MCP TARGETED RATE INCREASE COMPLIANCE ATTESTATION

The purpose of this Medi-Cal Managed Care Plan (MCP) Targeted Rate Increase (TRI) Compliance Attestation is for MCPs to certify their compliance with payment policy requirements applicable to Medi-Cal TRI covered services. Compliance with payment requirements applicable to Medi-Cal TRI covered services must be ensured across Subcontractors, Downstream Subcontractors, and Network Providers, irrespective of the specific payment arrangements established with or between the entities involved with delivering those services. MCPs must monitor and enforce compliance with TRI requirements throughout their service delivery system. This attestation will serve to demonstrate that the MCP has confirmed that each applicable contractual arrangement has been analyzed and determined to meet or exceed the TRI requirements. This attestation will cover dates of service for Calendar Year (CY) 2025. This attestation certifies that MCP's provider payment levels meet the TRI requirements and must be submitted to TargetedRateIncreases@dhcs.ca.gov.

Scope of Attestation

The attestation must apply to all contracts involved in the delivery of TRI-eligible services, irrespective of whether the payment arrangement with the Network Provider is fee-for-service or capitated, or between a Subcontractor, Downstream Subcontractor, or directly with the MCP. For example, if the MCP delegates to Delegate 1, who further delegates to Delegate 2, who contracts with Network Provider 1, the MCP must attest that Delegate 2's contract with Network Provider meets TRI requirements. The MCP is responsible for identifying which contracts are covered under this scope. A best practice is to review both the Division of Financial Responsibility (DOFR) and claims and encounters submitted under the contract. The MCP is responsible for analyzing each unique contractual relationship which encompasses the TRI codes at the Taxpayer Identification Number (TIN) level. Contracts established and paid directly to Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Cost Based Reimbursement Clinics (CRBCs), and Indian Health Service (IHS) providers are not subject to TRI, and thus do not require attestation.

Process/Documentation

On an annual basis, MCPs are required to provide DHCS with a Supplemental Data Request demonstrating that all contracted entity arrangements are in alignment with the TRI fee schedule. The MCP will require their contracted entities to provide proof of compliance, whether through attestation or data requests, and will relay findings to DHCS. DHCS may determine that an audit of the MCP's contractual reimbursement is necessary and may require the MCP to provide any and all necessary documentation to assess compliance. Such documentation may include but need not be limited to: historical and credible encounter and eligibility data for the contract, base data used in the development of capitated rates, and executed contracts with Network providers or contracts between Subcontractors and Downstream Subcontractors.

Attestation

I, <insert name>, duly authorized, certify on behalf of <MCP name> that all contracts have been reviewed and analyzed for compliance with TRI reimbursement requirements. As of <XX/XX/2026>, all contracts meet or exceed the required reimbursement levels. Upon request, <MCP name> will provide all documentation and methodologies to DHCS.

Print Name: _____

Title: _____

Signature: _____

Date: _____