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To: All Medi-Cal PCPs
From: IEHP – Grievance and Appeals
Date: October 29, 2026
Subject: **Written Consent Required: Submitting Appeals on Behalf of a Medi-Cal Member**

REMINDER: The Department of Health Care Services (DHCS) All Plan Letter 21-011, Grievance and Appeal Requirements, Notice and “Your Rights” Templates, **mandates Member Written Consent for All Medi-Cal Provider Filed Appeals:**

★ In accordance with federal and state law, appeals may be filed either orally or in writing by a Member, a Provider acting on behalf of the Member, or an authorized representative. Appeals filed by the Provider on behalf of the Member require written consent from the Member.¹

The Plan will not open an appeal submitted by a Provider without receiving written consent from the Member. Providers should submit to the Plan proof of written consent for appeals filed on behalf of the Member at the time of appeal filing.

If Providers do not have proof of Member written consent, the Plan will reach out to the Member to ask if they would like to file the appeal.

If you have any questions, please contact the IEHP Provider Call Center at (909) 890-2054, (866) 223-4347, or email ProviderServices@iehp.org.

All IEHP communications can be found at: www.providerservices.iehp.org > News and Updates > Notices

¹ <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2021/APL21-011.pdf>