|  |  |  |  |
| --- | --- | --- | --- |
| **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) |  |  |
|  |  |  |  |  |  |  |