



Attention Providers!

Remember to use HealthTrio Connect, our online provider portal - your *first* and *primary* tool for working with Well Sense Health Plan

Once you are set up with your secure login and password, you'll have access to the following functions and more:

- Verifying member eligibility
- Viewing claims status with enhanced detail information, including claims that are pending adjudication
- Submitting claims
- Submitting online prior authorization requests
- Viewing the status of authorization requests submitted by fax, phone, online or postal mail
- Downloading useful reports such as PCP Panel, Quality Reports (EPSDT, Diabetes & Asthma Treatment reports) Daily Inpatient Census, ER Frequent Users, and many others
- Accessing enrollee health record information

Using HealthTrio Connect as your primary source for these functions **will save you time, reduce costs and improve patient satisfaction so you can spend more time caring for your patients.**

If you already have a HealthTrio Connect user ID, you can use your current login information and add Well Sense Health Plan as a plan.

- [Click here](#) to go get started.
- On the registration page, click to login. You'll be directed to enter the User Name and Password you currently use, and then follow the instructions to add Well Sense Health Plan as a payer plan to your current credentials.

If you do not have a HealthTrio Connect user ID, you must create one.

- You still must register with HealthTrio Connect.
- [Click here](#) to go to the HealthTrio Connect website.
- You will be directed to the registration page to complete the easy registration process.

Questions? Please call your dedicated Provider Relations Consultant, or call our provider line at 877-957-1300 (option 3).

IVR line

We also have an IVR (Interactive Voice Recognition) line. By calling our IVR line, you also can verify member eligibility, claims status, provider enrollment status, etc., by dialing our provider line at Well Sense Provider Line at 877-957-1300 (option 3), then press:

- Option 1 for claim status and Member Eligibility
- Option 2 for Prior Authorization
- Option 3 for Business Partners such as transportation, vision, pharmacy, durable medical equipment and behavioral health
- Option 4 to speak with a Representative