it.
Color	Click this button to override the color of the statement. When you click the button to change the column heading color for this statement. A drop-down menu will open showing you the available colors.
Select All button	Click this button to select all of the statements in the grid.
Clear All button	Click this button to de-select all of the statements in the grid.
Transmit button	Click this button to transmit the statements to eMEDIX. Successfully transmitted statements will show a status change from “Ready to Send”, to “Sent”.
Cancel button	Click this button to cancel the transmission of statements and close the screen.

New Statement Preview screen

This new screen opens when you highlight a statement in the Select Statements to Transmit screen and click the View button. The preview shows you how the statement will appear when it is sent.

As mentioned above, please take note of where the various statement messages appear on this preview so you can customize the messages on the eMEDIX Statements tab in Admin > Preferences to appear where you want.



Centertown vm 99 2019 srvr
123 Professional Avenue
Suite 146
Salt Lake City UT 84124

Please complete payment information

Chart Number	Statement Date	Account Balance	Payment Due
EMEDIX0002	09/12/2023	250.00	250.00
Mail Pay	Enter Payment Amount		$
by Check	Make Check Payable to: Pay To Holly		Check No.
by Card	Select Card: ☐ VISA ☐ MC ☐ DISC ☐ AMEX		
Card No:			Exp Date:
Signature:			Sec Code

Service Message line 1 from AdminPreferences
Service Message line 2 from AdminPreferences
Service Message line 2 from AdminPreferences

Two Emedix
777 Casino Dr
Marietta GA 30062

Pay To Holly
123 Main St
Stret 2
Marietta GA 30062

☐ Check if your billing information has changed. Provide update(s) above or on reverse side Please detach and return top portion with payment.

Top Line Statement message fro Admin Preferences

Messages
Statement Message Line 1
Statement Message Line 2
Statement Message Line 3
Statement Message Line 4
Statement Message Line 5

Statement Detail — Statement Date 09/12/2023 Chart Number EMEDIX0002

Date	Patient	Description	Ref	Ins Portion	Pat Portion
01/12/23	Two Emedix	Office Visit Level 3	151		100.00
01/15/23	Two Emedix	Patient Payment - Check Payment note for statement	151		-20.00
01/12/23	Two Emedix	Radiologic exam, foot; complete, 3 views	151		120.00
01/15/23	Two Emedix	Patient Payment - Check Payment note for statement	151		-30.00
01/14/23	Two Emedix	Injection, therapeutic, carpal tunnel	151		80.00

Account Summary	Last Payment Date	Last Pay Amount	Total Charges	Total Payments	Total Acct Balance	Insurance Total	Payment Due
	01/15/2023	20.00	300.00	-50.00	250.00	0.00	250.00

Aging	1-30 Days	31-60 Days	61-90 Days	91-120 Days	121+ Days
	0.00	0.00	0.00	0.00	250.00

Ove 120 Account will be sent to collections within 60 days if not paid
Standard Statement Message from SM menu

Figure 8. Statement Preview screen

Printing Statements

You cannot print eMEDIX statements from the Billing > Print Statements option. They may only be printed via Billing > Statement Processing. Once you select Print Statements and then select eMEDIX statements, you will see an error/warning that this is not allowed when you select Print on the Print Statement filter screen.

Updated screens

The following screens in CGM LYTEC have been updated to include a Statements button. Clicking the Statements button will open the View Transmitted Statements screen for the patient (for more information, see “New View Transmitted Statements screen” on page 9).

- Charges and Payments
- Apply Patient Payment
- Edit Appointment
- Edit Patient

- AR Tracking at Responsible Party, Patient, Billing, and Detail levels

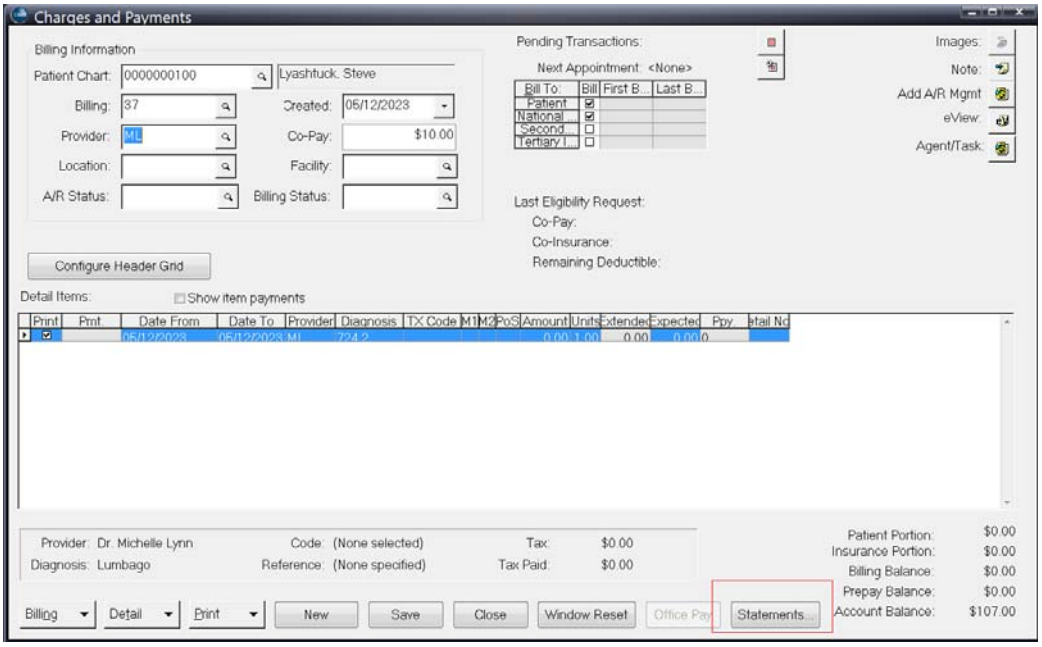


Figure 9. Charges and Payments screen

New View Transmitted Statements screen

This screen will open when you click the Statements on the screens listed above (see “Updated screens” on page 8).. It shows you the statements that have been transmitted to eMEDIX for a particular patient.

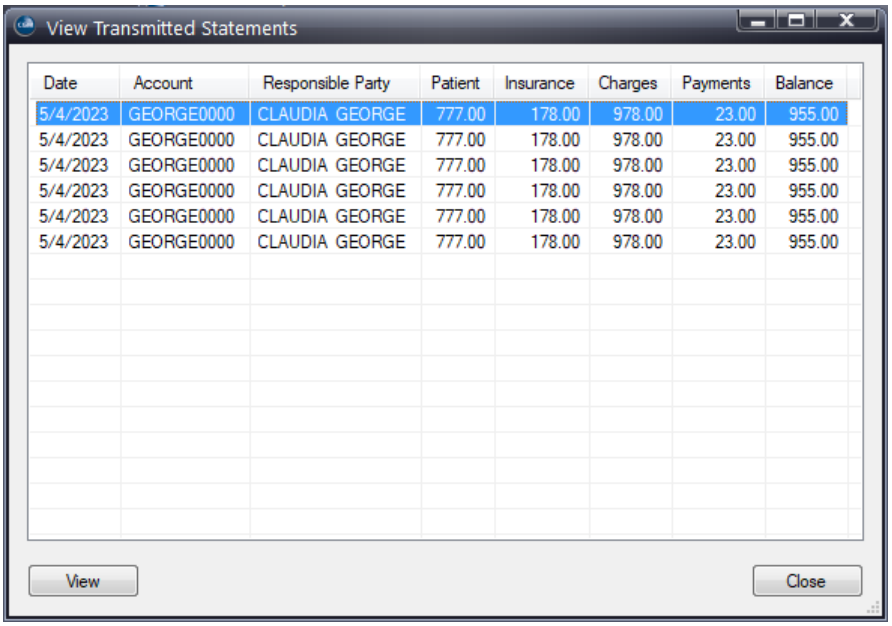


Figure 10. View Transmitted Statements screen

Note: the sort order for this list is descending date but you can click the column headers to re-sort the list.

The table below describes the elements on this screen.

Element	Description
Grid	Displays the statements that have been transmitted to eMEDIX for the patient.
View button	Click this button to view the selected statement. You can also double-click on a line to view that statement.
Close button	Click this button to close the screen.

Updated Statement Pre-Run and Generated Statements report

The Generated Statements Report will appear after transmitting patient statements to eMEDIX. Both reports now display the Responsible Party under Account, instead of the Patient name.

If you deselected any statements so they would not transmit to eMEDIX, the Pages column for that statement will be zero on the Generated Statement Report that displays once transmission is complete.

Procedures

Sending Statements to eMEDIX

To send statements to eMEDIX, follow these steps.

1. On the Billing menu, select Statement Processing > eMEDIX > Transmit Statements. The Select Transmit Statement Form screen opens.
2. Select the format at the top for eMEDIX and click Open.
3. Follow the filtering prompts to filter the patients and dates and so on.
4. Click the **Generate** button. The Select Statements to Transmit screen opens and shows you the statements that are ready to be sent to eMEDIX.
5. Review the list of statements and clear the check boxes for any statements that you do not want to send.
6. Click the **Transmit** button. If the statements transmitted successfully, the Status will change from “Ready to Send” to “Sent”.
7. Click the **Close** button on the report preview. Clicking the Close button will close the preview window then show the Generated Statement Report.

Updated button

The Connection Prefs button found on the Patient screen along the right side has been changed to Contact Prefs. These options will now be used for both CGM CONNECTION Appointment

reminders as well as to indicate a contact preference if the practice has subscribed to use eMEDIX to text or email statements.

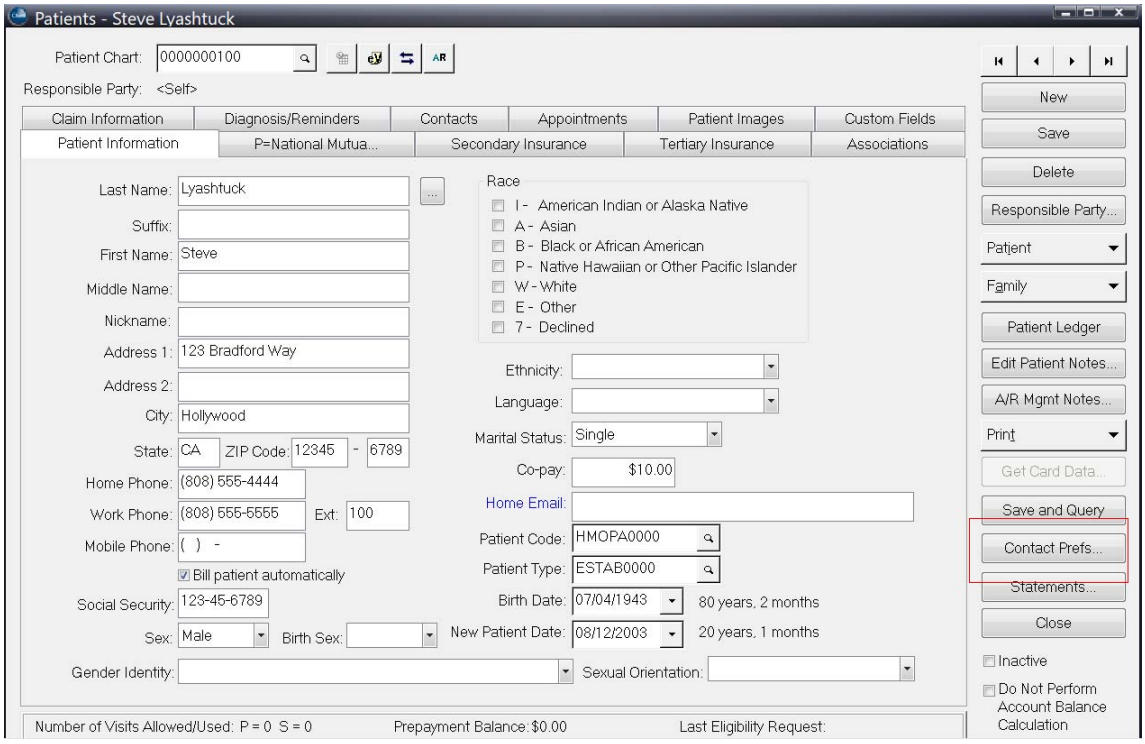


Figure 11. Patients screen

Updated CGM CONNECTION Preferences screen

There is a new tab for eMEDIX Statement preferences to select if the patient's preference is Paper, Text or Email. The paper option is selected by default. In the 2024 initial release, the text and email

option are disabled. These options will be enabled in a future update once eMEDIX has these options available.

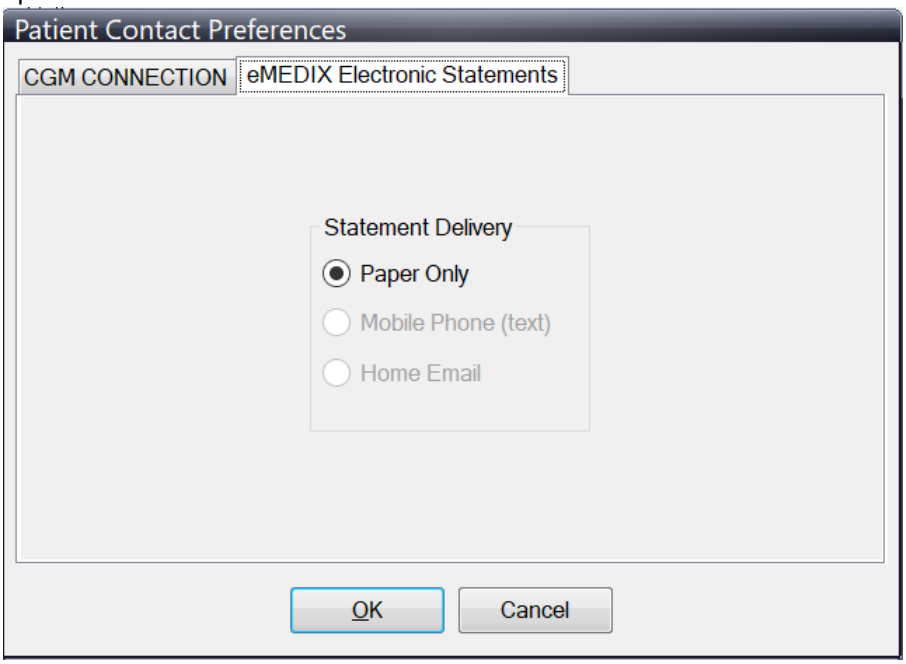


Figure 12. Patient Contact Preferences

The contact preference selected for use by the patient statement formats has been added to the eMEDIX electronic statement custom format which will allow the preference choice to be sent to eMEDIX with each statement produced.

Updated Guarantors screen

The Contact Preferences button has also been added to the Guarantors screen.

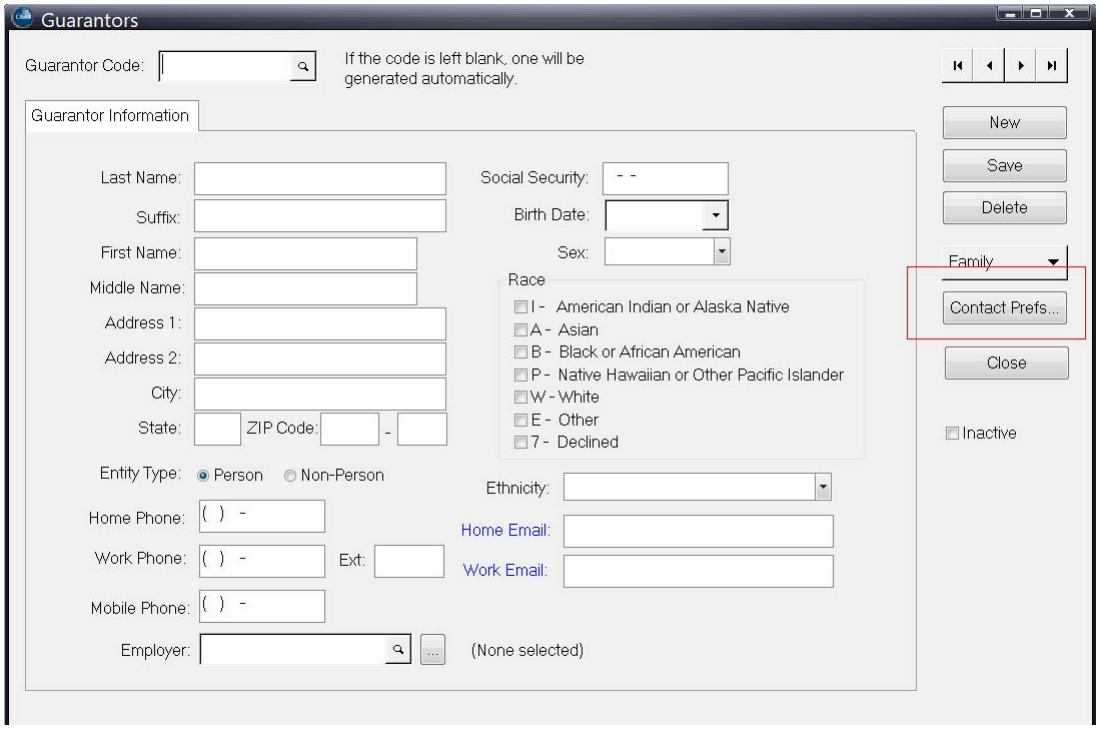


Figure 13. Guarantors screen

In addition, there is now a Mobile Phone field on this screen.

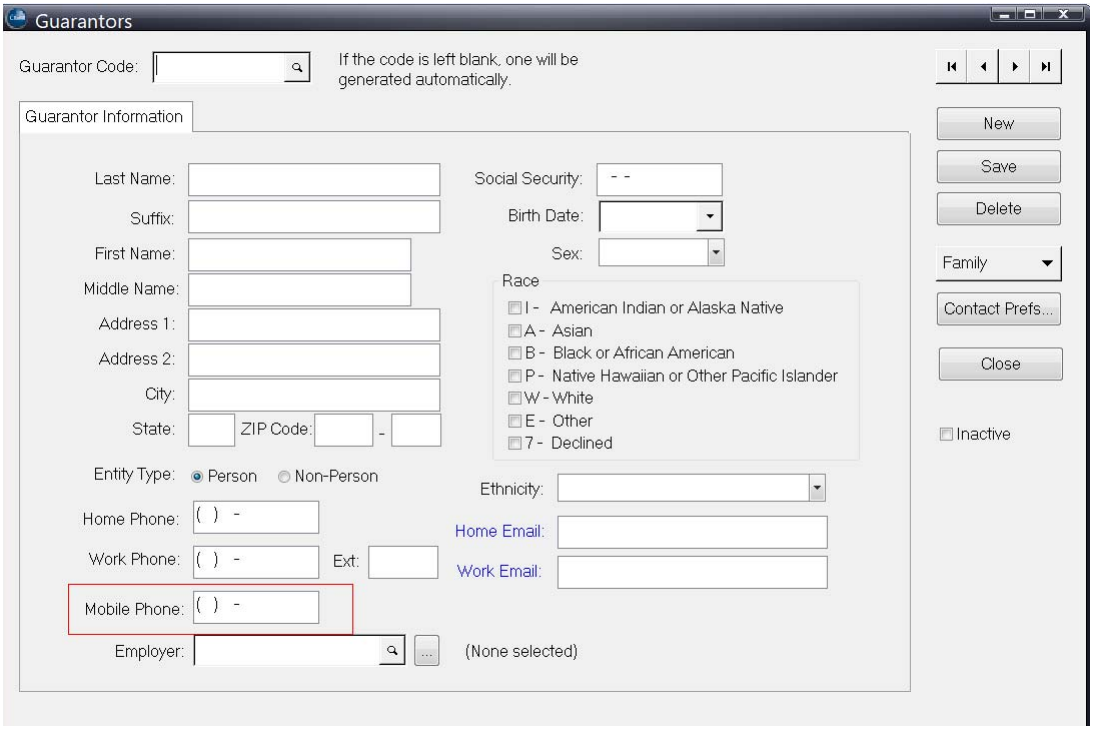


Figure 14. Guarantors screen

Updated Quick Add/Edit - Guarantor screen

The Contact Preferences button has been added to this screen.

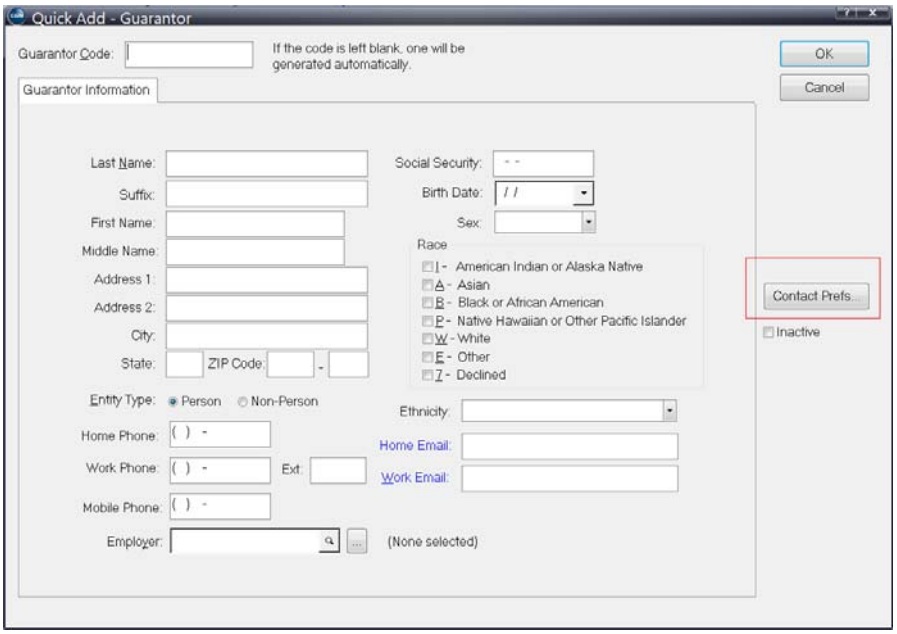


Figure 15. Quick Add/Edit - Guarantor screen

In addition, there is now a Mobile Phone field on this screen.

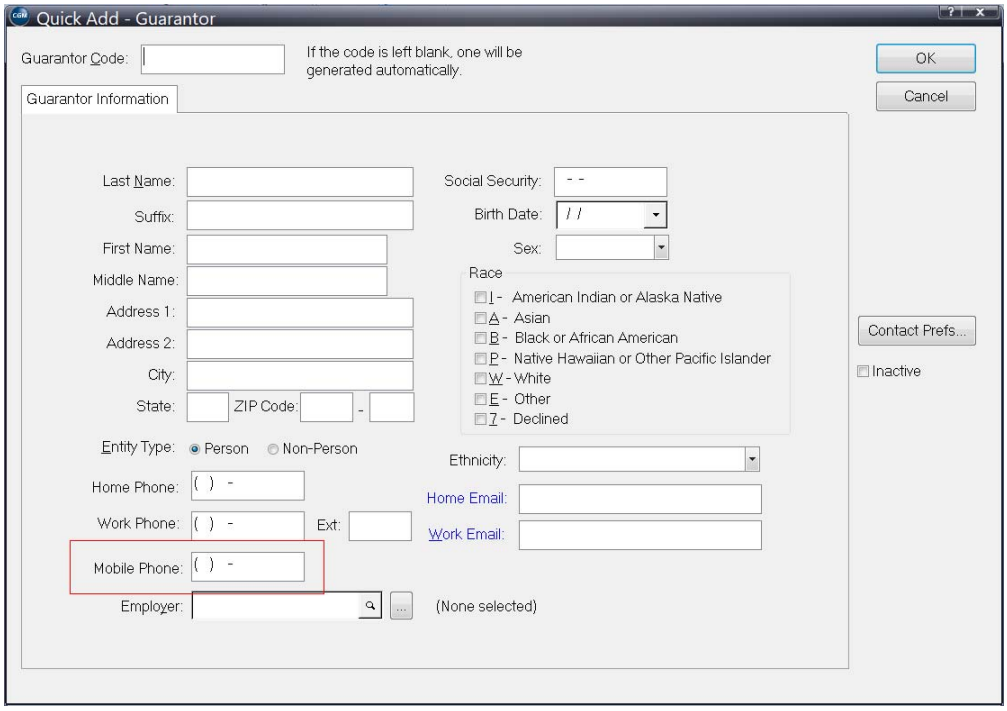


Figure 16. Quick Add/Edit -Guarantor screen

Patient Responsibility Estimate

You can now integrate with the eMEDIX clearinghouse, using Patient Responsibility Estimate to determine an estimate of a patient's financial responsibility for a procedure(s), based on prior payment history collected by and available from the clearinghouse.

The ability of the practice to know the estimated amount of a charge/procedure and the estimated amount of insurance payment/adjustment (which translates to the amount the Patient may ultimately owe) will increase patient's awareness of costs and payments due and increase collection potential from the patient when a procedure is ultimately performed.

eMEDIX will take the patient and insurance information provided and utilize a provider's previously adjudicated claims by Payer and by CPT code(s) to produce an estimate of the amount due by the patient, taking into account the patient's co-pay, co-insurance, deductible and out-of-pocket maximums at that particular time.

This estimate will be returned to CGM LYTEC where you can print it and it will be saved in the CGM LYTEC patient.

Workflow

- Patient is seen by provider and need for future procedure/services is established.
- Provider or staff documents procedure codes for future services.
- Patient Estimate UI window is launched from new selection in Patient Demographics.

Tips and Notes

- A valid, existing eligibility verification must not be more than 3 days old or you must do a new eligibility request before requesting the estimate.
- There is no date for you to enter for the proposed procedure since eligibility responses are provided for that moment in time, not for the future. So estimates based on an eligibility today may not be valid for a procedure scheduled weeks or months in the future.
- Keep fee schedules current in order to send up-to-date allowed amounts---particularly for procedures that you may not have done in the past, since eMEDIX will base estimates on prior payments for that procedure and that provider. If you don't have a history to reference, then the allowed amount you send will be in the estimate.

Updated Security

There is a new permission for deleting Estimate history in CGM LYTEC: Delete Estimate History.

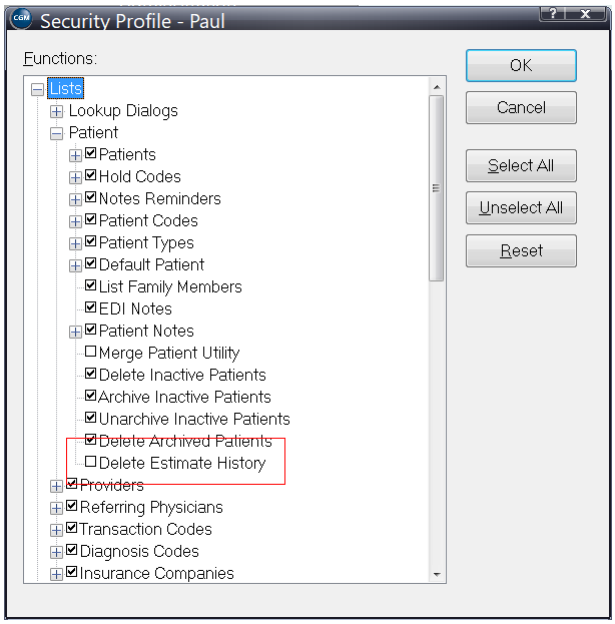


Figure 17. Security Profile screen

The default value is cleared. When this check box is cleared, the Delete Estimates button on the Estimate History will be disabled.

Note: deletions of estimates will be added to the audit trail.

Updated Preferences

New eMEDIX Estimate tab

There is a new tab in Admin > Preferences: eMEDIX Estimate. The Website URL field is optional and can be used if sending the patient to a website for patient education or for collecting possible deposits/prepays for the proposed procedures. This will print on the Estimate.

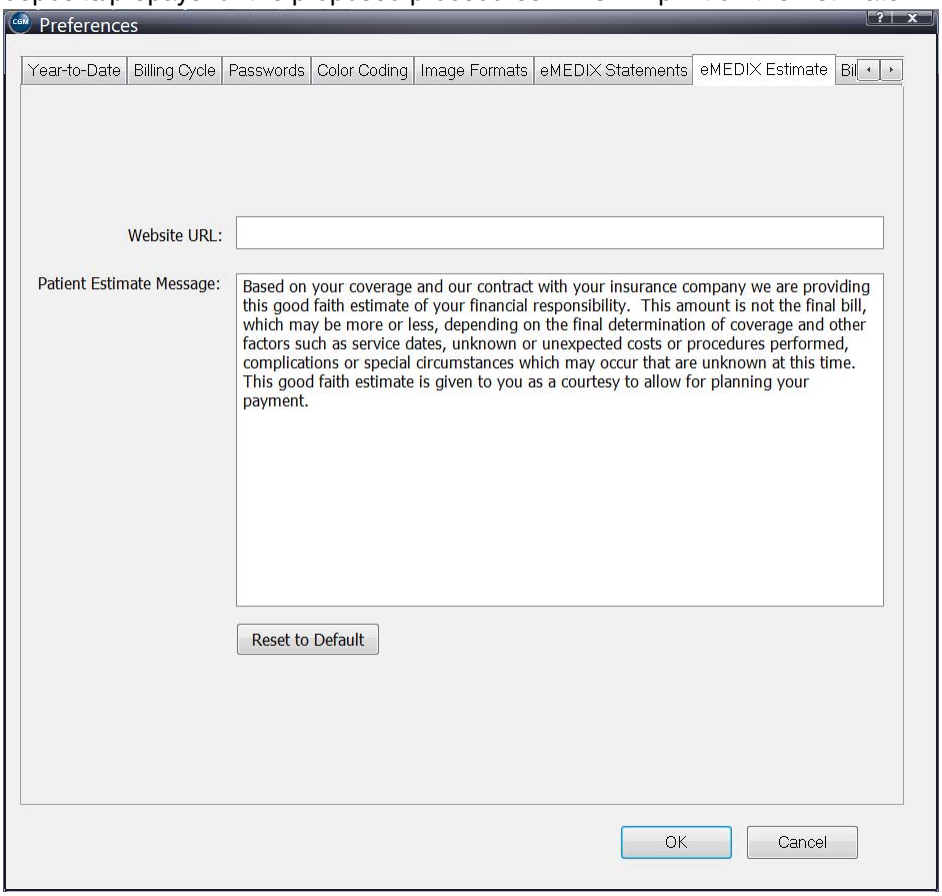


Figure 18. Preferences - eMEDIX Estimate tab

In addition, if you have edited the message, you can restore the original patient message by clicking Reset to Default.

Updated Patients screen

New option

There is a new option on the Patient drop-down on the right of the screen: Patient Resp Estimate. Click this option to open the new Patient Responsibility Estimate screen (for more information, see

"New Patient Responsibility Estimate screen" on page 20).

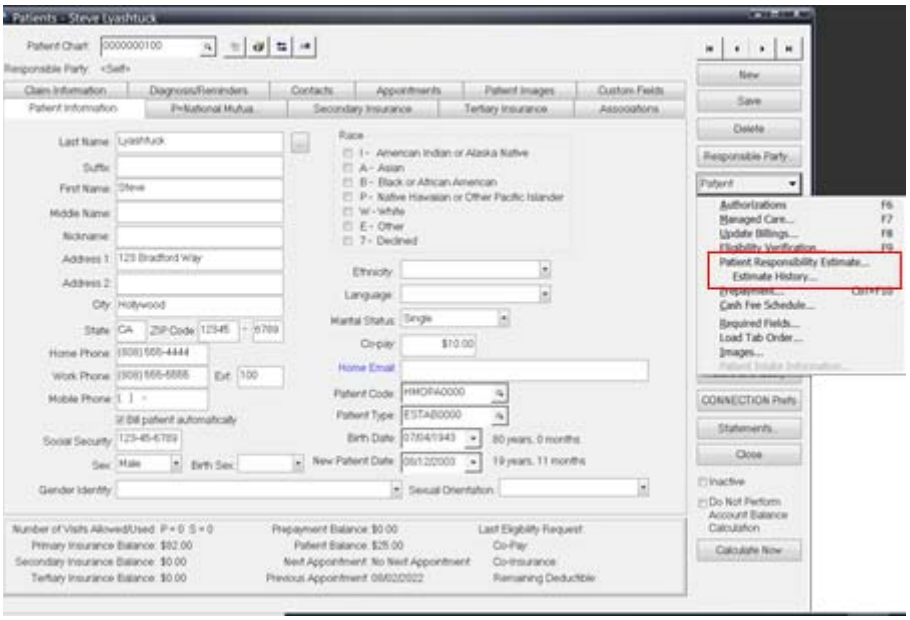


Figure 19. Patients screen

To view this option, you will need permission to View Eligibility Results on the Security Profile screen.

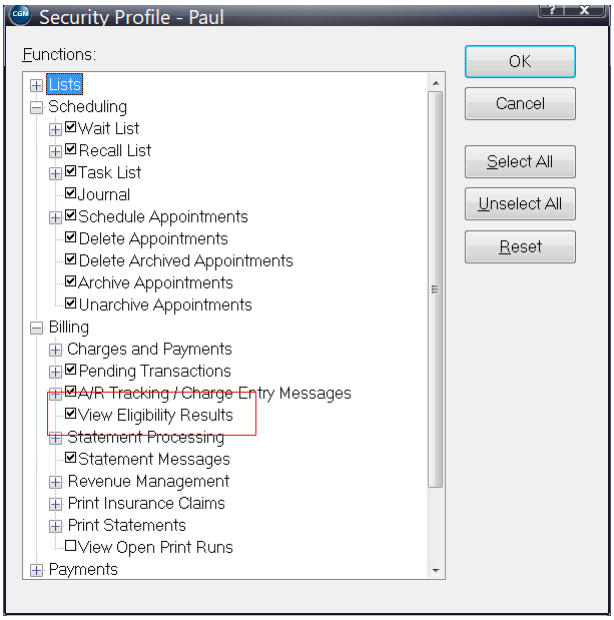


Figure 20. Security Profile screen

New Option

There is a new option on the Patient menu below Patient Resp Estimate: Estimate History. Use this option to view the audited data and history of estimates for this patient. if you need to determine if

any changes were made by the user on the Eligibility Inquiry screen, from the data sent by CGM LYTEC and the final estimate returned.

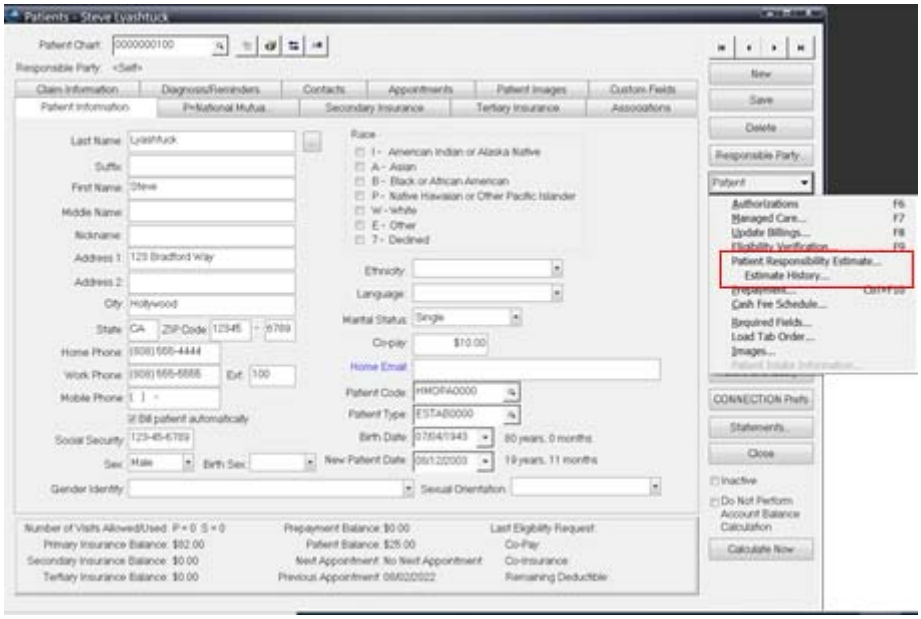


Figure 21. Patient screen

New Patient Responsibility Estimate screen

This screen will open when you select the Patient Resp Estimate option on the Patients screen. Use the fields on this screen to prepare the information to be sent to eMEDIX to generate the estimate.

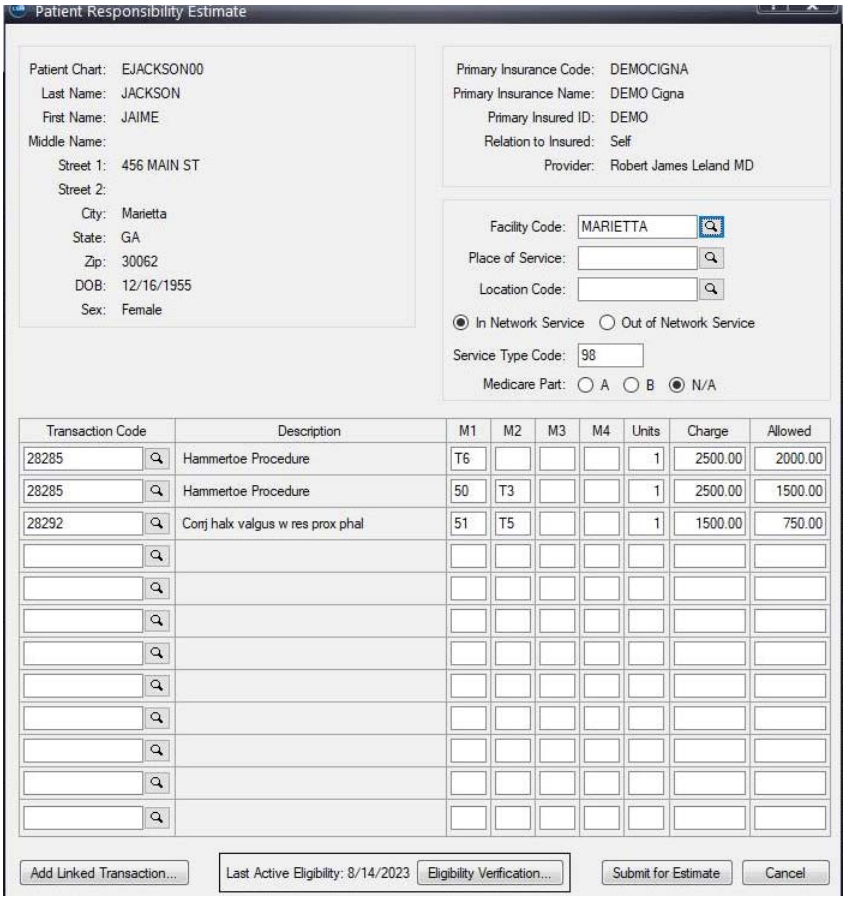


Figure 22. Patient Responsibility Estimate screen

Note: if there is no Payer ID or Eligibility Payer ID entered for the Insurance Company, you will receive an error message. You can select the correct Claims and Eligibility Payer ID for the Insurance Company on the Insurance Companies screen - Claims tab.

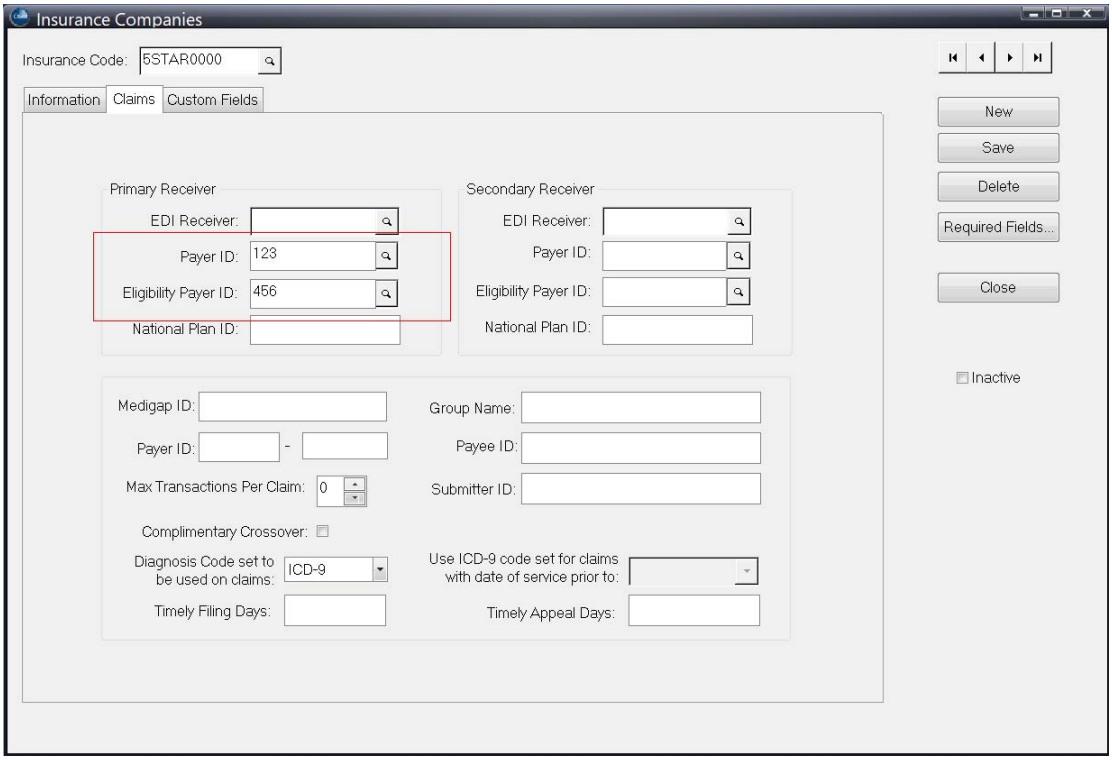


Figure 23. Insurance Carrier screen - Claims tab

The table below describes the elements on Estimate screen.

Element	Description
Left Header section	Shows you the basic information for the patient. These fields are display-only and the demographic information may not be changed in this window.
Right Header section The insurance information is display only and cannot be changed here. Editable fields are listed below:	
Facility Code	Enter or select the Facility Code from the search if you want the facility to print on the estimate.
Place of Service	Enter or select the Place of Service from the search if you need it for fee schedule calculation of allowed amount.
Location Code	Enter or select the Location Code from the search if you need it for fee schedule calculation of allowed amount.

Element	Description
In Network/Out of Network	Select the appropriate radio button for in or out of network. The In Network Service radio button is the default.
Service Type Code	Enter the Service Type Code. The first Service Type Code from Admin > Preferences will default.
Medicare Part A, Part B, N/A radio button	Select the appropriate radio button.
Charge Details section Use this section to select the Transaction Codes and Modifiers that will go into the estimate. You can enter up to 12 codes. If you select a Linked Transaction Code, new lines will be added for each linked code, up to 12 codes. CGM LYTEC will use the default provider for the patient and ignore any provider associated with a Linked Transaction Code. Other fields in the grid will be populated automatically based on the Transaction Code selected. If you send allowed amounts for estimates: if there are previously adjudicated claims for that code/provider/payer, once sent, on the estimate screen you will see the allowed amount from prior claims. If there are no prior claims, the estimate screen will display and CGM LYTEC will use the allowed amount from the Transaction Code sent from the practice management system.	
Add Linked Transaction	Click this button to add a Linked Transaction to the estimate.
Verify/Eligibility section This section shows you the last date that eligibility was verified for the patient. Text in red indicates the verification is more than three days old. Click the Verify button to check the patient's eligibility again.	
Submit for Estimate button	Click this button when you are ready to generate the estimate. CGM LYTEC will first check if the last eligibility check is more than three days old. If so, it will warn you and you can re-verify by clicking the Verify button. When you click the button, the new Eligibility Inquiry screen will launch outside of CGM LYTEC (for more information, see "New Patient Responsibility estimate Generate screen" on page 23)
Cancel button	Click this button to close the screen without generating an estimate. All entries will be lost.

New Patient Responsibility estimate Generate screen

Use this screen to enter or update information for calculating the patient's responsibility. This screen is independent of CGM LYTEC and any changes made here will not be reflected in CGM LYTEC patient demographics, charge amounts, allowed amounts, or coverage amounts.

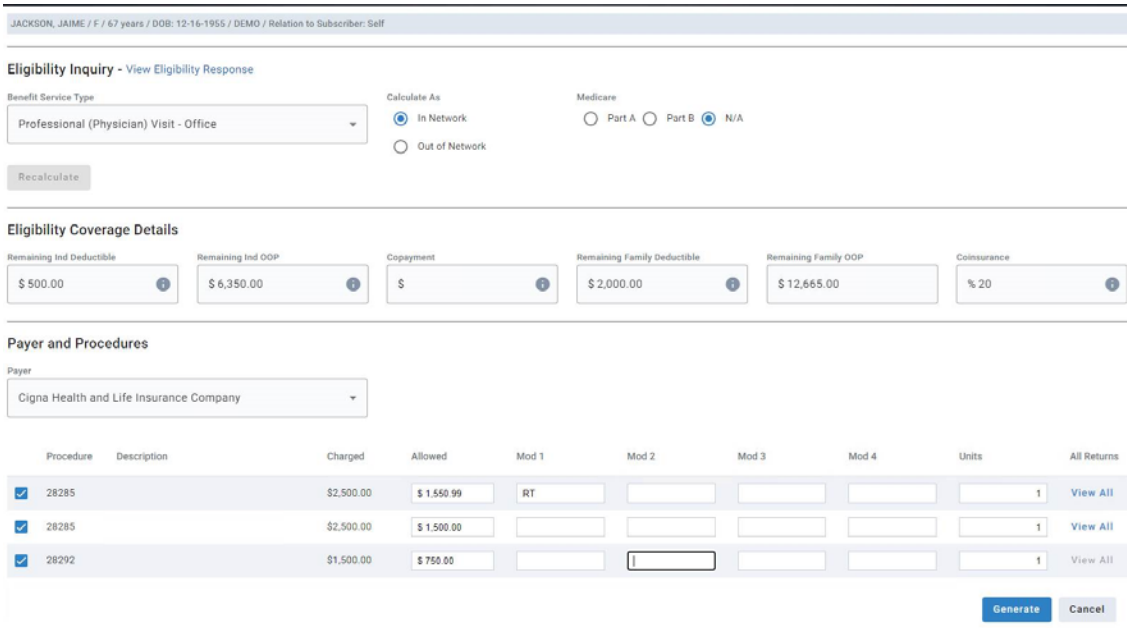


Figure 24. Eligibility Inquiry screen

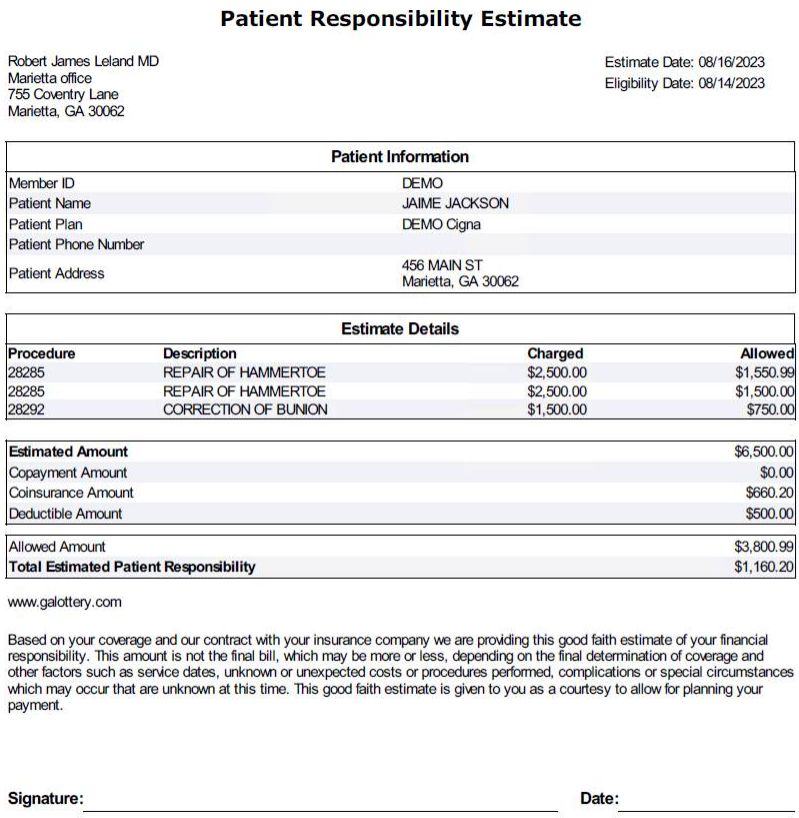
You can make changes on this screen that can be tracked in the raw data audit (for more information, see "New Option" on page 18).

The table below describes some of the elements on this screen.

Element	Description
Eligibility Inquiry section	
Benefit Service Type	The displayed selection is based on the Service Type Code you sent. Select if you wish to change.
Calculate as	Select either In Network or Out of Network if you need to change it.
Medicare	Select a Medicare option if applicable.
Eligibility Coverage Details section	Shows deductible amounts, and copayment amounts.
Payer and Procedures section	
Payer	Shows the Payer for the eligibility inquiry.

Element	Description
Procedure grid	• Shows the procedures that were sent. • You can select or clear the procedures as necessary. • If there was prior claim adjudication history for a procedure, you will see the allowed amount and any modifiers as applicable. eMEDIX selects the most current closest historical match. If there are multiple matches the **View All** button is enabled along the right side. Select it to see all history and select one if it is preferred. • Modifiers sent from the practice management system are only used to find an historical match. If there is a match, you will not see modifiers sent. • If there was no prior payment history for this procedure, you will see any modifiers sent and the allowed amount you sent.
Generate button	Click this button to calculate the patient responsibility estimation.
Cancel button	Click this button to close the window without making a calculation.

When you close this screen, the estimate will display. It is automatically saved in the patient's history. You can print it now or retrieve it later from the History list.



Patient Responsibility Estimate

Robert James Leland MD
Marietta office
755 Coventry Lane
Marietta, GA 30062

Estimate Date: 08/16/2023
Eligibility Date: 08/14/2023

Patient Information	
Member ID	DEMO
Patient Name	JAIME JACKSON
Patient Plan	DEMO Cigna
Patient Phone Number	
Patient Address	456 MAIN ST Marietta, GA 30062

Estimate Details

Procedure	Description	Charged	Allowed
28285	REPAIR OF HAMMERTOE	$2,500.00	$1,550.99
28285	REPAIR OF HAMMERTOE	$2,500.00	$1,500.00
28292	CORRECTION OF BUNION	$1,500.00	$750.00

Estimated Amount	$6,500.00
Copayment Amount	$0.00
Coinsurance Amount	$660.20
Deductible Amount	$500.00
Allowed Amount	$3,800.99
Total Estimated Patient Responsibility	$1,160.20

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Based on your coverage and our contract with your insurance company we are providing this good faith estimate of your financial responsibility. This amount is not the final bill, which may be more or less, depending on the final determination of coverage and other factors such as service dates, unknown or unexpected costs or procedures performed, complications or special circumstances which may occur that are unknown at this time. This good faith estimate is given to you as a courtesy to allow for planning your payment.

Signature: _____ **Date:** _____

Figure 25. Print Preview

New Patient Responsibility Estimate History screen

This screen opens when you click the Patient Responsibility Estimate History button on the Patient screen. Use the information here to see previous estimates for the service and to see audit information.

You can also use the information on this screen to determine if any changes were made by the user on the Eligibility Inquiry screen, from the data sent by CGM LYTEC and the final estimate returned.

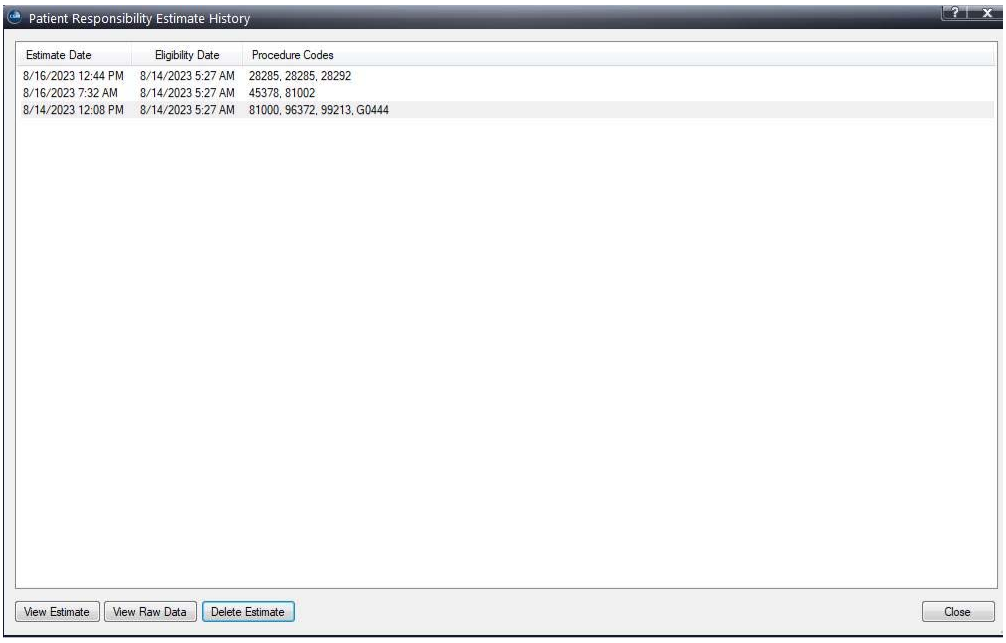

Figure 26. Patient Responsibility Estimate History screen

The grid will show the list of past estimates for the patient and you can use the buttons below to view or delete the estimates.

As mentioned above, changes made on the Eligibility Inquiry screen are done outside of CGM LYTEC so the traditional audit trail cannot track changes. This Raw Data includes the original data sent from CGM LYTEC , the Last Coverage Details section of raw data, changes made to the top portion of the Eligibility Inquiry screen if “Recalculate” was pressed, then the final estimate data

sent when “Generate” was pressed. When you click the View Raw Data button, you’ll see a screen as below.

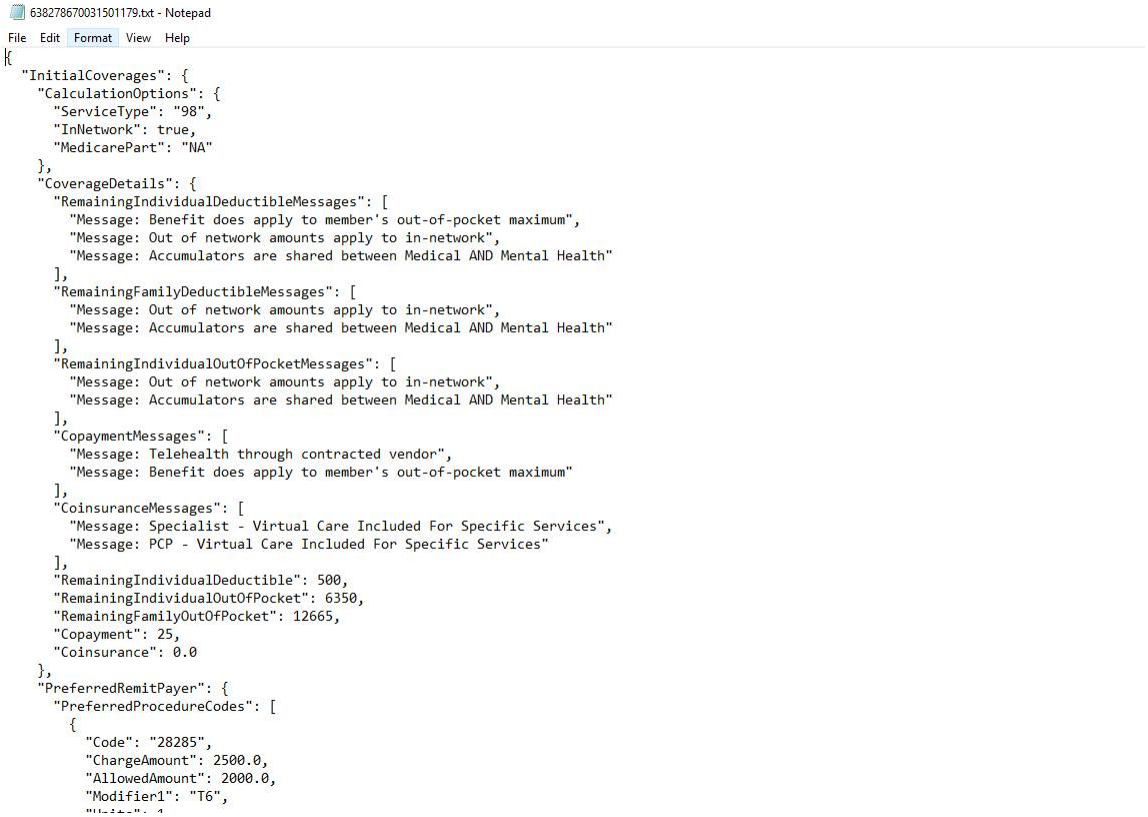

Figure 27. Raw Data

Note: To delete an estimate, you must have the proper security permission (see “New Patient Responsibility Estimate History screen” on page 25).

Day End Activity Review

The Day End Activity Review is a single, interactive view that gives a quick listing of appointments and the state of activities that should be done for those visits such as collecting the patient portion for that day’s visit and completing claims. It alerts users of possible oversights such as appointments without charges, missed patient payments for the day’s charges, and claims that have not been billed. This can help you measure several core metrics to quickly identify if you are meeting collection goals (such as whether or not you are collecting co-pays at time of service and billing for missed appointments [if applicable]).

This review is designed to both reconcile appointments on the day's schedule to charges/ payments/claims created for those patients on the schedule and also include metrics that include number of appointments scheduled, and percentage of cancellations and missed appointments. A high number/percentage of missed appointments can signal that a practice may benefit from adding an appointment reminder system such as CGM CONNECTION.

In the display grid, you can navigate to other areas through a common right-click menu on the displayed results so you can view further details or to edit something that was not entered correctly

by navigating to the desired location. (Example, you could access patient demographics, the appointment to view the appointment details, or open billing.)

New Security Permission

There is a new security permission for this feature under Billing, enabling you to control user access to the Review.

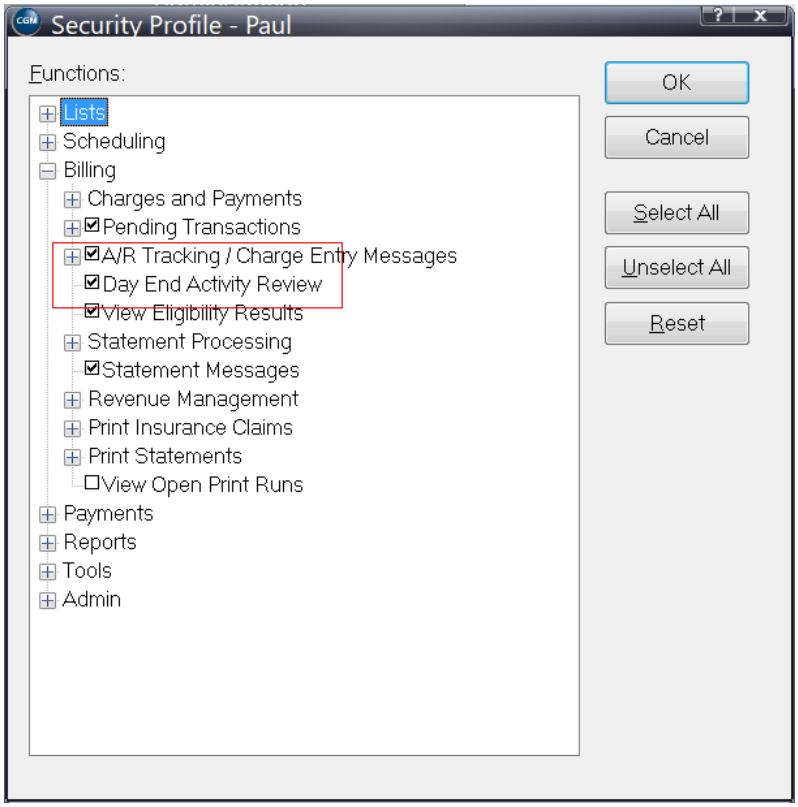

Figure 28. Security Profile screen

New Menu option

There is a new menu option on the Billing menu: Day End Activity Review. Click this to open the Review.

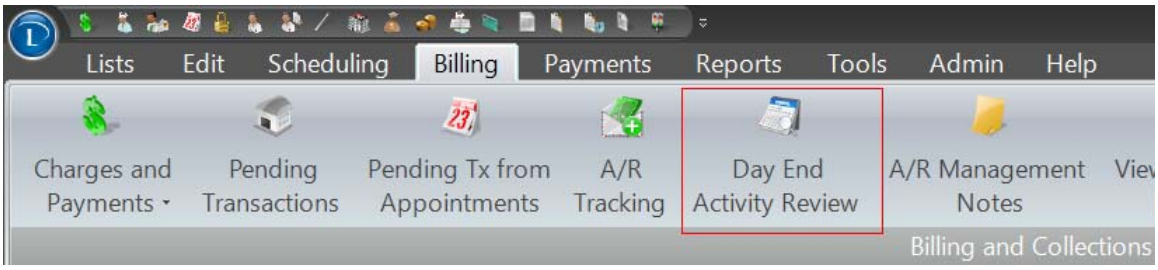

Figure 29. Billing Menu

New Day End Activity Review screen

Use this screen to review appointment and activity within your practice.

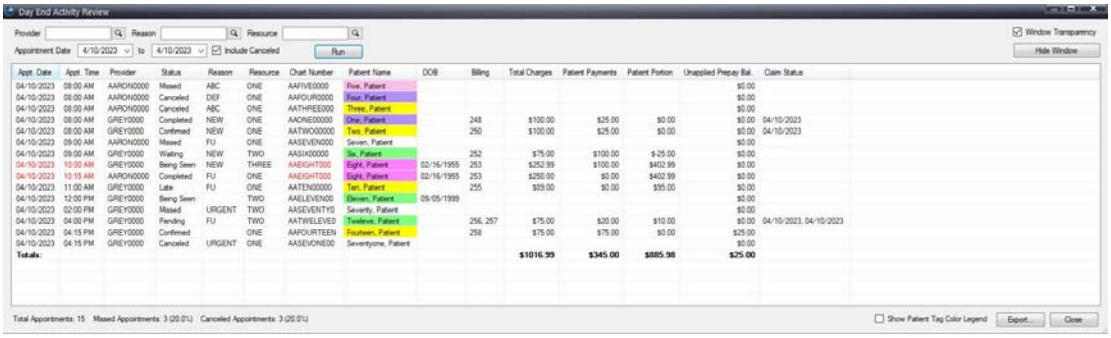

Figure 30. Day End Activity Review screen

The table below describes the elements on this screen.

Element	Description
Header section	
Provider	Use this field to select a provider. No selection will list all appointments, including those with no provider.
Reason	Use this field to select a Reason. No selection will include all or no reason.
Resource	Use this field to select a Resource. No selection will include all or no Resources.
Appt Date FROM and Appt Date TO	Allows you to select a date range for the data in the grid.
Include Canceled check box	Select this check box to include appointments with a Status of Cancelled in the grid. If unchecked, Cancelled appointments will be excluded. When cancelled appointment are not displayed, those appointments are also not included when calculating the percent of Missed appointments.
Run button	Click this button to refresh the data after you make changes to selections.
Window Options	
Window Transparency	Select this check box if you want the Day End Activity Review screen to be transparent.
Hide Window	Select this to temporarily hide the grid and access other parts of CGM LYTEC. To bring the grid back up, select Day End Activity Review again from the ribbon. You will not need to re-run the query.

Element	Description
% Cancelled	Shows the percentage of appointments that were cancelled.
Grid section The grid shows you the results of the selections made in the Header section. • The grid will only display detail lines if the appointment has an associated Patient Chart. If an appointment does not include a Patient Chart Number, it will not be reflected in the results of this query. Appointments with a status of Rescheduled or Recall are also not included in the query. • Each distinct appointment that meets filter criteria is displayed separately. • If there are multiple appointments for the same patient on the same day or in the selected appointment date range, the grid will show each separately since this review is by appointment. The appointment date, time and Chart will be red when the same patient shows more than once to alert you	
Footer section	
Total Appointments	Shows appointments in the date range with Patient Chart Numbers) on this list.
Total Missed Appointments	Shows appointments in the date range with Patient Chart Numbers with a Status of Missed.
Total Canceled Appointments	Shows you the number of canceled appointments and the percentage of the total.
Show Patient Tag Color Legend	Select this check box to display the legend for the color coding of the patient names.
Export button	Click this button to export the data from the grid to a CSV file, which can be opened and manipulated in a spreadsheet such as Microsoft Excel.
Help button	Click this button to open help for the screen
Close button	Click this button to close the screen.

Column descriptions

Charges: This will display total Charges on billing detail lines with the same Date From as the Appointment date and same Rendering Provider as in the appointment (Rendering Provider is the one on the detail line – not the one in the header).

**Exception - If transaction lines that match the appointment criteria have a Date FROM and Date TO range different from each other, CGM LYTEC will look at the lines with the Date/Provider match that matches appointment date/provider and then use the Amount value for those instead of Extended Total.

Patient Payments: If a payment has been applied at the Pay Item level, it will display when the Pay Item is attached to a charge line with the Provider that matches the Appointment Provider and the payment date matches the appointment date.

This column is used to help you see if money was collected as expected at the time of the appointment for that day's charges.

This is not to be used for Accounts Receivable analysis to show if charges were paid in full.

If payment has been applied at the billing level, it will display if the Provider on the payment line matches the Appointment Provider and the payment date From matches the appointment date.

Applied prepays will display when they are applied to matching billings with an Apply/Date From that matches the appointment date.

Example:

A Prepay was made on 4/10 of 100.00

The appointment date is 4/15

A matching billing exist with charges with a Date of Service 4/15

75.00 of the Prepay is applied on 4/15 to that billing/charge line.

75.00 will show in the Patient Payment column .

The remaining 25 will display in the Unapplied Prepay column.

A prepay made on a date that matches the appointment date but not applied will not show in the patient payment column.

Patient Portion calculation: Displays the patient portion for the matching billing(s).

Unapplied Prepay Balance: This is the sum the Prepayments Balance column for all prepay lines.

Claims Status: Shows the date the claim was printed/sent. If no claim was done, it will be blank .

Right-click menu

In addition, there is a right-click menu that has options that allow you to open other screens in CGM LYTEC where you can make edits.

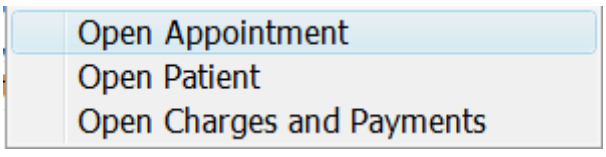

Figure 31. Right-click menu

The table below describes the elements on this menu.

Element	Description
Open Appointment	Opens the selected appointment and allows you to edit the appointment.
Open Patient	Opens the patient's chart and allows you to make changes.
Open Charges and Payments	Opens the selected charge and allows you to make changes. If a grid line has no billing, this will open a new one. If there is more than one Billing attached to the appointment, it will open the highest numbered Billing.

When you open these screens, some will open behind the grid. After opening the screen, select Hide Window to gain access to the other screen. When you need to see the grid again, access it from the ribbon to return focus to it.

When a screen is launched behind the grid, the grid turns slightly transparent to alert you that you have another screen open.

Updated Enhanced Eligibility View

For eMEDIX customers, the Enhanced Eligibility view found on the Eligibility Verification Results screen has been updated by an eMEDIX format. For this the "Detailed" tab has been updated to "eMEDIX Detailed."

For non-eMEDIX eligibility customers, the former detail view will still be available.

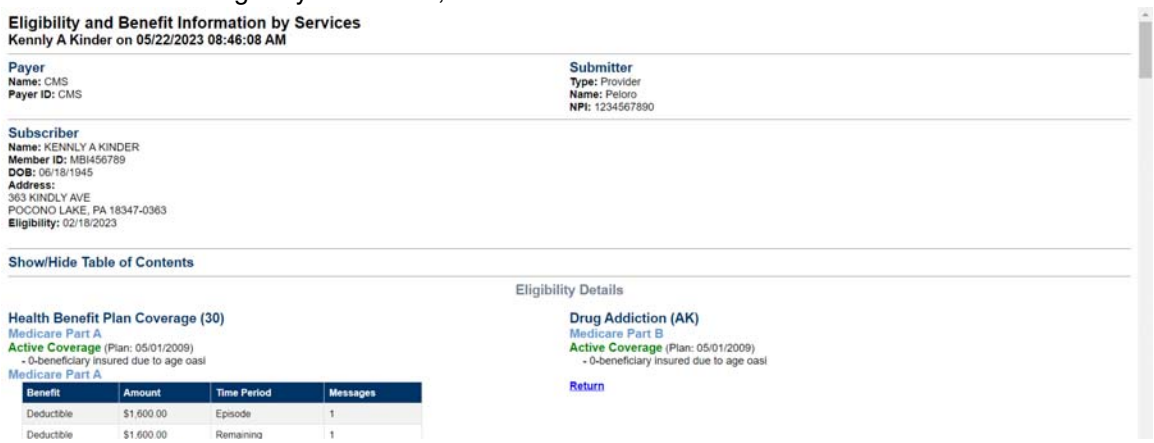

Figure 32. Enhanced Eligibility

Display

This results screen will contain all the eligibility results returned based on the Service Type codes that the payer includes in the eligibility response.

To provide you with the most pertinent information first we will display results at the top based on the following:

- If there is a Service Type Code entered in the patient appointment, results for that code will display
- If there is no Service Type Code entered in the patient appointment but there is one entered in Admin/Preferences, General tab, results for the first priority code will display
- If neither of these are populated, results from Service Type Code 30 will display

Revenue Management Updates

The Revenue Management Connection Wizard has been modified to only allow the creation of new Configurations in Revenue Management where the clearinghouse is either eMEDIX or Change Healthcare. All previous standard configurations have been removed from the list except for eMEDIX and Change Healthcare.

NOTE: Existing Revenue Management configurations with other non-partner clearinghouses will NOT be affected.

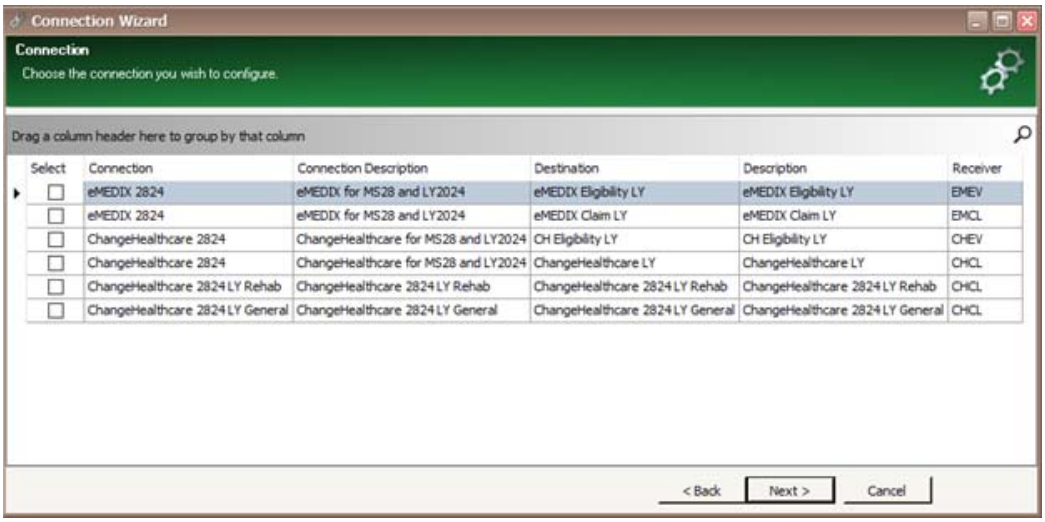

Figure 33. Connection Wizard

Prior receiver and new receiver prompts no longer appear and the receivers from the connection selected above (EMCL, EMEV, CHEV, and CHCL) will be available.

After selecting the receiver and entering some additional info (e.g., Submitter ID, Password, User ID, Password, TPID, etc.) the wizard creates the new EMCL receiver with specific communication sessions (EMCL, EMCS), and with specific IGuides used for Claims and Claim Status. It presents the Edit Receivers window prompting for any additional changes. This list comes from the practice database (EDI Receivers table).

After these Revenue Management modifications, users can still manually configure Revenue Management to use a non-partner clearing house. However, it will be a more involved process than what is available today.

The Revenue Management Communications list has also been changed to only show sessions applicable to eMEDIX and Change Healthcare. When the communications list is first accessed, a filter will be applied, and the filter parameters will be visible across the bottom of Revenue Management. The filter parameters can be modified using the “Edit Filter” button in the bottom right

corner. The filter can also be disabled by unchecking the check box in the bottom left corner. Unchecking this box will restore all hidden sessions.

NOTE: Existing sessions with logins and passwords for other clearinghouses will continue to show in the Communications list.

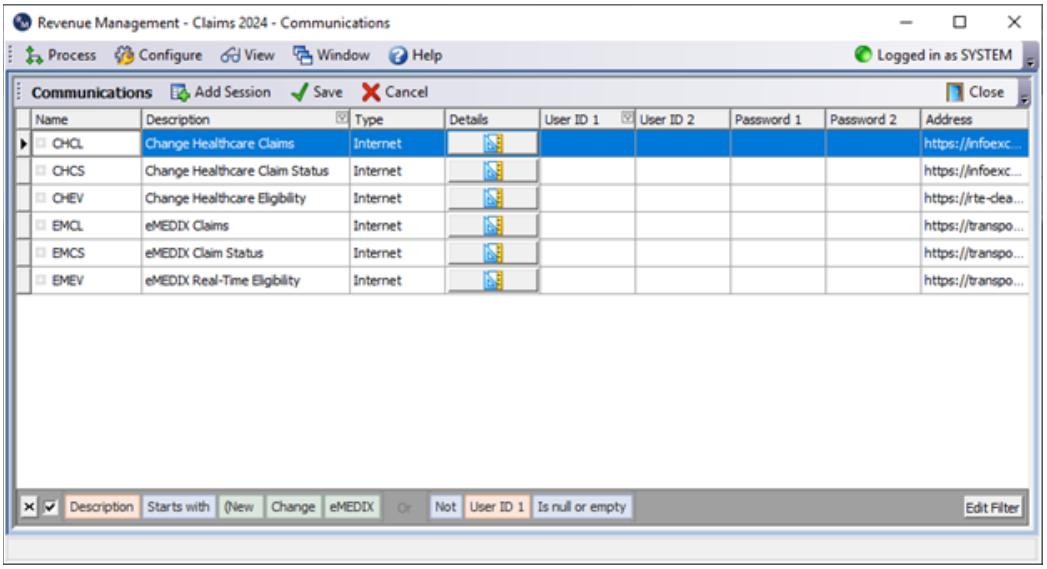

Figure 34. Communications List

Chapter 2 - Resolved Issues

The following issues were resolved with CGM LYTEC 2024.

Salesforce ID/ PBI	Application	Description
0871163/ 1751118 68355/ 86802	Reports	CGM LYTEC Transaction Journal Report will now show EFT Deposit Sheet page when an EFT payment has been entered unless a cash or check payment is also entered / applied during the date range period used for the Billing Created Dates filter. Steps to recreate 1. Create two bills. 2. Apply an EFT payment to one bill whether through the Charges and Payments Pay Item screen or through the payment wizard. 3. Preview the Transaction Journal. Make sure to check off "print bank deposit sheet". Under the Include 1 tab, put in the date for today in the Billing Created Dates fields. 4. The EFT Deposit Sheet page shows on the report.
68356	Reports	The CGM LYTEC Day Sheet Report will now show the EFT Deposit Sheet page when an EFT payment has been entered in all cases and not just when a cash or check payment is also entered / applied during the date range period used for the Billing Created Dates filter. Steps to recreate 1. Create two bills. 2. Apply an EFT payment to one bill whether through the charges and payments pay item screen or through the payment wizard. 3. Preview Day Sheet. Make sure to check "print bank deposit sheet". Under the Include 1 tab put in the date for today in the Billing Created Dates fields. 4. The EFT Deposit Sheet page will show on the report. 5. Post a check or cash payment to the other bill. 6. Preview the Day Sheet report again, making sure to check "print bank deposit sheet". Under the Include 1 tab put in the date for today in the Billing Created Dates fields. Bank Deposit sheet and EFT sheet will print. 7. Verify the EFT Deposit Sheet page shows on the report.

116022	Patients	Printing will no longer freeze when printing the Patient Ledger Steps to recreate 1. In CGM LYTEC, select the Reports menu. Then, select Patient > Patient Ledger. The Print Patient Ledger screen opens. 2. On the Ranges tab, select a provider and enter a Date Range. 3. Click the Print button and verify the report prints.