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Readiness Attestation

Complete and submit the Readiness Attestation confirming that you are **on track** to comply with the Department of Health Care Services mandated Targeted Rate Increase (TRI) requirements by Dec. 31, 2024.

Submit this attestation to your Provider Network Management contact by **Oct. 15, 2024**.

I _____ the _____
Name Title

With _____ attest on _____
Provider name Date

that _____ is on track to comply with the DHCS mandated TRI
Provider name

requirements by Dec. 31, 2024.

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