

Helping Streamline Access to Health Information Within Your EMR

EMR-connected tools bring important health plan information directly into the electronic medical record (EMR) your team already uses every day. Access eligibility and benefits, member ID cards, prior authorization updates, clinical information and more within your existing workflow.

By reducing the need to switch between systems, your practice can work more efficiently, spend less time on administrative tasks and stay focused on patient care.

EMR-connected tools available



Eligibility and Coverage Finder

Verify coverage and benefits in real time.



Digital member ID card

Access member ID cards quickly when you need them.



Electronic prior authorization (ePA)

Submit, track and manage prior authorizations electronically.



Clinical Data Exchange (CDE)

Securely exchange clinical information to support patient care.



ADT Exchange

Receive admission, discharge and transfer notifications.

What this could mean for your practice

ADMINISTRATIVE EFFICIENCY



10+ minutes saved per encounter¹

Reduce time spent verifying eligibility and coverage information.



3x faster authorization decisions^{2,3}

Help patients receive needed care sooner.



65% fewer authorization denials⁴

Reduce follow up and rework associated with denied requests.

OPERATIONAL IMPACT



Reduce eligibility-related claim edits

Support more accurate information before services are provided.



Decrease reliance on multiple payer portals

Access information within your existing EMR.



Reduce manual document handling

Minimize faxing, scanning and administrative paperwork.



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EMR Connectivity — Supporting Everyday Work Across Your Practice

EMR-connected tools support the teams that keep your practice running every day.

	Without connected tools	With connected tools
 Front desk and check-in	• Request insurance cards during each visit. (2-3 minutes per patient) • Verify eligibility through the payer website. (5-10 minutes per verification) • Call health plans to confirm coverage information. (5-10 minutes per call) • Address registration issues after claims are denied. (10-15 minutes per instance)	• Verify eligibility directly within your EMR in real time. (30-60 seconds per patient) • Access digital member ID cards instantly. • Identify potential coverage issues before services are provided. • Reduce registration errors that can lead to claim issues.
 Prior authorization	• Log into multiple payer portals. (5-10 minutes per request) • Fax clinical documentation. (10-15 minutes per request) • Call to check authorization status. (10-15 minutes per call) • Upload supporting records manually. (5-10 minutes per request)	• Submit electronic prior authorizations within your EMR. (5 minutes or less per request) • Track authorization statuses electronically. • Receive payer responses within your workflow. • Reduce phone calls and manual follow up. • Help patients receive authorization decisions faster.
 Revenue cycle and billing	• Research and correct claims affected by coverage issues. (15-30 minutes per claim) • Resolve member information discrepancies. (10-15 minutes per claim) • Follow up on missing authorizations. (10-20 minutes per claim) • Process manual documentation requests. (15-20 minutes per request) • Manage reimbursement delays. (7-14 days in payment delays)	• Verify eligibility before services are provided. • Improve the accuracy of patient and insurance information. • Confirm authorizations electronically. • Exchange clinical documentation digitally when needed. • Support faster reimbursement and a more efficient billing process. • Reduce administrative rework associated with billing and claims.

Stronger connections. Better information. Better outcomes.



EMR-connected tools make it easier to access the information your team uses every day. By reducing manual tasks and bringing key resources directly into your workflow, your practice can spend less time managing administrative work and more time focused on patients.

Learn more about available EMR-connected tools and EMR compatibility options for your practice by contacting ProviderConnectivity@Centene.com.

References:

- 1 CMS. *Eligibility and Benefits Transaction Fact Sheet*.
- 2 CMS. *Prior authorization Overview*.
- 3 Wadhera RK, et al. *JAMA Network Open*. 2022;5(6):e2218750.
- 4 Sausen N, et al. *JAMA Network Open*. 2023;6(6):e2316151.