



How to Submit a Complaint as a Medicaid Provider

Providers wishing to submit a complaint about a health or dental plan (managed care or dental maintenance organization) such as concerns about a claim, follow these steps.

STEP 1: Contact the health or dental plan

Refer to the
MCO or DMO
complaints/appeals
section of the
provider manual
or website.



For other complaints such as provider
enrollment and re-enrollment, or
traditional Medicaid claims:

› Call
800-925-9126



› or write to:

TMHP, Complaints Resolution Department
PO Box 204270, Austin, TX, 78720-4270

If you still need help:

STEP 2: Contact HHSC

Send a secure email to HHSC at hpm_complaints@hhsc.state.tx.us
or fill out this online form:

<https://texashhs.org/ManagedCareProviderComplaint>

What you'll need when you contact HHSC:

- › Provider's name, national provider identifier number, phone number, and contact person submitting complaint
- › Member's Medicaid ID number, name, birthday and address
- › Summary of complaint and any associated documents to be sent via secure email

What you can expect from HHSC:

- › Send you an acknowledgement letter within three to five business days
- › Start working on your complaint
- › Check in with you within five business days of receiving the complaint
- › Tell you what happened and anything you might need to do

For a complaint on behalf of a member, please follow step 1, and then submit a complaint to HHSC at <http://bit.ly/ComplaintSubmission> if you still need help.

For CHIP health or CHIP dental complaints, please follow step 1, and then contact TDI at ConsumerProtection@tdi.texas.gov if you still need help.