

## HOW TO SUBMIT A COMPLAINT FOR STAR+PLUS PROVIDER

A Provider may file a complaint at any time with Community Health Choice. Send Complaints to:

**Attn: Service Improvement**  
**4888 Loop Central Drive, Ste. 600**  
**Houston, TX 77081**  
**Phone: 713.295.2295**  
**Fax: 713.295.7036**

Email: [ServiceImprovement@CommunityHealthChoice.org](mailto:ServiceImprovement@CommunityHealthChoice.org)

To file a provider complaint with the state, send to:

**Texas Health and Human Services Commission**  
**Medicaid/CHIP**  
**Health Plan Management**  
**Mail Code H-320**  
**P.O. Box 85200**  
**4900 N. Lamar**  
**Austin, TX 78708-5200**

Email: [HPM\\_Complaints@hhs.texas.gov](mailto:HPM_Complaints@hhs.texas.gov)