

Provider Engagement

WellSense Provider Portal: Emergent inpatient authorization requests



Products

- All products
- MassHealth ACO
- MassHealth MCO
- Special Kids Special Care (SKSC)
- MA Clarity
- NH Medicaid
- NH Clarity
- NH Medicare Advantage

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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 elective inpatient requests, see “WellSense Provider Portal: Elective inpatient authorization requests”.


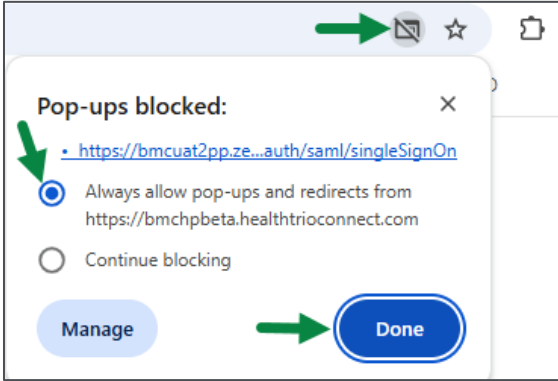
For elective outpatient requests, see “WellSense Provider Portal: Elective outpatient authorization requests”.

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

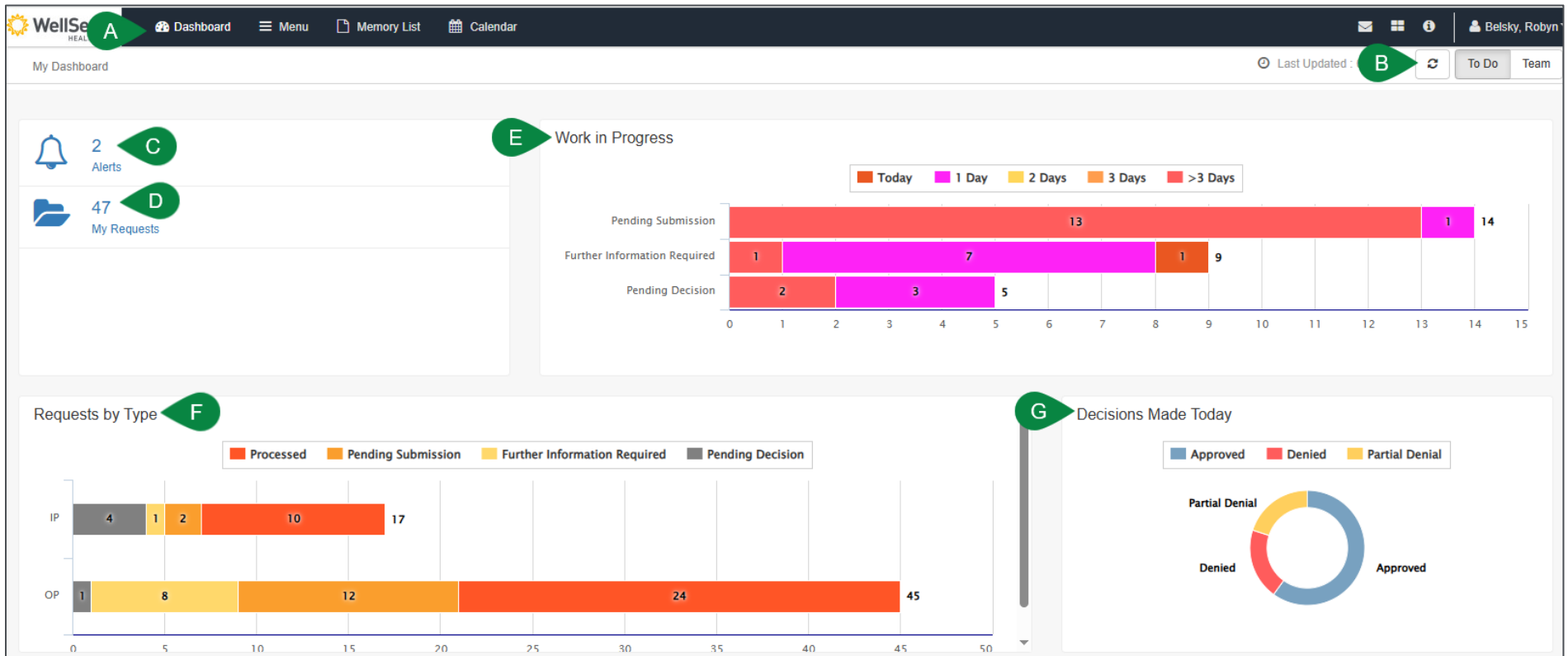
Log in and review the Dashboard

Step	Action
1	<p>Open Google Chrome and navigate to wellsense.org > Login.</p>  <p>The screenshot shows the WellSense Health Plan website header. On the left is the WellSense logo. On the right, there are links for 'Language', 'Search', 'Contact', and 'Find a provider'. The 'Login' button is highlighted with a green rectangular box.</p>
2	<p>Enter your username and password, then select Sign In.</p>
3	<p>Go to Office Management > Authorizations and Referrals.</p>
4	<p>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.</p>  <p>The screenshot shows a Chrome browser's address bar with a green arrow pointing to the pop-up blocker icon. Below the address bar, a 'Pop-ups blocked' notification is displayed. It lists a blocked URL: https://bmcuat2pp.ze...auth/saml/singleSignOn. Two options are available: 'Always allow pop-ups and redirects from https://bmchpbeta.healthtrioconnect.com' (selected with a blue radio button) and 'Continue blocking'. At the bottom, there are 'Manage' and 'Done' buttons. A green arrow points to the 'Done' button.</p> <p>Note: You may need to reset the pop-up blocker after you clear cache.</p>

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. The default Dashboard displays requests you have submitted, but you can also view 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	Action
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: <ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • 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.

Step	Action
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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**.

3

Jiva Patient ID	Patient Name	Patient Date of Birth	Gender	Subscriber ID	Coverage ID	Coverage Start Date	Coverage End Date	Group Name	Action
236	Ashley	1961	M	C002	137	05/16/2024	12/31/2199	MA Clarity Bronze	Add Request
236	Carole	1963	F	C002	137	05/16/2024	12/31/2199	MA Clarity Bronze	Add Request Behavioral Health Care Management Behavioral Health Inpatient Behavioral Health Outpatient Care Management Inpatient Outpatient
236	Ashley	1961	M	C002	137	01/01/2024	05/15/2024	MA Clarity Bronze	
236	Carole	1963	F	C002	137	01/01/2024	05/15/2024	MA Clarity Bronze	

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.

4

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.

5

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 Concurrent for emergent admissions.
Request Priority	Select Emergent for most unscheduled admissions except MA Clarity. For MA Clarity members, additional options appear: <ul style="list-style-type: none">• QHP -Info Received – select if you are attaching clinical information OR if this is a facility that allows WellSense to access the EMR via the portal.• QHP -No Info – select if clinical information is not available. These options affect the turn-around time.
Admit Type	Choose one: <ul style="list-style-type: none">• Maternity for antepartum or delivery• Medical for most emergent admissions• Newborn for newborns up to 28 days of age on admission• Rehab for inpatient rehab

Example:

Inpatient Request

Episode Details


Request Type * Concurrent

Request Priority * QHP -Info Received

Admit Type Medical


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:

 Diagnosis

Code Type *

Diagnosis * 

[Advanced Search](#)

Primary Dx	Code Type	Diagnosis	Actions
	ICD10	E10.10--Type 1 diabetes mellitus with ketoacidosis without coma	
	ICD10	I10--Essential (primary) hypertension	 

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**.

Attach Providers

Enter any search criteria

Provider Last Name / Facility:

Provider First Name:

NPIN:

Tax ID:

Search Results

Provider ID	Provider Name	Location	Type	Provider Role	Specialty	In Network?	Provider Network
000000005020	BMC - Boston Medical Center,	1 Boston Medical Center Place Boston, MA - 02118 USA	Hospital/Facility	Treatin	General Acute Care Hospital	Y	In Network

Single Attach

Multiple Attach

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

Example:

Selected Providers List

Provider ID	Provider Name	Location	Provider Role	Provider Network
000000005020	BMC - Boston Medical Center,	1 Boston Medical Center Place Boston, MA - 02118 USA Phone: (617) 638-8000	Treating	In Network
000000005020	BMC - Boston Medical Center,	1 Boston Medical Center Place Boston, MA - 02118 USA Phone: (617) 638-8000	Admitting	In Network
000000005020	BMC - Boston Medical Center,	1 Boston Medical Center Place Boston, MA - 02118 USA Phone: (617) 638-8000	Requesting	In Network

Section 3: Stay request

Emergent inpatient requests include a Stay line; the system adds the Service line when the request is submitted.

Stay request

Field	Value
Service Type	Match the Admit Type from Episode Details . <ul style="list-style-type: none"> • Maternity for antepartum or delivery – see Appendix: Maternity requests • Medical for most emergent admissions • Newborn up to 28 days of age on admission • Rehab for inpatient rehab, skilled nursing, or long-term acute care
Place of Service	<ul style="list-style-type: none"> • Acute Rehab for rehab • Bed Hold for SNF bed holds • Custodial for custodial or respite • LTACH for long-term acute care • NICU for neonatal ICU • Room and Board for inpatient hospital • SNF 1 for skilled nursing
Requested Level of Care	Choose either Room and Board or Hospice , as appropriate.
Expected Admit Date	Enter the actual admission date.
Actual Admit Date	Enter the actual admission date.
LOS Requested	Enter 1 .

Example:

Stay Request

Service Type *

Place of Service

Requested Level Of Care *

Expected Admit Date

Actual Admit Date

LOS Requested

Service Request

Skip this section.

Section 4: Documents

Upload all required clinical documentation. The provider portal accepts the following file formats:

- cdf
 - jpeg
 - png
 - xls
 - doc
 - jpg
 - tif
 - xlsx
 - docx
 - pdf
 - tiff
 - xml
- Note that **zip** files are acceptable and may take a few minutes to upload

Field	Value
Document Title	Paste the filename or enter a clear, descriptive title.
Document Type	UM Provider Document
Document Description	<ul style="list-style-type: none">• 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**, then select each document and click **Save as Draft** after each one.

Note: If the portal does not allow you to attach from your desktop or C drive, please save files to a different drive to attach in the request.

Example:

The screenshot shows a form titled "Documents" with the following fields and values:

- Document Title ***: Patient Name Emergency Admit
- Document Type**: UM Provider Document (dropdown menu)
- Document Description**: Facesheet
- Select Document**: A green "Browse" button is next to the text "Patient Name Emergency Admit.pdf".

Section 5: Add a note and submit the request

Note

Include:

- Contact information for the requester: name, phone, fax number.
- Details not captured elsewhere, for example, if patient's status changed from Observation to Inpatient, indicate the date of Observation.

Example:

Notes

Note Type: UM Provider Note

Note Encounter Date: 06/13/2025

Note Encounter Time: 13:55

Note Text:

File Edit View Format Tools

B *I* U

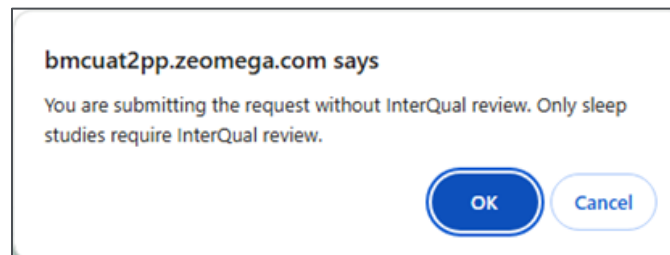
Contact Jess at 617-555-5555, fax: 617/999-9999

Patient in observation 6/11, admitted as inpatient 6/13

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 service line is automatically added to cover ancillary services.

Example:

Episode Abstract										
Expected Decision Date : 06/14/2025		Authorization Type : IP		Episode Number : 359		Episode Status : OpenRequest		Cert Number 250		
Stay Request	Stay ID	LOS Requested#	LOS Assigned#	LOS Denied	Auth Start Date	Auth End Date	Service Type	Decision		
	12008	1	0	0	06/13/2025	06/13/2025	Medical	Pending		
Authorization Details	Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision
	12009	INP(UMSG)	9999	0	0			Medical		-

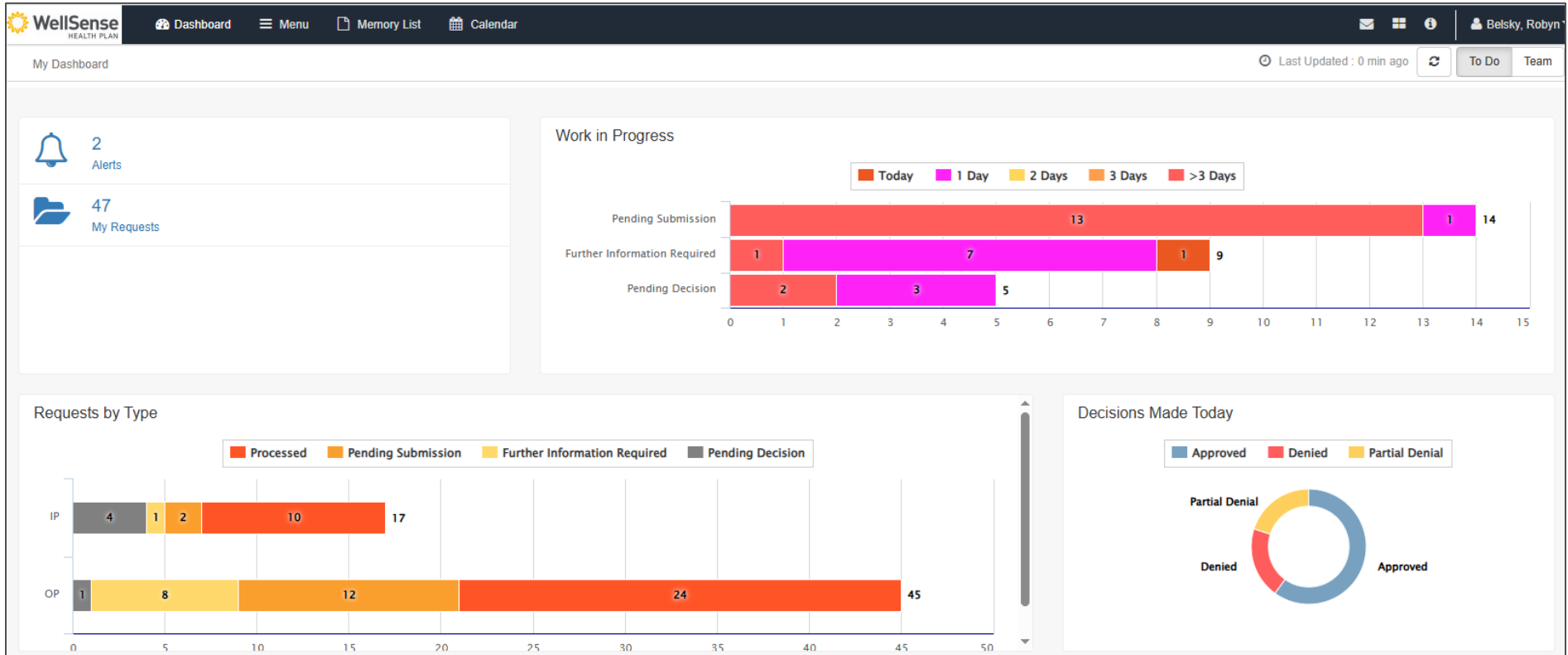
Start another request

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.

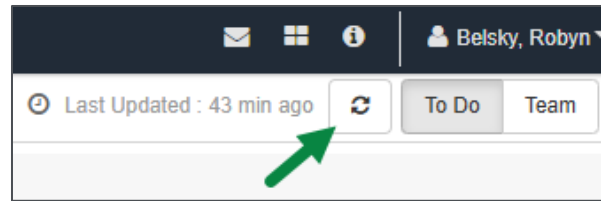


Step	Action
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1

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.

All Pending Decision Date Range Filter by Date 06/10/2025 - 06/12/2025								
	Episode Type	Cert Number	Episode ID	Patient Name	Admit/Start Date	Diagnosis	Procedure	Provider
	IP	250	358	, VER	06/10/2025	E10.10		Exeter Hospit
		250	358	, Amelia	06/09/2025	V97.33xA		BMC - Boston
		250	358	, Carole	07/10/2025	E66.01	43775	Hess, MD, Do

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.
 - **Important:** Avoid using **Add New Version**.
 - Review the abstract (summary of the episode).

Note: If you need to cancel a request, or edit dates, visits, etc., please contact WellSense and refer to the Cert Number.

Step	Action
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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 has been sent.

4

▼ Note
[Add Notes](#) [View All Notes](#)

Username : Belsky RN UAT TWO, Robyn Title : Supervisor Note Type : UM Provider Note Source : Episode Note Note Encounter Date : 07/26/2025 14:22:00	Please confirm dates in OBS vs. inpatient admission
07/26/2025 14:23:05	

▼ Diagnosis
[Add Diagnosis](#)

Actions	Primary Dx	Code Type	Diagnosis
	★	ICD10	E10.10--Type 1 diabetes mellitus with ketoacidosis without coma
⊘	★	ICD10	I10--Essential (primary) hypertension

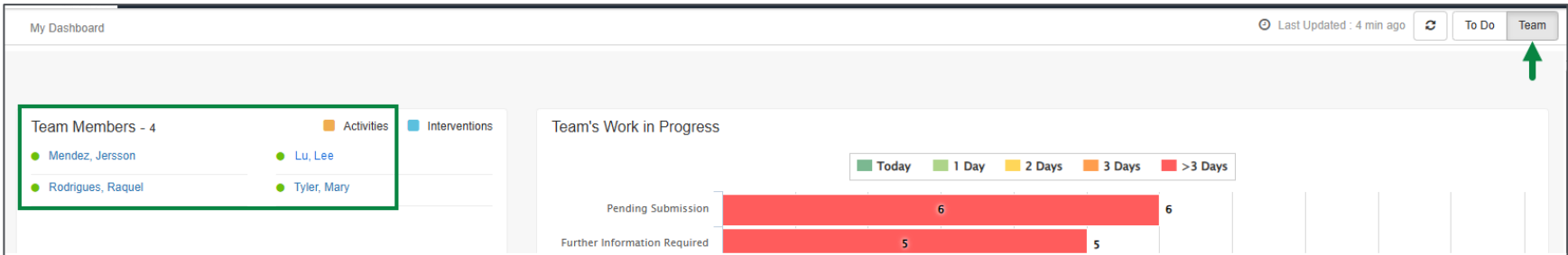
▼ Documents
[Add Document](#)

Episodes View

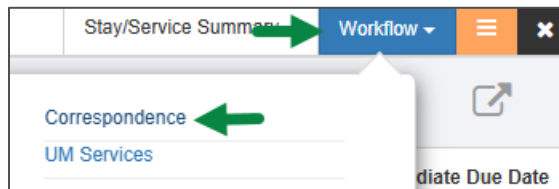
	Name	Type	Date Added	Date Received	Added User	Description
⚙	Emergency Admit		07/26/2025 14:10:26		Belsky, Robyn	Facesheet

Step	Action
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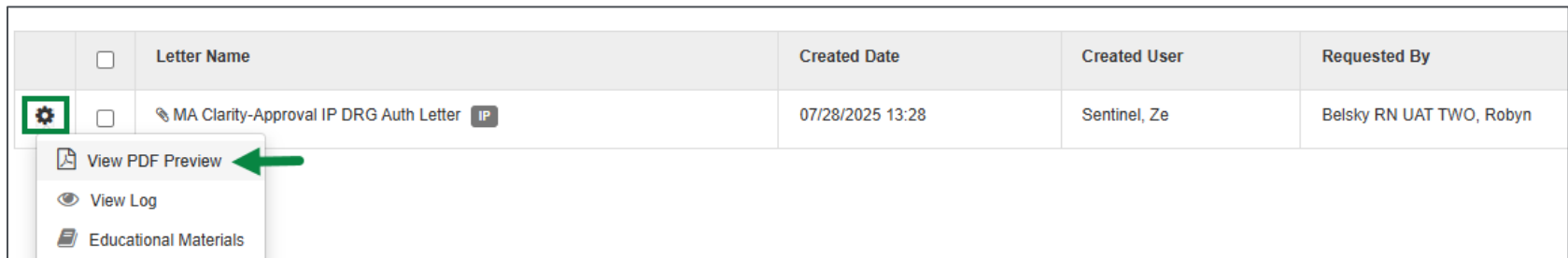
5 To view requests submitted by staff with the same tax ID, click **Team** in the upper right, then click the link for the co-worker to view.



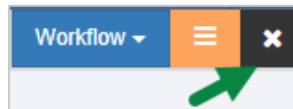
6 To view and print the letters, click **Workflow > Correspondence**.



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



7 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.**

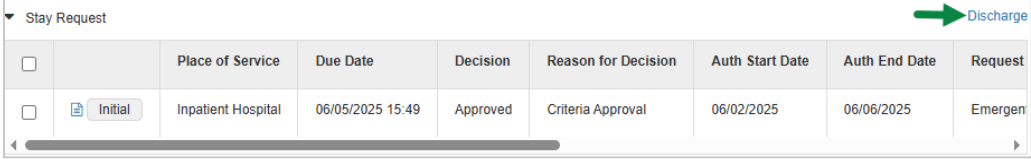
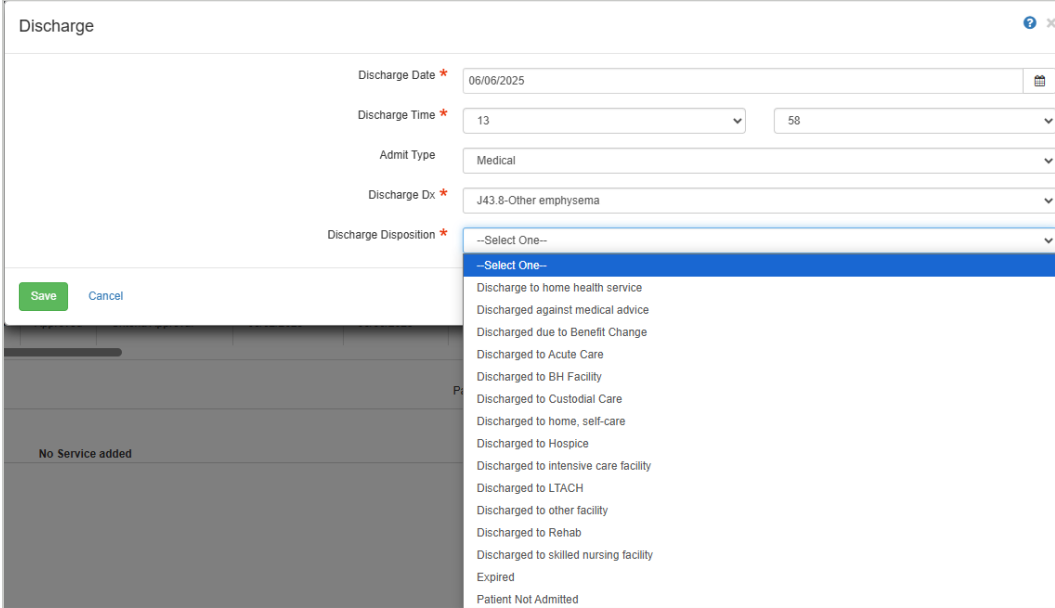


Add continued stay clinical information

To avoid a phone call or fax requesting clinical information, attach a document containing the clinical updates to the request. WellSense will be notified that additional information was received for review.

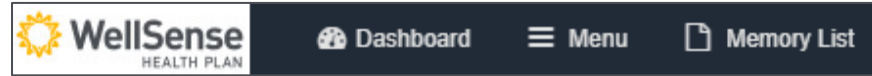
Add discharge information

You can add the discharge date and disposition, thereby avoiding a call or fax from WellSense requesting this info.

Step	Action
1	<p>In the IP episode, click Discharge.</p>  <p>The screenshot shows a table with the following columns: Place of Service, Due Date, Decision, Reason for Decision, Auth Start Date, Auth End Date, and Request. The first row contains the following data: Initial, Inpatient Hospital, 06/05/2025 15:49, Approved, Criteria Approval, 06/02/2025, 06/06/2025, and Emergen. A green arrow points to a Discharge button in the top right corner of the table.</p>
2	<p>Edit the Discharge Date if necessary, leave the default time, select the Discharge Disposition > Save.</p>  <p>The screenshot shows a 'Discharge' form with the following fields: Discharge Date * (06/06/2025), Discharge Time * (13:58), Admit Type (Medical), Discharge Dx * (J43.8-Other emphysema), and Discharge Disposition *. The 'Discharge Disposition' dropdown menu is open, showing a list of options including: --Select One--, Discharge to home health service, Discharged against medical advice, Discharged due to Benefit Change, Discharged to Acute Care, Discharged to BH Facility, Discharged to Custodial Care, Discharged to home, self-care, Discharged to Hospice, Discharged to intensive care facility, Discharged to LTACH, Discharged to other facility, Discharged to Rehab, Discharged to skilled nursing facility, Expired, and Patient Not Admitted. A Save button is visible at the bottom left of the form.</p>

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: <ul style="list-style-type: none">• 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.

Appendix: Maternity Requests

Emergent inpatient maternity requests can auto-approve when the following options are selected:

Field	Value
Episode Details section	
Request Type	Concurrent
Request Priority	<ul style="list-style-type: none"> Emergent For MA Clarity members: QHP – Info Received
Admit Type	Maternity
Diagnosis section	
Diagnosis	<ul style="list-style-type: none"> O80 O82 Z33.1
Provider Details section	
Provider	Treating, Admitting, and Requesting provider can be the same facility
Stay Request section	
Service Type	Maternity
Place of Service	Inpatient Hospital
Requested Level of Care	Room and Board
Expected Admit Date	Date of admission
Actual Admit Date	Same as Expected Admit Date
LOS Requested	For: <ul style="list-style-type: none"> O80: < 4 days O82: < 5 days Z33.1: < 5 days

Field	Value
Documents section	
Documents	Not required
EDC section	
EDC Date	Leave blank
Clinical Site section	
Primary Clinical Site	Leave blank
Notes section	
Note Text	Please add contact information: name, phone, fax, and include details that may be helpful, such as: <i>Patient admitted in labor 7/14, delivered via C Section 10:37 AM 7/15.</i> <i>Baby boy Weight: 6lbs 15.5oz Gestation Age: 39 weeks</i>

Example:

Inpatient Request

Episode Details

Request Type *

Optional Fields

Request Priority *

Admit Type

Diagnosis

Code Type *

Diagnosis * Q

Advanced Search

Primary Dx	Code Type	Diagnosis	Actions
★	ICD10	O82--Encounter for cesarean delivery without indication	

Provider Details

ID	Name	Location	Role	Network	Phone	Action
000000005020	BMC - Boston Medical Center,	1 Boston Medical Center Place Boston, MA - 02118 USA Phone: (617) 638-8000	<input type="text" value="Treating"/>	In Network	(617) 638-8000	-
000000005020	BMC - Boston Medical Center,	1 Boston Medical Center Place Boston, MA - 02118 USA Phone: (617) 638-8000	<input type="text" value="Admitting"/>	In Network	(617) 638-8000	-
000000005020	BMC - Boston Medical Center,	1 Boston Medical Center Place Boston, MA - 02118 USA Phone: (617) 638-8000	<input type="text" value="Requesting"/>	In Network	(617) 638-8000	-

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1/2/2026

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Stay Request	Service Type *	Maternity	Expected Admit Date	07/25/2025
	Place of Service	Inpatient Hospital	Actual Admit Date	07/25/2025
	Requested Level Of Care *	Room and Board	LOS Requested	4
Service Request	Service Type	Maternity	Modifier	Search Modifier
	Place of Service	Inpatient Hospital	Start Date	07/25/2025
	Code Type	CPT	End Date	07/26/2025
	Service Code	Search Service Code		
		Advanced Search		
		Optional Fields		
		Add		
		Check For Review		
Documents	Document Title		Document Description	
	Document Type	--Select One--		
	Select Document	Browse	No File Selected	

EDC Date: EDC Date

Clinical Site: Primary Clinical...

Notes: Note Type: UM Provider Note Note Encounter Date: 09/04/2025

Note Encounter Time: 09:15

Note Text:

File Edit View Format Tools
B *I* U ABC
 Contact Rita in Admitting: 617-555-5555 or fax: 617-666-6666
 Patient admitted in labor 7/25, delivered via C section 7/26 at 2:15 AM
 Baby boy weight: 6 lbs 12 oz, gestational age 39 weeks

Submit Save as Draft Cancel

The request shows as **Approved**.

Episode Abstract

Expected Decision Date : 07/29/2025 Authorization Type : IP Episode Number : 359 Episode Status : OpenRequest Cert Number 25

Stay Request	Stay ID	LOS Requested#	LOS Assigned#	LOS Denied	Auth Start Date	Auth End Date	Service Type	Decision
		12010	4	0	0	07/25/2025	07/29/2025	Maternity

Authorization Details	Service ID	Service Code	Requested #	Assigned #	Denied	Auth Start Date	Auth End Date	Service Type	Frequency	Decision
		12011	INP(UMSG)	9999	0	0			Maternity	

Document history

Approval date	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
10/7/2025	10/7/2026	R Belsky	N/A
12/8/2025	12/8/2025	R Belsky	A Garcia
1/2/2026	1/2/2026	R Belsky	A Garcia

Next review date: 9/1/2026