



Connect Platform 21.5

This document describes the issues included in the CONNECT software release.

Enhancements

Enhancements include new features and modifications for the following issues:

<i>Application</i>	<i>Category</i>	<i>Issue</i>	<i>Description</i>
Back Office	Accounts	14070	Added Last Insurance Payment and Last Guarantor Payment information to the Account: ID / General / Statements section.
	Charge Entry	14323	Updated Box 32 options on the Plan / Paper Claim Options page to be <i>Print when POS is not Home (12) or Office (11) or Assisted Living Facility (13)</i> .
			Modified claim logic so that if Place of Service is set to <i>13</i> for the claim and Box 32 for the plan is set to <i>Print when POS is not Home (12) or Office (11) or Assisted Living Facility (13)</i> , then the following are not populated: <ul style="list-style-type: none"> Box 32 on the Paper Claim Form (CMS 1500, NUCC 1500, MediCal California, Medicare California) Loop 2310C on the Electronic Claim
	EMC	12271	Removed the hard coded logic for facility-specific billing provider address; added new option to the Plan/Claims tab to designate if the plan should use the facility-specific billing provider address.
Facilities	13573	Updated the Facility Name field to perform a validation of the 35-character limit upon saving or applying the record. <ul style="list-style-type: none"> NOTE: <i>This character limit validation applies to both typing and pasting a value exceeding the character limit.</i> 	

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	Financial Classes	14045	Added logic to auto-refresh the Financial Classes page when a Financial Class is created or updated.
	Payers & Plans	14141	Added <i>Referral #</i> option to the Box 17a (Shaded) field of the Plan: ID / Paper Claim Options tab. If selected, the Referral # will print in Box 17a of the Paper Claim.
	Preferences	14339	<p>Modified the wording of the Keyboard Option on the Preferences / General tab to: Force Uppercase for all users (admin-only).</p> <ul style="list-style-type: none"> • NOTE: <i>The functionality behind the option remains unchanged; only the verbiage was updated in order to clarify the option is available only to Admin users.</i>
	Reports	13970	Updated the <i>Charge Analysis Detail</i> report with new fields (Claim ID, Pre-Auth Number, Referral Number, and Allowed) and a new Date Mode option (Posted Date).
		14151	<p>Added Patient and Guarantor detail fields to the <i>Patient Responsibility Detail</i> report:</p> <ul style="list-style-type: none"> • Patient Address Line 1 • Patient Address Line 2 • Patient City • Patient State • Patient Zip • Patient Phone • Patient Email • Guarantor Name • Guarantor Address Line 1 • Guarantor Address Line 2 • Guarantor City • Guarantor State • Guarantor Zip • Guarantor Phone • Guarantor Email

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	Roles	14067	Added new right: Account – Merge to Back Office. If <i>Update</i> is selected for this right, the user is allowed to perform the “Merge Accounts” functionality on the Accounts / General tab.
		14061	Added new right: Images to Back Office. If <i>Delete</i> is selected for this right, the user is allowed to delete images from the Image Viewer page (throughout Connect).
	Statements	14260	Added Guarantor DOB and Patient DOB to DMA statement file.

Fixes

Fixes include corrections for the following issues:

<i>Application</i>	<i>Category</i>	<i>Issue</i>	<i>Description</i>
Back Office	EDC	14211	Fixed issue causing Referring Provider names to disappear when configuring an EDC and switching the Mapping Element.
	Fee Schedules	14304	Refresh functionality added to fee schedules when the name is updated and saved.
	Statements	12388	Added Province Code (for Canadian addresses) to the DMA statement file.