Release Notes

Connect Platform 22.5.4

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

Enhancements

Enhancements include new features and modifications for the following issues:

Application	*Category*	*Issue*	*Description*
Back Office	Eligibility	16065, 16223	Updated Eligibility logic, so differences in information submitted in a 270 and returned in the 271 will display as red text on the **Charge Batches / Eligibility** tab for these additional fields: • Member ID • Subscriber ID • Subscriber Address: Street, City, State, Zip • Patient Address: Street, City, State, Zip
		16269	Updated the Override Payer ID logic to check for a custom Payer ID in the **Payers & Plans / Claims / Payer ID** field before returning an error message during an Eligibility check.
	Reports	15108	Updated the *Case Analysis Detail* report: • Added new Patient fields: **Patient Gender, Patient Address: Line 1, Line 2, City, State, Zip Code** • Added new Secondary Group ID fields: **Tertiary Payer, Tertiary Plan, Tertiary Subscriber ID, Tertiary Member ID, Tertiary Group ID** • Added **Case Type** field • Moved **Emergency** field after **Physical Status Level** • Added the following fields: **Diagnosis 1-6** • Added new search filter options: **Provider Groups, Place of Service, ASA From/To, CPT From/To, Room Number**

Fixes

Fixes include corrections for the following issues:

Application	*Category*	*Issue*	*Description*
Back Office	Charge Entry	16033	Fixed issue where Case time was not calculating correctly; it was not including Directed Provider time in the calculation and the fee was being calculated using the Directing Provider's time.
	Eligibility	16171	Fixed refresh issue causing an updated Payer/Plan to not be immediately reflected correctly in an Eligibility check.