

HOW TO SUBMIT A COMPLAINT FOR MEDICAID 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

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