



## Provider Portal

# Provider Registration Process

Welcome to portal for WellSense Health Plan providers, powered by HealthTrio Connect. Please follow the step-by-step guide below to register for the portal.

If you	Then
Currently have a HealthTrio account	You will still need to register through our portal, but your HealthTrio account will already be populated with your information. You will just need to add us to the list of health plans with whom you contract.
Do not have a HealthTrio account	Please register as directed below.

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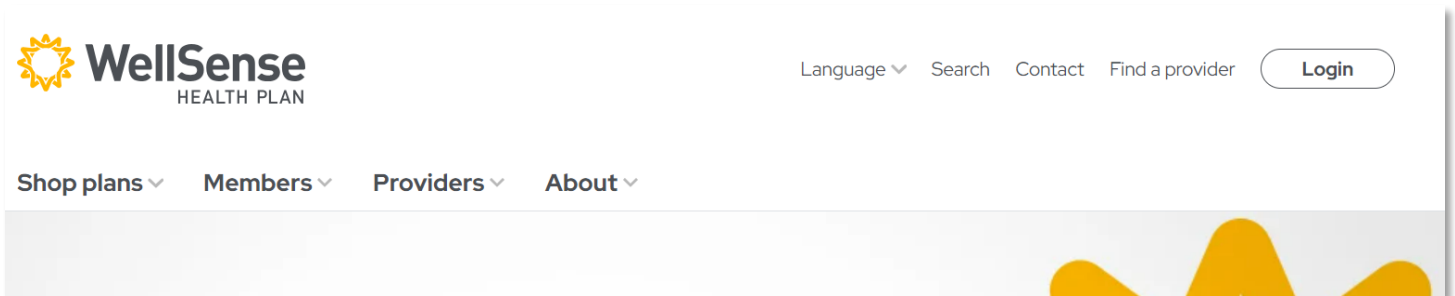
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# How to Register

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- **Only individuals** with administrative responsibilities (typically office managers), should register via this process. Additional users can be added by the office administrator.
- **Before beginning** the registration process, please have a recent “Check Reference Number” and corresponding “Check Payment Amount” handy.

1. Visit [wellsense.org](https://wellsense.org) and click **Login**.



# For existing HealthTrio Connect account holders

1. Login with current HealthTrio Connect credentials

BOSTON MEDICAL CENTER  
HEALTHNet PLAN

WELL SENSE  
HEALTH PLAN

Contact Us

## PLEASE SIGN IN

PROVIDER REGISTRATION | **MEMBER REGISTRATION** | AUTHORIZED REPRESENTATIVE REGISTRATION

User ID  
Password

[Forgot your user ID?](#)  
[Forgot your password?](#)

**SIGN IN**

2. Verify your information on the **User Information** page and click **Next**.

## MyHealthNet

by BMC HealthNet Plan & Well Sense Health Plan

### User Information

If you are an existing user of the Connect system please login [Click here to start your session](#).

As a reminder, the person from your office/practice who completes this registration process automatically becomes the ongoing provider portal administrator for your practice.

Before beginning the registration process, please have available:

- Recent Check Reference Number
- Corresponding Check Payment Amount

If you don't have payment information, please [contact us](#) to obtain a unique PIN.

Your password must be at least 8 characters long and include upper and lower case letters, a number, and a special character. Example: 1h@nc-andy

First Name \*  
Middle Initial  
Last Name \*  
Title  
E-Mail \*  
Confirm E-Mail \*  
Office Phone \*  
Example: 699-999-9999  
Extension #  
Example: 123456  
Office Fax  
Example: 699-999-9999  
User Name \*  
Password \*  
Confirm Password \*  
Security Question 1 \*  
Security Answer 1 \*  
Your answer may not contain your first name.  
Security Question 2 \*  
Security Answer 2 \*  
Your answer may not contain your first name.  
Security Question 3 \*  
Security Answer 3 \*  
Your answer may not contain your first name.  
Local Admin  
 As the primary registrant, you are automatically admin.

**Cancel** **Back** **Next**

3. On the **Office Information** page, verify office information and provide requested validation items:

- a. Check Reference Number
- b. Check Payment Amount

4. Click **Next**.

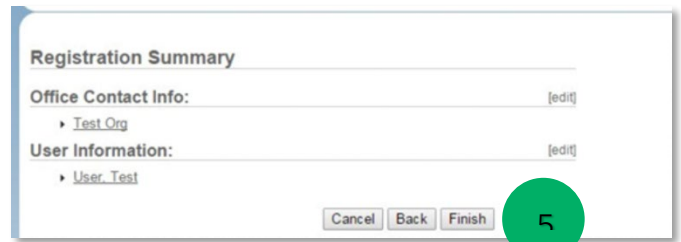
## Office Information

Enter the name and address of your office.

Organization Name \* Practice Name  
Tax ID \* 123456789  
PIN  
Check Reference Number  
Check Payment Amount  
Address \* 123 Main Street, Suite 750  
City \* Anytown  
State \* Massachusetts  
Zip Code \* 02116

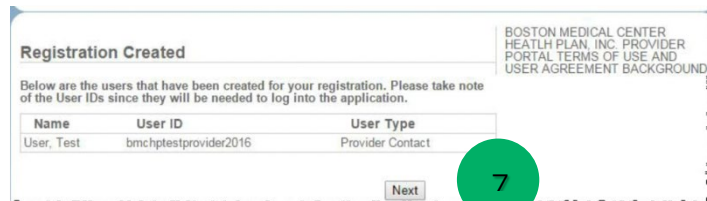
**Cancel** **Back** **Next**

5. On the Registration Summary page, verify information and click **Finish**.



The screenshot shows the 'Registration Summary' page. It has two sections: 'Office Contact Info:' with a link to 'Test Org' and an '[edit]' link; and 'User Information:' with a link to 'User\_Test' and an '[edit]' link. At the bottom right, there are three buttons: 'Cancel', 'Back', and 'Finish'. A green circle with the number '5' is overlaid on the 'Finish' button.

6. Once registration is complete, all those registered from your provider office by your office administrator will be listed in a screen as pictured to the right.

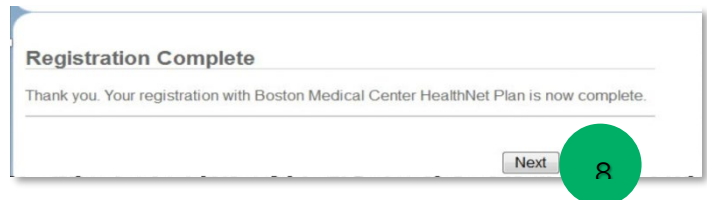


The screenshot shows the 'Registration Created' page. It includes a header for 'BOSTON MEDICAL CENTER HEALTH PLAN, INC. PROVIDER PORTAL TERMS OF USE AND USER AGREEMENT BACKGROUND'. Below the header, it says 'Below are the users that have been created for your registration. Please take note of the User IDs since they will be needed to log into the application.' There is a table with three columns: 'Name', 'User ID', and 'User Type'. The table contains one row: 'User\_Test', 'bmchptestprovider2016', and 'Provider Contact'. A 'Next' button is at the bottom right. A green circle with the number '7' is overlaid on the 'Next' button.

Name	User ID	User Type
User_Test	bmchptestprovider2016	Provider Contact

7. Confirm that those individuals you registered are listed, and click **Next**.

8. Once you reach the Registration Complete page, click **Next**, which will take you back to the login page.

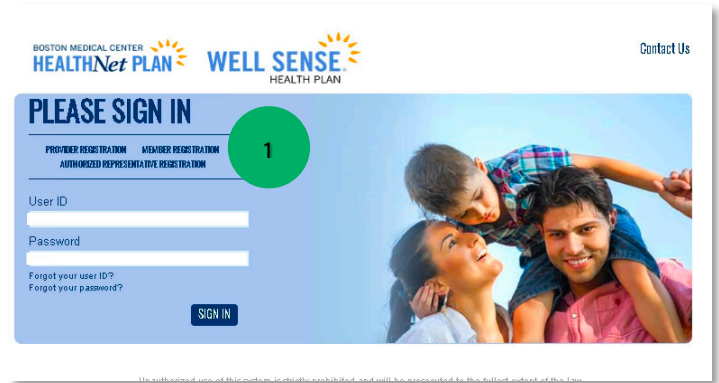


The screenshot shows the 'Registration Complete' page. It says 'Thank you. Your registration with Boston Medical Center HealthNet Plan is now complete.' A 'Next' button is at the bottom right. A green circle with the number '8' is overlaid on the 'Next' button.

9. Once approved, you will receive an **email confirmation** and will be able to **log in** to the provider portal.

# For providers who do not have an existing HealthTrio Connect account

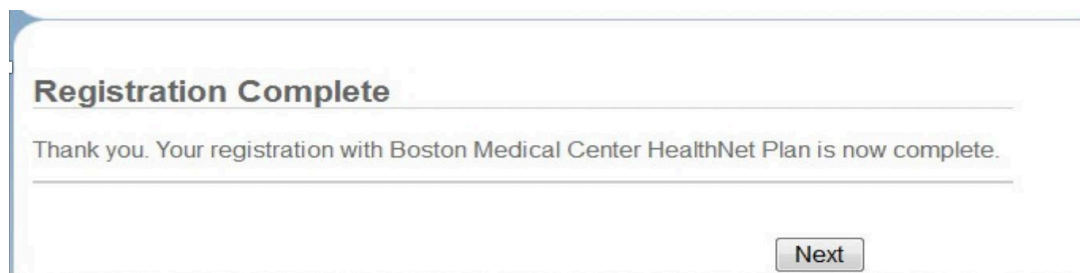
1. On the home page of the portal, under *PLEASE SIGN IN*, click **Provider Registration**.
2. On the **User Information** page, **fill in** all fields and click **Next**.



3. On the **Office Information** page, **fill in** the information as requested and click **Next**.
4. On the **Registration Summary** page, verify information and click **Finish**.
5. Once registration is complete, all those registered from your provider office by the office administrator will be listed in a screen as pictured to the right. Please **confirm** that those individuals you registered are listed, and click **Next**.

A screenshot of the 'Office Information' registration form. The title is 'Office Information' and the instruction is 'Enter the name and address of your office.' The form contains several fields: 'Organization Name' (with 'Practice Name' as a placeholder), 'Tax ID' (with '123456789'), 'PIN', 'Check Reference Number', 'Check Payment Amount', 'Address' (with '123 Main Street, Suite 750'), 'City' (with 'Anytown'), 'State' (with 'Massachusetts'), and 'Zip Code' (with '02116'). At the bottom right, there are 'Cancel', 'Back', and 'Next' buttons. A green circle with the number '2' is placed over the 'Next' button.

6. Once you reach the Registration Complete page, your part of the registration process is complete. Please click **Next**, which will take you back to the login page.



7. Once we have approved your registration, you will receive an email confirmation, and you may log in to the provider portal.

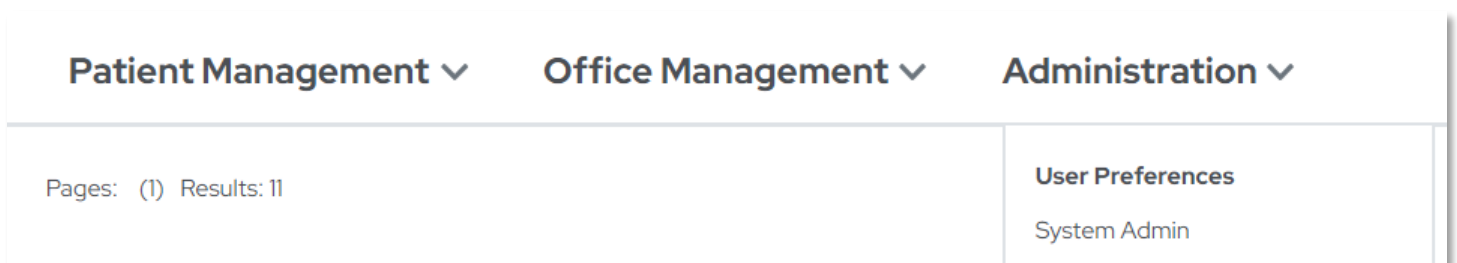
## Administration

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Within the Administration section of the portal, the provider's local administrator (typically the office manager) can perform administrative tasks (i.e. add new users and customize the system to his/her practice preferences).

Features include:

- User Preferences
- System Administration
- NPI Submission



For instructions on Adding, Deleting and Modifying Users, please see our [Office Management User Guide](#).