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**Member  
Identification  
Cards**

Member identification cards are intended to identify Plan members and facilitate their interactions with physicians and other health care providers. Information found on the member identification card may include the member's name, identification number, Primary Care Physician's name and telephone number, co-payment information, Plan contact information and claims filing address.

Possession of the member identification card does not guarantee eligibility or coverage. The physician or provider is responsible for ascertaining the current eligibility of the cardholder.

**Eligibility  
Verification**

A member's eligibility status can change at anytime. Therefore, all providers should consider requesting and copying a member's identification card, along with additional proof of identification, such as a photo ID, and file them in the patient's medical record.

PCPs may also refer to their current monthly membership listing to verify eligibility. If the member does not appear on the list, you may do one of the following to verify eligibility:

- Access the Plan Web site at [www.wellcare.com](http://www.wellcare.com) (contact your Provider Relations representative to schedule a Web site in-service).
- Access the Plan's Interactive Voice Response (IVR) system. You will need your Provider ID number to access member eligibility.
- Contact the Customer Service department.

To ensure newly enrolled Plan members have immediate access to services, the provider shall accept the member's Medicaid ID Card as proof of enrollment until the member receives the Plan's ID card by following the eligibility verification steps outlined above.

Verification is always based on the data available at the time of the request, and since subsequent changes in

eligibility may not yet be available, verification of eligibility is never a guarantee of coverage or payment. See your Provider Agreement for additional details.

**Enrollment**

Membership enrollments in the Plan's Medicaid program may be voluntary or by state-mandated assignment.

The Plan accepts members without consideration of the applicant's health condition, sex, race, religious belief, national origin or handicap. Upon enrollment in the Plan, members are provided with the following:

- Terms and conditions of enrollment;
- Description of covered services;
- Information about PCPs; such as location, telephone number and office hours;
- Information regarding out-of-plan emergency services;
- Grievance and disenrollment procedures;
- Over-the-counter brochure, if applicable.

**Assignment of Primary Care Physician**

All Medicaid Plan members must choose their PCP or they will be assigned to a PCP within the Plan's network. To ensure quality and continuity of care, the PCP is responsible for arranging all of the member's health care needs from providing primary care services to coordinating referral to specialists and providers of ancillary or hospital services.

**Changing Primary Care Physicians**

A member may change his or her PCP at any time by calling the Customer Service department. The requested change will be effective the first day of the month following the request.

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**Hearing Impaired, Interpreter and Sign Language Services**

Hearing impaired, interpreter and sign language services are available to Plan members through the Customer Service department. PCPs should coordinate these services for Plan members and contact the Plan's Customer Service department if assistance is needed.

Please refer to the **Quick Reference Guide** for the Customer Service telephone numbers.

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