

**Overview**

The health plan is required to have a member grievance system in place that includes a grievance process, an appeal process, and access to the Medicaid fair hearing system for Medicaid members.

**Submission of Grievances and Appeals**

For information on submitting a grievance or an appeal, please contact WellCare Customer Service at 800-935-5227.

Written grievances or appeals should be sent to:

WellCare Health Plans, Inc.  
Attn: Grievances and Appeals Department  
P. O. Box 31368  
Tampa, FL 33631-3368