

# Where to File Complaints



## Fully-Insured Plans

On June 17, 2003, then Governor Rick Perry signed into law [SB 418](#) also known as Texas Prompt Pay to help physicians receive payment for services promptly. Plans that are regulated by this law will have "TDI" or "DOI" printed on the front of the member's insurance card. The Texas Department of Insurance (TDI) [provider website](#) has [tips](#) and [FAQ's](#) on prompt pay laws and online access for providers and consumers to file complaints against payers who violate provisions of SB 418.

Texas Department of Insurance  
Consumer Protection (111-1A)  
P.O. Box 149091  
Austin, Texas 78714-9091  
Phone: 1-800-578-4677  
Fax: (512) 475-1771  
[TDI contact numbers](#)

[Instructions](#) and online complaint portal (scroll to Step 4).

## Self-Funded Health Plans

Certain health benefits fall under ERISA's jurisdiction. If the employer is responsible for paying the employees' health claims and the health plan is only responsible for administering the benefits, then the plan is considered to be "self-funded" and falls under ERISA regulations. If your appeal efforts have been exhausted with the payer and you feel the plan is in violation of the [Summary Plan Description \(SPD\)](#) or ERISA, you can file an [appeal](#) with the Department of Labor Employee Benefits Security Administration (EBSA).

U.S. Department of Labor  
Employee Benefits Security Administration  
EBSA Public Disclosure Room  
200 Constitution Avenue, NW, Room N-1515  
Washington, DC 20210  
Telephone: (202) 693-8673

## Medicare/Medicare Advantage

### Medicare (Parts A, B, C, and D):

Provide a detailed account of the issue with supporting documentation, if any, and your efforts to resolve the issue with Novitas or other payer. The form will not be accepted, nor any attachments, if they are not encrypted or password protected. Send the password in a separate email immediately after sending the complaint by going to your “sent” folder, open the email with the complaint, and “reply all”. Simply provide the password in the body of the email. Fax the form if you can’t send the complaint encrypted or password protected. Mail or email securely to the following:

Centers for Medicare and Medicaid Services  
Dallas Regional Office  
1301 Young Street, Room 833  
Dallas, TX 75202  
Phone: (214) 767-4463  
Fax: (443) 380-8886

Or

Traditional Medicare: [RODALFM@cms.hhs.gov](mailto:RODALFM@cms.hhs.gov) (phone 214-767-4463)

Medicare Advantage Plans and Part D: [RODALMAHPB@cms.hhs.gov](mailto:RODALMAHPB@cms.hhs.gov) (phone 214-767-6441)

[Medicare Complaint Form](#) (this is the form for traditional Medicare complaints as well as Part C and D).

### [Dallas Regional Office Contacts](#)

## Medicaid/Medicaid Managed Care Plans

For contacts and other resources regarding these plans, visit the [Texas HHS website](#) for more information.

[Traditional Medicaid:](#) (see provider manual - Provider Complaints):

Medicaid fee-for-service providers must exhaust the administrative and medical appeals provider resolution process with the HHSC claims administrator contractor, TMHP, before filing an appeal or complaint with HHSC. Providers can report complaints by calling the TMHP Contact Center at 1-800-925-9126 or by submitting a written complaint to:

Texas Medicaid and Healthcare Partnership  
TMHP Complaints Resolution Department  
PO Box 204270  
Austin, TX 778720-4270



If appeals with TMHP have been exhausted, written appeals and complaints may be sent to HHSC at:

Texas Health and Human Services Commission  
HHSC Claims Administrator Contract Management  
PO Box 204077, Mail Code 91-X  
Austin, Texas 78720-4077  
Phone: (512) 249-3744

Star/Star-Plus/CHIP Plans:

Medicaid managed care providers must exhaust the complaints or grievance process with their managed care plan before filing a complaint with HHSC. If after completing this process, the provider believes they did not receive full due process from the plan, they may file a complaint or inquiry at [HPM\\_complaints@hhsc.state.tx.us](mailto:HPM_complaints@hhsc.state.tx.us) or a STAR Health complaint or inquiry at [STAR.Health@hhsc.state.tx.us](mailto:STAR.Health@hhsc.state.tx.us), or in writing at the address below.

The complaint process can be viewed on this [flow chart](#). An accessible version of the [steps](#) in the Health Plan Management complaint process is also available. Providers may also mail STAR, STAR+PLUS, STAR Health or children's Medicaid dental services complaint or inquiry to:

HHSC Medicaid/CHIP  
Health Plan Management  
Mail Code H-320  
P.O. Box 85200  
4900 N. Lamar  
Austin, Texas 78708-5200  
Phone: 1-877-787-8999 (Toll-Free)  
Fax: 1-512-491-1958

CHIP Enrollment Issues:

Health and Human Services  
Commission  
Attention: Complaint Department  
PO Box 14200  
Midland, TX 79711-4200  
Phone: 1-800-647-6558

CHIP Claims Issues:

Texas Department of Insurance  
MCQA Office, Mail Code 103-6A  
PO Box 149104  
Austin, TX 78714-9104  
Phone: 1-866-554-4926

**Kepro Health Quality Institute (Beneficiaries only)**

Kepro Health Quality Institute is the Quality Improvement Organization (QIO) for Medicare beneficiaries in Texas. Kepro can review patient concerns regarding care provided by physicians and facilities. (Example – Hospital UR or Medicare/Medicare Advantage Plan is wanting a patient discharged. Patient doesn't feel they are ready. Patient can notify Kepro for assistance).



KEPRO Rock Run Center  
5700 Lombardo Center Dr., Suite 100  
Seven Hills, OH 44131  
(216) 447-9604  
(216) 447-7925 Fax

[Medicare Quality of Care Complaint Form](#) (English)

[Medicare Quality of Care Complaint Form](#) (Spanish)

Website: <http://www.keproqio.com/default.aspx>

Texas Phone: 1-844-430-9504 or contact 1-800-MEDICARE (1-800-633-4227)

### Tricare

Tricare East Provider Appeals and Grievances:

[Appeals:](#)

Regional Grievance Coordinator  
Humana Military Healthcare Services  
P.O. Box 740044  
Louisville, KY 40201-9973

[Grievances:](#)

Regional Grievance Coordinator  
Humana Military  
8123 Datapoint Drive Suite 400  
San Antonio, TX 78229

Tricare For Life:

[Appeals:](#)

U.S. and U.S. Territories:  
WPS-TRICARE For Life  
Attn: Appeals  
P.O. Box 7490  
Madison, WI 53707-7490

All Other Overseas Areas:  
International SOS Assistance,  
Inc.  
Reconsideration/Grievance  
Department  
P.O. Box 11570 Philadelphia, PA  
19116 USA

Email:

[TOPGlobalQualityAssu@internationalsos.com](mailto:TOPGlobalQualityAssu@internationalsos.com)

Grievances:

**U.S. and U.S. Territories:**

Mail your complaint to Wisconsin  
Physicians Service:  
WPS-TRICARE For Life  
Grievances  
P.O. Box 8974  
Madison, WI 53708-8974

**All Other Overseas Areas:**

Mail or email the [Universal  
Grievance and Complaint  
Form](#) to International SOS:  
International SOS Assistance,  
Inc.

Reconsideration/Grievances  
Department  
P.O. Box 11570  
Philadelphia, PA 19116 USA

Email: [TOPGlobalQualityAssu@i  
nternationalosos.com](mailto:TOPGlobalQualityAssu@internationalosos.com)