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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, health 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 do one of the following to verify member eligibility:

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

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 WellCare's programs for Medicaid and Healthy Kids may be voluntary or by state-mandated assignment.

WellCare accepts members without consideration of the applicant's health condition, gender, 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. For Medicare members however, a choice for a PCP must be received from the member. 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 their PCP at any time by calling the Customer Service department. The requested change will be effective the first day of the following month of the request if the request is received after the 10<sup>th</sup> day of the current month.

**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.