|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **State/Territory**  **(Two-letter postal abbreviation)** | |  | |  | | | |  | |
|  | |  | |  | | | |  | |
| **Submission Date (MM/DD/YYYY)** | |  | |  | | | |  | |
|  | |  | |  | | | |  | |
| **State Contact for RAC Program Reporting** | |  | |  | | | |  | |
|  | | Name | |  | | | |  | |
|  | | Title | |  | | | |  | |
|  | | Office, Group, or Division | |  | | | |  | |
|  | | Address 1 | |  | | | |  | |
|  | | Address 2 | |  | | | |  | |
|  | | City | |  | | | |  | |
|  | | State/Territory | | (Drop down-Two-letter postal abbreviation) | | | |  | |
|  | | Zip Code | |  | | | |  | |
|  | | Telephone | |  | | | |  | |
|  | | Email | |  | | | |  | |
|  | |  | |  | | | |  | |
|  |  | |  | | | | | |  |
| **State RAC Program Information** |  | |  | | | | | |  |
|  | 🞏 No RAC contract in effect  (If so, please check the reason why below.) | |  | | | | | |  |
|  |  | | 🞏 Exception to implement RAC was approved by CMS  🞏 RAC is in procurement status | | | | | |  |
|  |  | |  | | | | | |  |
| Number of Medicaid RAC  contracts in effect in your State | | |  | |  |  |  | |  |
|  | |
|  | |
|  | |
| Please provide website address(es)  which Medicaid providers and  the public should visit for information  or guidance on RAC audits in your State. | | | 250 character limit | | | | | | |
| 250 character limit | | | | | | |
| 250 character limit | | | | | | |
| 250 character limit | | | | | | |
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| **RAC Contract Information** | |  |  | |  | | |  | | |  |
|  | Contractor name, as shown on signed contract | | |  | | |  | |  | | |
|  | Contract number or code that your State uses to track the contract (optional) | | |  | | |  | |  |  | |
|  | Contract period of performance | | | Month/Day/Year | | | to | | Month/Day/Year |  | |
|  | Is this a multi-state contractual arrangement? |  | Yes 🞏  No 🞏 | | |  | |  | | |  |
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| **RAC Fees** | Please check which fee structure your State uses to compensate its RAC(s).  For overpayments:  🞏 Contingency Fee  🞏 Flat Fee  🞏 Other (please describe)  For underpayments:  🞏 Contingency Fee  🞏 Flat Fee  🞏 Other (please describe)  Please enter the specific fee amount your State uses to compensate its RAC(s). |  |  |  |  |  |
|  | For overpayments: | |  |  |  |  |
|  |  | | |  |  |  |
|  | 🞏 Contingency Fee Percentage |  |  | | | |
|  | 🞏 Flat Fee |  |  | | | |
|  | 🞏 Other (please describe) |  |  | | | |
|  | For underpayments: | | |  |  |  |
|  |  | |  |  |  |  |
|  | 🞏 Contingency Fee Percentage |  |  | | | |
|  | 🞏 Flat Fee |  |  | | | |
|  | 🞏 Other (please describe) |  |  | | | |
|  |  |  |  |  |  |  |