Provider Engagement
WellSense Provider Portal: Elective inpatient authorization requests

Products

☒ All products
☐ MassHealth ACO
☐ MassHealth MCO
☐ Special Kids Special Care (SKSC)
☐ MA Clarity
☐ Senior Care Options
☐ NH Medicaid
☐ NH Clarity
☐ NH Medicare Advantage

Table of contents

General overview

The WellSense Portal enables WellSense network providers to submit authorization requests electronically, track their progress, and receive decisions within a secure, real-time environment. Through the portal, providers can:

- **Submit** emergent inpatient and elective inpatient and outpatient requests
- **Monitor** request status and see if additional clinical information is required
- **Upload** any requested documentation directly within the portal
- **View** final determinations and decision letters

> Note:
>
> For emergent inpatient requests, see “WellSense Provider Portal: Emergent inpatient authorization requests”.
>
> For elective outpatient requests, see “WellSense Provider Portal: Elective outpatient authorization requests”.
>
> All inpatient admissions require WellSense authorization, whether elective or emergent.

Key benefits of the WellSense Provider Portal*:*

Platform enhancements	Provider benefits
Real-time, secure messaging between your team and WellSense utilization management staff	Faster processing times
Simplified, streamlined workflows for submitting and managing your prior authorization requests	Improved provider experience
Real-time decision notification, which reduces administrative burdens	Greater efficiency and support for timely, high-quality patient care

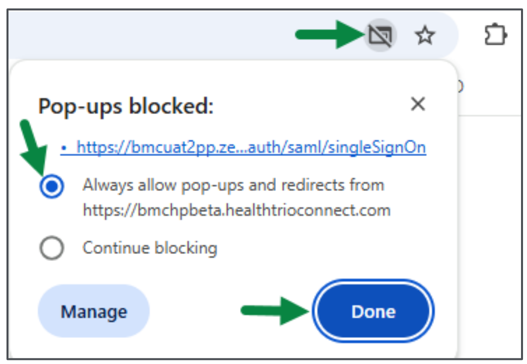
Before submitting a request

For elective procedures and services, use the [CPT and HCPCS Code Lookup Tool] on wellsense.org to determine:

- If prior authorization is required for the planned procedures or services
- Which insurance plan(s) the requirement applies to
- Whether the request should be submitted to WellSense or eviCore

NOTE: All inpatient admissions require WellSense authorization, whether elective or emergent.

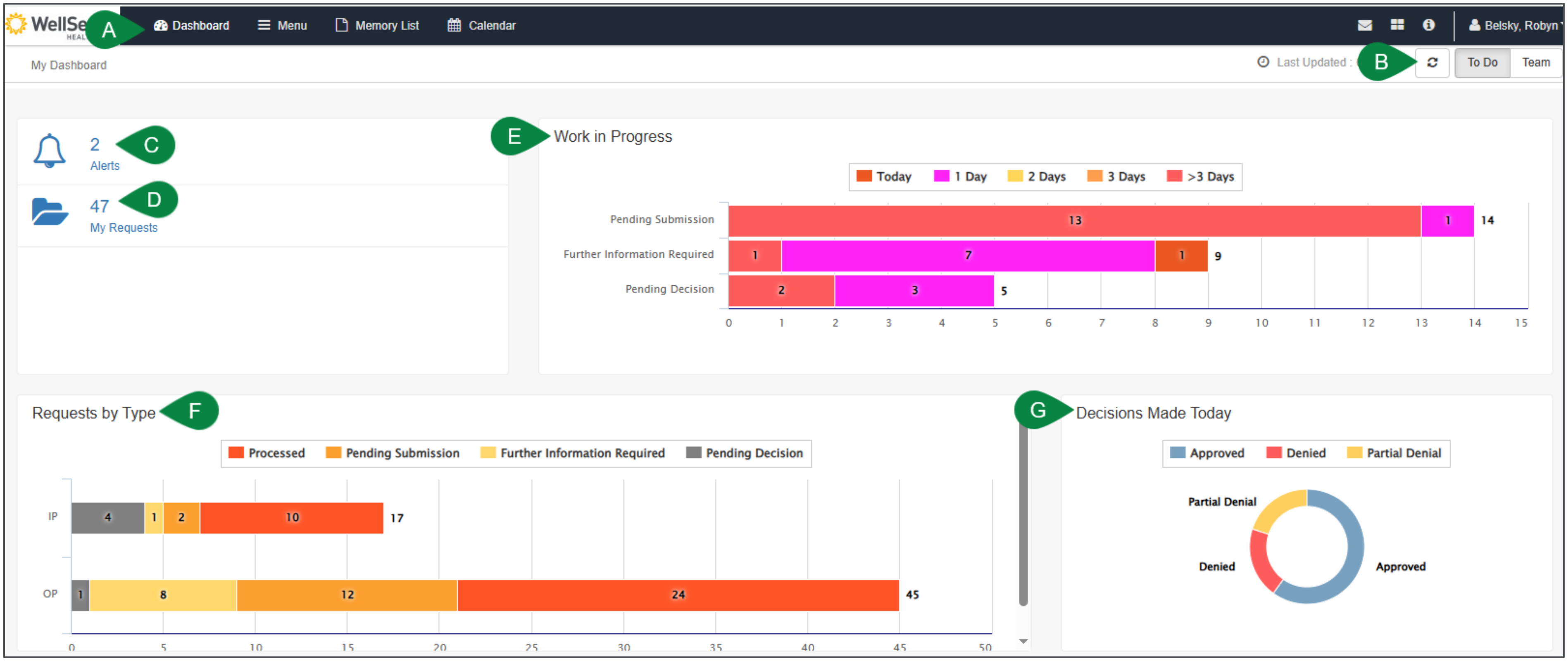
Log in and review the Dashboard

Step	Action
1	Open Google Chrome and navigate to wellsense.org > **Login**. 
2	Enter your username and password, then select **Sign In**.
3	Go to Office Management > Authorizations and Referrals.
4	Complete the first-time setup to allow pop-ups: Click the pop-up blocker icon in the browser's address bar, select **Always allow pop-ups from this site** > **Done**.  Note: You may need to reset the pop-up blocker after you clear cache.

Overview of the Dashboard

The Dashboard serves as the homepage for the WellSense Provider Portal. It provides a centralized view of authorization activity for providers, including real-time statuses, alerts, and recent determinations. All auth requests submitted under this provider's Tax ID appear, regardless of who submitted the request.

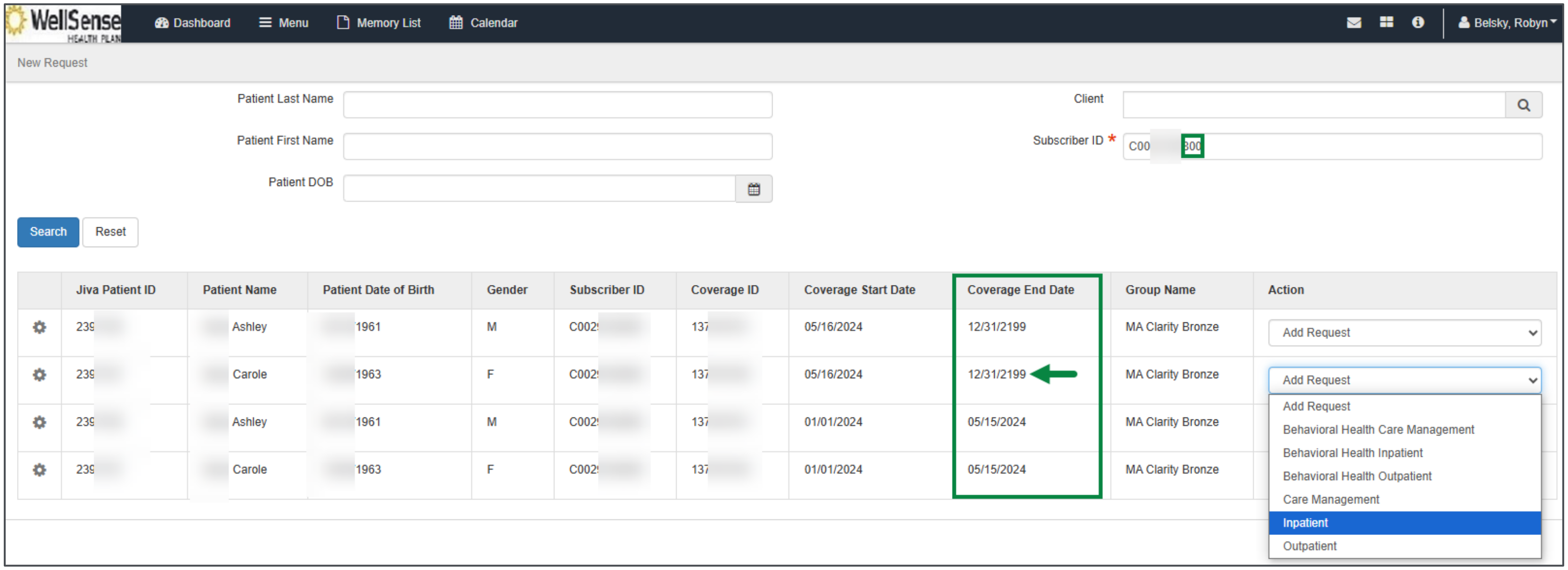
Click the colored bars to access the requests.



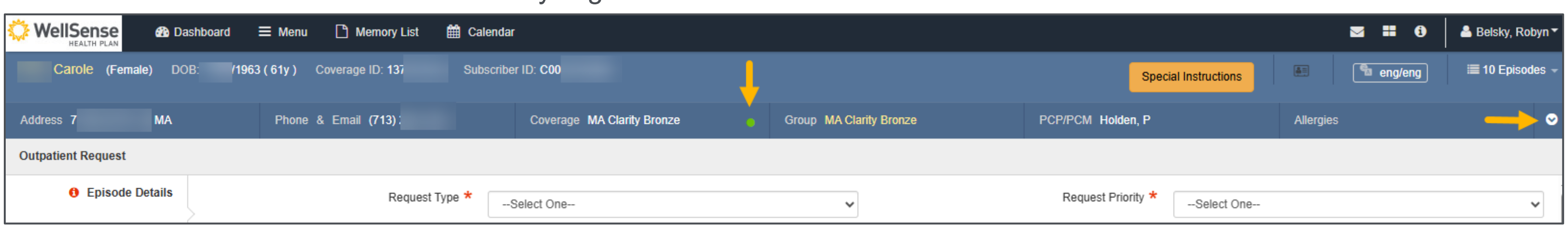
Item	Description
A	**Dashboard** on the black navigation bar returns to this homepage from any screen.
B	**Refresh:** Click to manually refresh the Dashboard and display the most current data. **Note:** The Dashboard does not automatically refresh.
C	**Alerts:** Indicate when WellSense has added a note for your review.
D	**My Requests:** Shows the total number of authorizations submitted under this Tax ID. Click to view the list of submitted requests.
E	**Work in Progress:** Displays request statuses across time: • **Pending Submission** – Drafted but not yet submitted to WellSense • **Further Information Required** – WellSense is awaiting additional clinical information for processing • **Pending Decision** – Submitted and under review by WellSense
F	**Requests by Type:** Displays inpatient vs. outpatient requests
G	**Decisions Made Today:** Shows color-coded decisions made today

Look up a patient

Step	Action
1	On the navigation bar, select **Menu** > **New Request**.
2	Enter the **Subscriber ID** from the member's WellSense ID card. • The ID is 9 digits—**add two zeros at the end** to meet the system's 11-digit requirement. • Fields marked with a red asterisk (*) are required. Click **Search** to continue.

<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>3</td><td>If multiple rows appear, confirm the correct patient by matching the name and date of birth.
If there are duplicate entries, select the row with the future Coverage End Date, then click Add Request > Inpatient.

</td></tr>
<tr><td>4</td><td>The patient record appears.

Verify demographic details at the top.
Use the arrow on the far right to expand and view additional information if needed.
A green dot indicates the member is currently eligible with WellSense.
A red dot means the member is not currently eligible.


</td></tr>
<tr><td>5</td><td>If the wrong patient or request type is selected (e.g., outpatient instead of inpatient), scroll to the bottom and click Cancel. Then return to Menu > New Request to begin again.</td></tr>
</table>

Complete the Inpatient Request screen

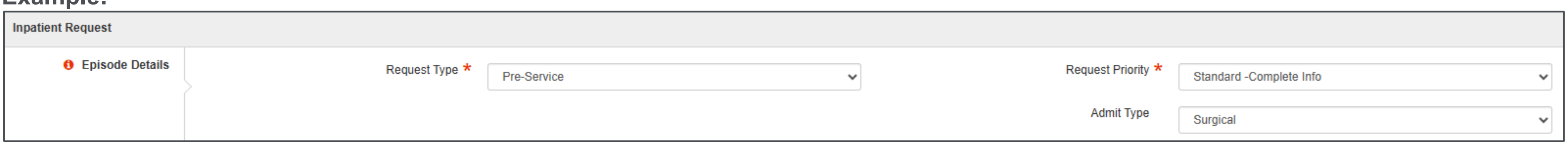
This screen includes several required fields. Some are marked with a red asterisk (*), while others must be completed even if not marked. Follow the steps below to ensure that the request is entered correctly.

Section 1: Request setup

Episode details

Field	Value
Request Type	Select **Pre-Service** for elective inpatient services and procedures.
Request Priority	Select: • **Standard** for most elective requests • **Urgent** only if medically urgent For MA Clarity members, other options appear: • **QHP -Info Received** – select if you are attaching clinical information. • **QHP -No Info** – select if clinical information is not available. These options affect the turn-around time.
Admit Type	Choose one: • **Medical** - for scheduled medical admissions (e.g., chemotherapy) • **Surgical** – for planned inpatient surgeries • **Hospice** – only for NH members

Example:



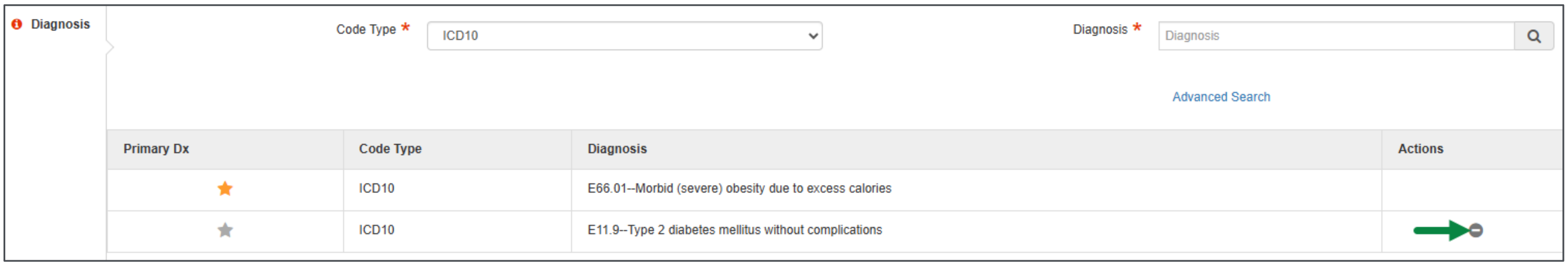
Diagnosis

Field	Value
Diagnosis	Enter code or description. Select the correct match from the dropdown.

- To add more diagnoses, search again.
- The orange star indicates the primary diagnosis. Click a different diagnosis to make that one primary.
- To remove an incorrect diagnosis, click the Detach icon next to the one you want to remove.

Note: You may have to add the new data before detaching.

Example:

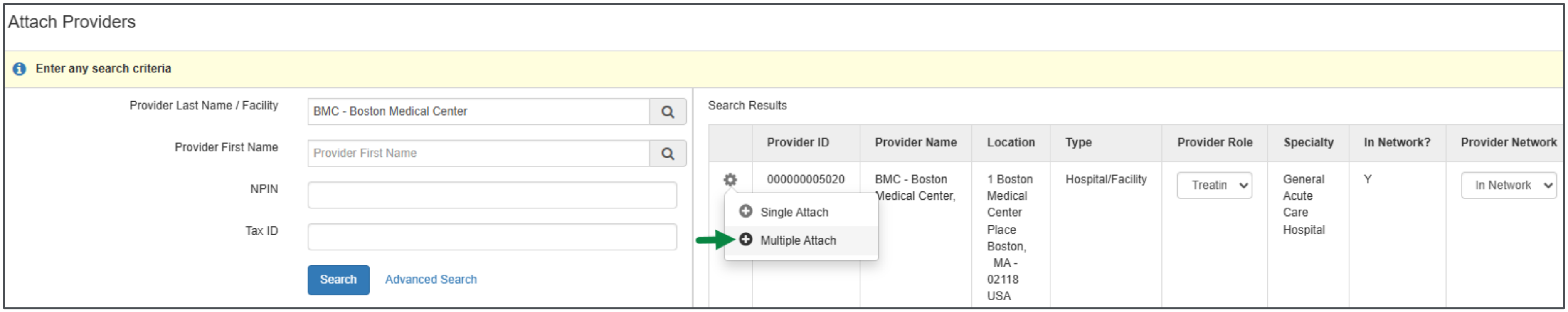


Section 2: Provider details

Click **Attach Providers**, then enter the facility name, OR provider first and last name, OR the NPI, OR the tax ID.

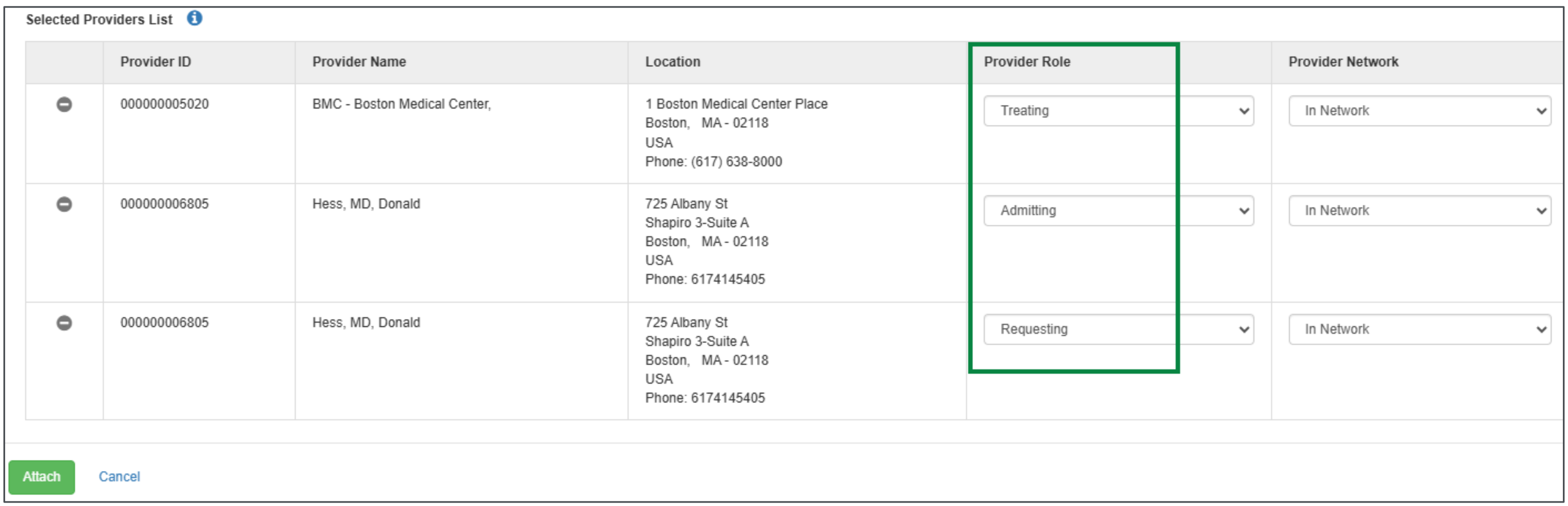
Field	Value
Provider Last Name / Facility	Enter the provider or facility name
Provider First Name	Optional
NPI	Enter the 10-digit National Provider Identifier
Tax ID	Enter the provider's Tax Identification Number

- Click **Search**. If no results appear, try different search criteria.
- When the correct provider appears, click the gear icon > **Multiple Attach**.



- For emergent inpatient admissions, attach:
  - **Treating Provider** (the facility)
  - **Admitting Provider** (an individual provider)
  - **Requesting Provider** (same provider as Admitting)
- Once all providers are listed, scroll down, assign each role and click **Attach**.

Example:



Section 3: Stay and Service request

Elective inpatient requests include both a Stay line and at least one Service line.

Stay request

Field	Value
Service Type	Match the **Admit Type** from **Episode Details**.
Place of Service	• **Inpatient Hospital** • **Hospice** for NH Members only
Requested Level of Care	Choose either **Room and Board** or **Hospice**, as appropriate.
Expected Admit Date	Enter the future planned admission date.
Actual Admit Date	Leave blank; patient is not yet admitted.
LOS Requested	Enter **1**.

Example:

Service Request

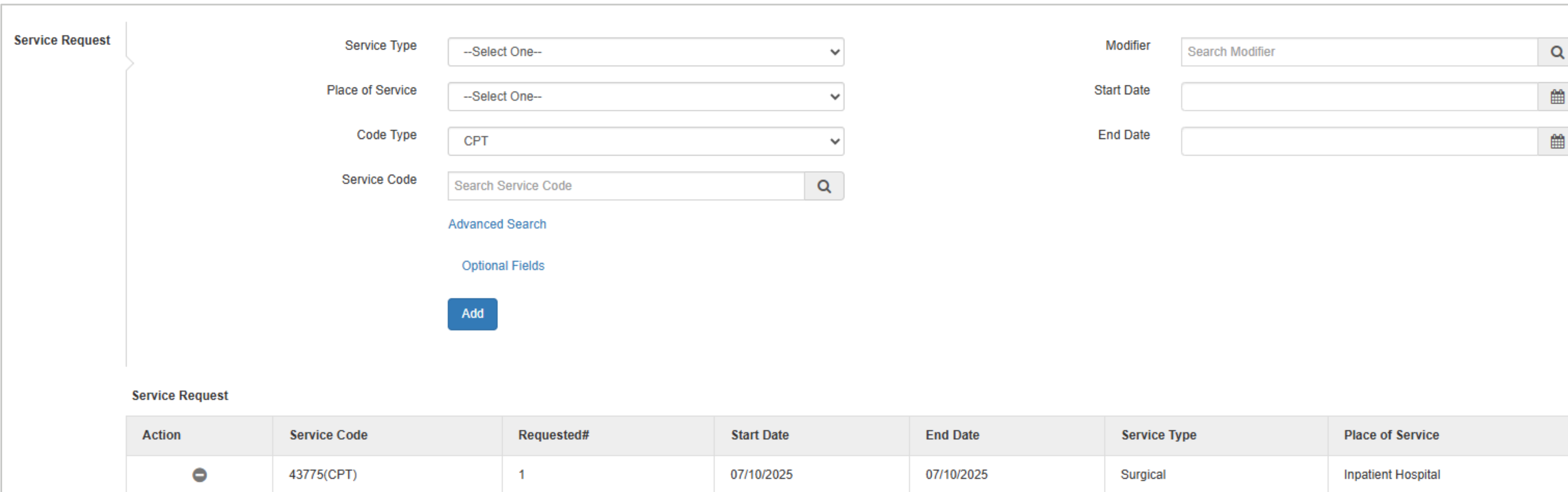
Click **Add Services** and complete the form.

Field	Value
Service Type	Match the **Admit Type** from the **Episode Details**.
Place of Service	Select **Inpatient Hospital** or **Hospice**.
Code Type	Select **CPT** or **HCPC**.
Service Code	Enter the code that requires authorization.

Field	Value
Modifier	Enter **50** if bilateral, otherwise leave blank.
Start Date	Defaults to the **Expected Admit Date**.
End Date	Defaults to the next day – edit this to the same day for single-day procedures.

- Click **Add** after entering each code.
- Only enter codes that require prior authorization. Use the [CPT and HCPCS Code Lookup Tool]() on wellsense.org to confirm which codes need to be submitted to WellSense.

Example:



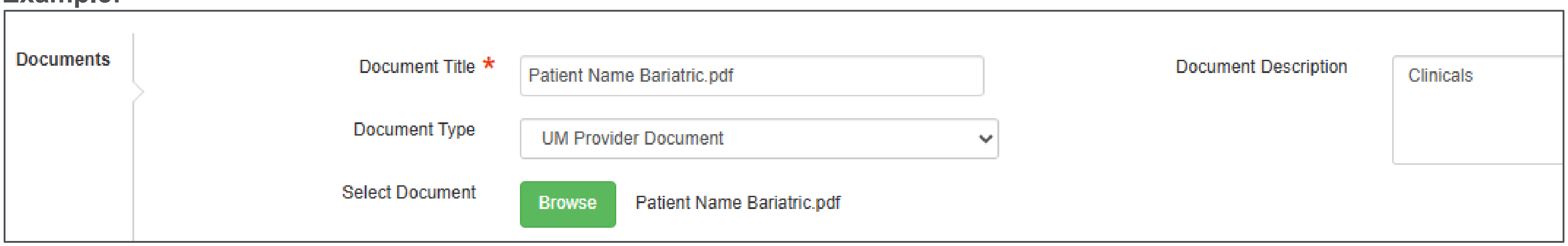
Section 4: Documents

Upload all required clinical documentation. **All prior authorization requests require documentation for review.**

Field	Value
Document Title	Paste the filename or enter a clear, descriptive title.
Document Type	**UM Provider Document**
Document Description	• **Facesheet** • **Notice of Admission** • **Clinicals**

Click **Browse** to locate the file, then click **Attach**. To attach more than one file, scroll down and **Save as Draft** and then attach another document.

Example:



Section 5: Add a note and submit the request

Add a note

Include:

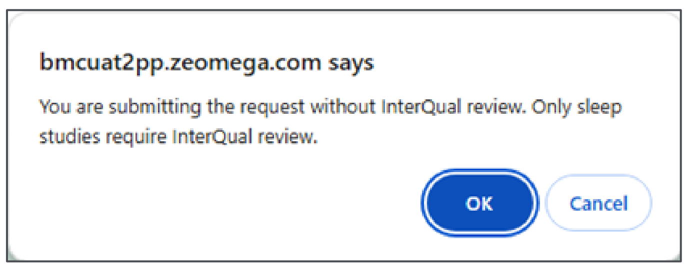
- Contact information for the requester: name, phone, fax number.
- Details not captured elsewhere, such as “date TBD.”

Example:

Submit the request

Field	Value
Submit	Sends the request to WellSense for review
Save as Draft	Saves your work so you can return to complete it later
Cancel	Clears the screen without saving changes

The system displays a message. Click **OK** to bypass. Currently, providers do not complete InterQual for inpatient requests.

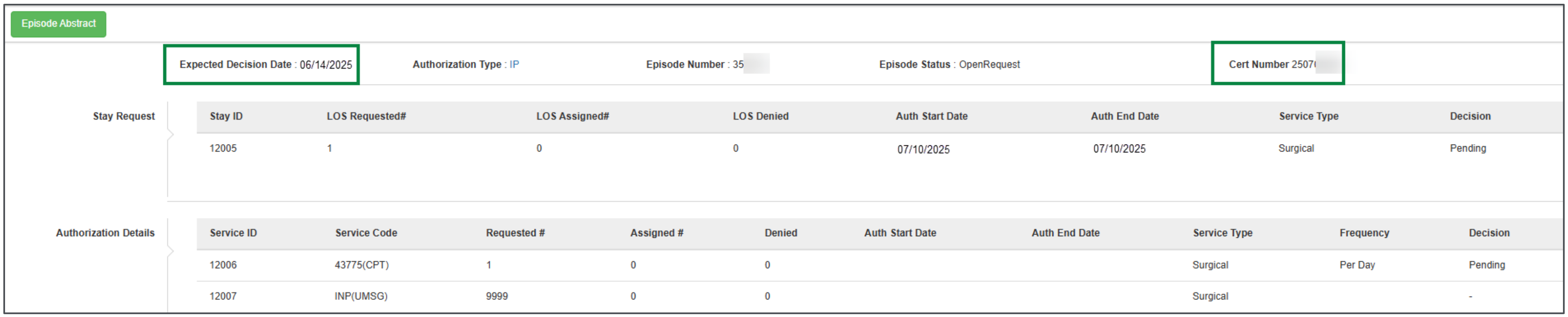


After submission, the Request Details page displays the:

- **Episode Abstract:** Summary of the request (excluding documents). This can be printed for the patient's record.
- **Expected Decision Date:** Timeline for WellSense to review and respond.
- **Cert Number:** Use this number for reference if contacting WellSense.

Note: The extra service line is automatically added to cover ancillary services.

Example:



Episode Abstract

Expected Decision Date : 06/14/2025 Authorization Type : IP Episode Number : 35 Episode Status : OpenRequest Cert Number 2507

Stay Request

Stay ID	LOS Requested#	LOS Assigned#	LOS Denied	Auth Start Date	Auth End Date	Service Type	Decision
12005	1	0	0	07/10/2025	07/10/2025	Surgical	Pending

Authorization Details

Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision
12006	43775(CPT)	1	0	0			Surgical	Per Day	Pending
12007	INP(UMSG)	9999	0	0			Surgical		-

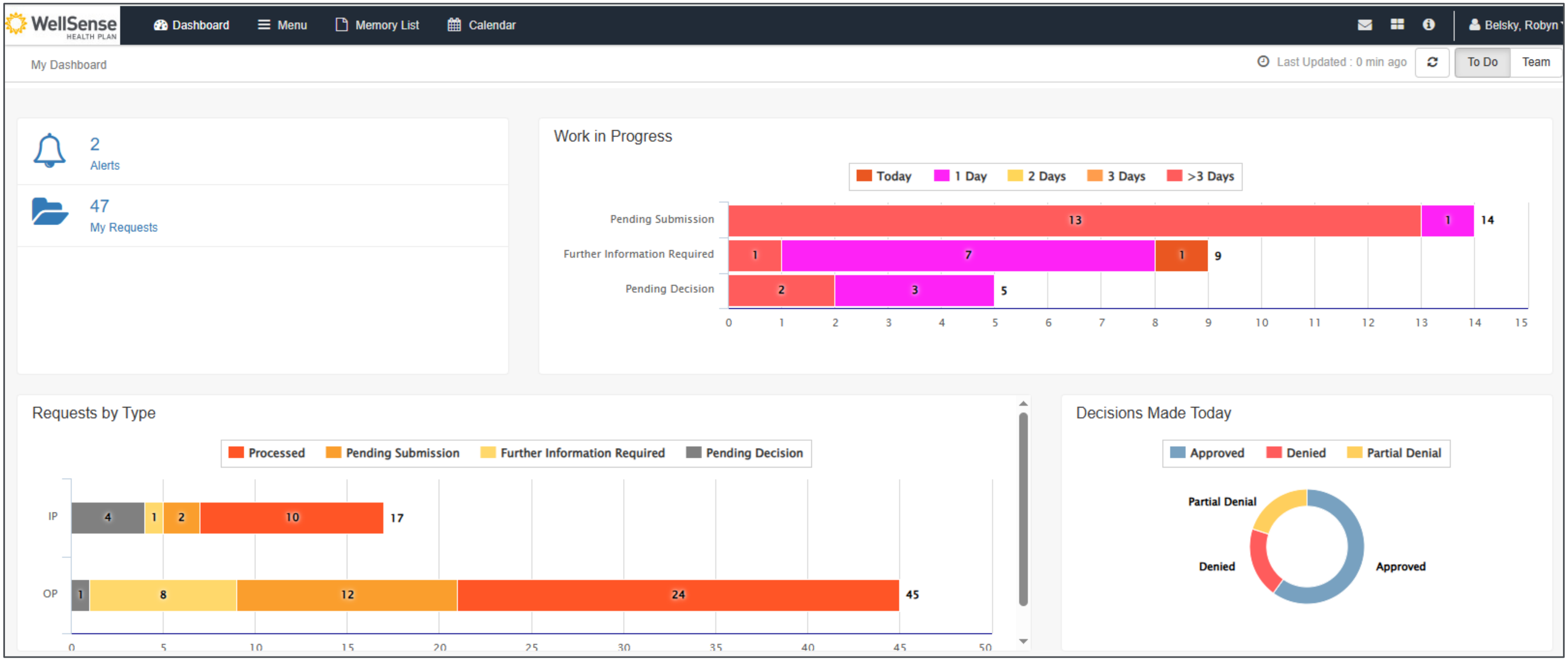
Start another request

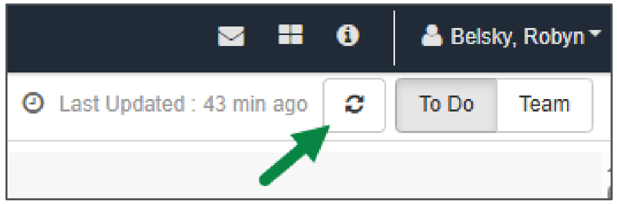
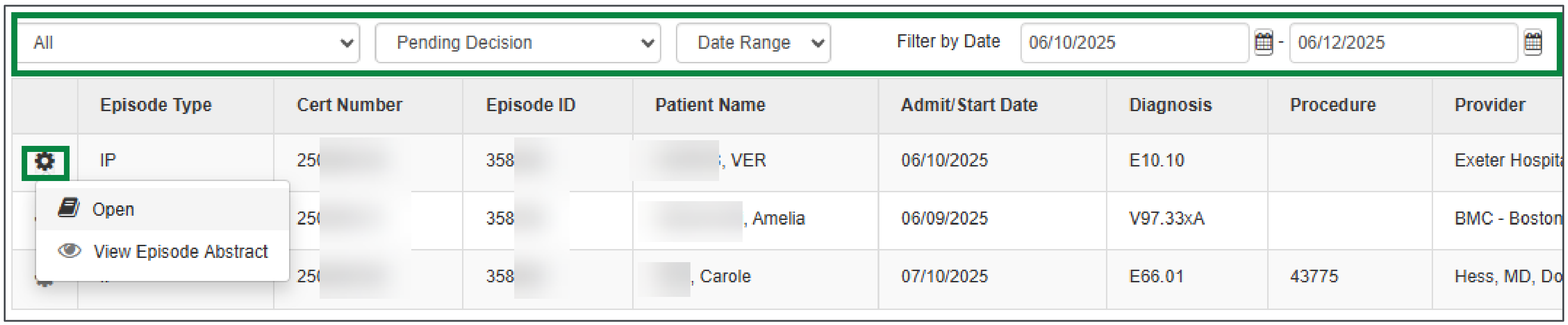
To begin a new authorization request:

1. Click **Menu** > **New Request**.
2. Follow the steps outlined in the Look up a patient section.

Review authorization status/view letters

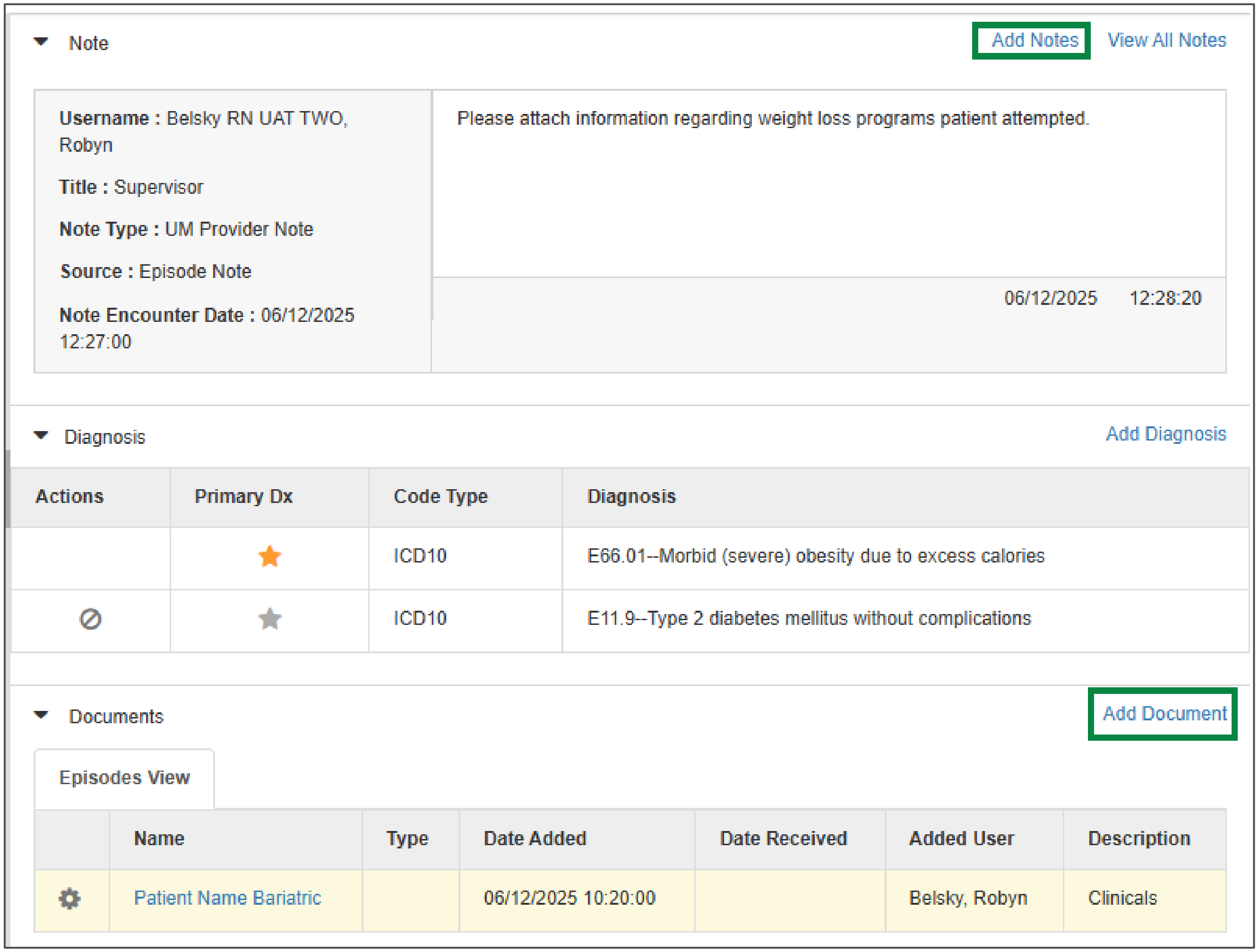
From the Dashboard, track and manage the prior authorization requests using the colored status bars.



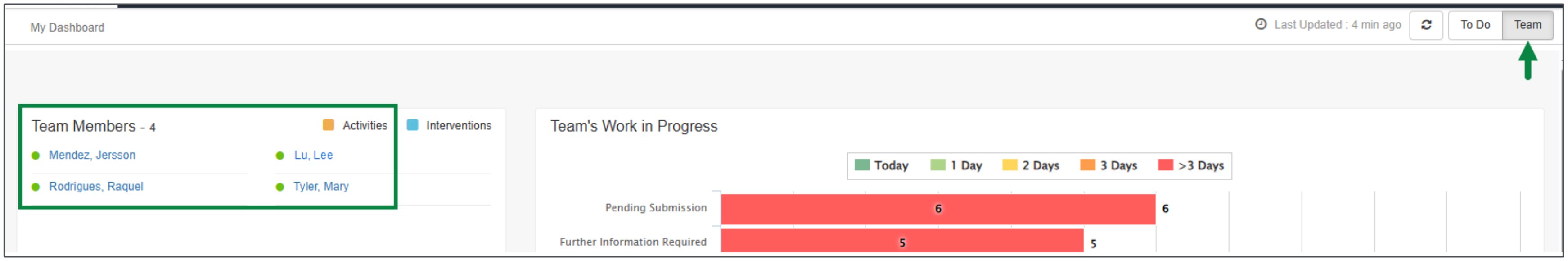
Step	Action
1	Refresh the Dashboard screen by clicking the Refresh button on the upper right to see the most current information. Do not use the browser Refresh button; always use the Portal Refresh. 
2	Click any of the colored bars (e.g., **Pending Submission, Further Information Required**, **Pending Decision**, **Decisions Made Today**) to open the list of associated authorizations. **Note:** Use filters at the top of the screen to sort or narrow results. Change the date range to view decisions made before today. 

3	To edit a request:
	• If the request is pending submission, click the gear icon to edit.
	• If the request has been submitted, users can:
	  ○ Add a note.
	  ○ Upload documents. To update a document, delete the old version first, then upload the new one. You can also add additional documents.
	  Important: Avoid using **Add New Version**.
	  ○ Review the abstract (summary of the episode).
	Note: If you need to cancel a request or edit dates, please contact WellSense and refer to the **Cert Number**.

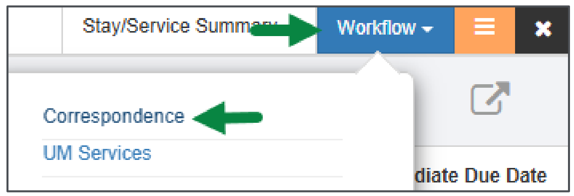
Step	Action
4	When a request has an alert or falls under **Further Information Required**, open to review the note that states what is specifically being requested. You can attach documents or add clinical information in a note. WellSense is notified that additional information is available.



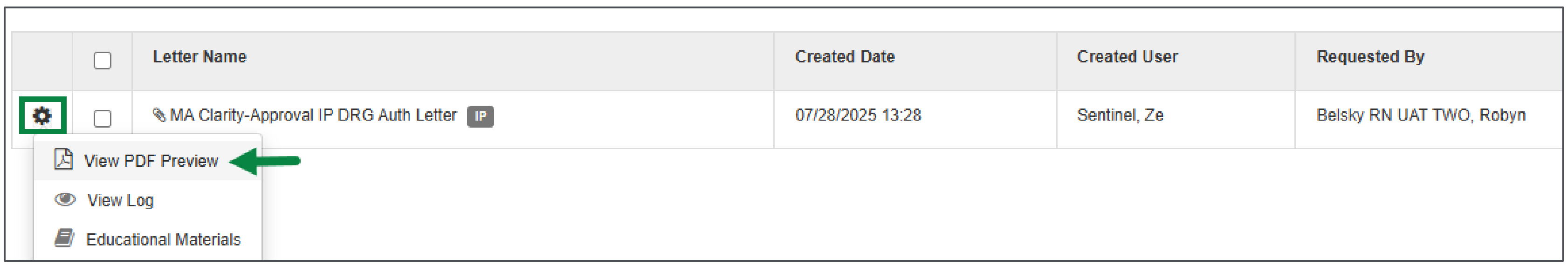
<table>
<tr><th>Step</th><th>Action</th></tr>
<tr><td>5</td><td>To view requests submitted by staff with the same tax ID, click Team in the upper right, then click the link for the co-worker to view.



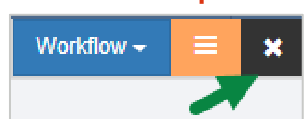
</td></tr>
<tr><td>6</td><td>To view and print the letters, click Workflow > Correspondence.



Click the gear icon > View PDF Preview. You can print the PDF.



</td></tr>
<tr><td>7</td><td>After reviewing the request, click the X in the upper right corner of the episode screen. This exits the request and allows WellSense staff to access and process the request. WellSense cannot process the request when the form is open in the portal.



</td></tr>
</table>

Using the navigation bar

The navigation bar remains visible at the top of the screen and provides quick access to common features and functions.

Tip: Be sure to exit requests once you have completed reviewing or editing them to prevent access delays for WellSense staff.

Option	Description
Dashboard	Returns to the main **Dashboard** view. See the previous section for details.
Menu	Provides access to authorization tools: • **New Request:** Search for a member and submit a new authorization request. • **My Patients** and **Search Request:** These features are currently not functional.
Memory List	Stores up to the last 10 open screens that have not been closed. Click **X** next to each item or **Close All** to exit all open requests and release them for WellSense review.

Document history

Original approval date	Original effective date	Owner	Approved by
7/17/2025	8/1/2025	R Belsky	A Garcia F Bautista
9/18/2025	9/18/2025	R Belsky	J Hair
9/26/2025	9/26/2025	R Belsky	N/A

Next review date: 9/1/2026