

Filing a Complaint for WellCare Medicaid Providers in Georgia

WellCare encourages Providers to contact the **Provider Hotline at (866) 231-1821** to resolve any issues that may arise. If an issue cannot be resolved, WellCare has established a provider complaint process that permits providers to dispute WellCare's policies, procedures, or any aspect of our administrative functions.

Mail written Complaint and documentation to:

WellCare Health Plans, Inc.
Attn: Customer Service
P.O. Box 31370
Tampa, FL 33631-3370

Provider complaints must be filed, verbally or in writing, within 45 days of the event giving rise to the complaint.

Each Complaint will be categorized as follows:

Level One Complaint

Can be resolved within one business day.

OR

Level Two Complaint

Requires more than one business day to resolve.

WellCare completes a thorough investigation of every provider complaint received using applicable statutory, regulatory and contractual provisions.

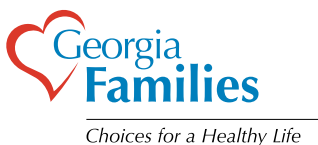
WellCare notifies the provider of the outcome of the complaint, in writing, with a resolution letter. If the resolution is adverse to the provider, WellCare also sends a Notice of Adverse Action to the provider.

WellCare notifies the provider of the outcome of the complaint, in writing, with a determination letter within 30 business days of receiving the request. If the decision is adverse to the provider, a Provider Appeal Uphold Letter is sent to the provider.

If the provider receives a Notice of Adverse Action and is not satisfied with the outcome of the complaint, he/she may request a review at an Administrative Law Hearing with the state.

Requests for an Administrative Law Hearing with the state must be made, in writing, within 15 business days from the date the notice is mailed. Address requests to:

Department of Community Health
Legal Services Section
Two Peachtree Street, NW -40th Floor
Atlanta, GA 30303-3159



Please see the WellCare Provider Handbook for additional information.

