

RACs At-A-Glance Phase II Screen Mock Ups

State/Territory (Two-letter postal abbreviation)																						
Submission Date (MM/DD/YYYY)																						
<p>State Contact for RAC Program Reporting</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr><td style="padding-right: 10px;">Name</td><td style="border: 1px solid black; width: 200px; height: 20px;"></td></tr> <tr><td style="padding-right: 10px;">Title</td><td style="border: 1px solid black; width: 200px; height: 20px;"></td></tr> <tr><td style="padding-right: 10px;">Office, Group, or Division</td><td style="border: 1px solid black; width: 200px; height: 20px;"></td></tr> <tr><td style="padding-right: 10px;">Address 1</td><td style="border: 1px solid black; width: 200px; height: 20px;"></td></tr> <tr><td style="padding-right: 10px;">Address 2</td><td style="border: 1px solid black; width: 200px; height: 20px;"></td></tr> <tr><td style="padding-right: 10px;">City</td><td style="border: 1px solid black; width: 200px; height: 20px;"></td></tr> <tr><td style="padding-right: 10px;">State/Territory</td><td style="border: 1px solid black; width: 200px; height: 20px; color: red;">(Drop down-Two-letter postal abbreviation)</td></tr> <tr><td style="padding-right: 10px;">Zip Code</td><td style="border: 1px solid black; width: 200px; height: 20px;"></td></tr> <tr><td style="padding-right: 10px;">Telephone</td><td style="border: 1px solid black; width: 200px; height: 20px;"></td></tr> <tr><td style="padding-right: 10px;">Email</td><td style="border: 1px solid black; width: 200px; height: 20px;"></td></tr> </table>			Name		Title		Office, Group, or Division		Address 1		Address 2		City		State/Territory	(Drop down-Two-letter postal abbreviation)	Zip Code		Telephone		Email	
Name																						
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State/Territory	(Drop down-Two-letter postal abbreviation)																					
Zip Code																						
Telephone																						
Email																						
<p>State RAC Program Information</p> <p><input type="checkbox"/> No RAC contract in effect (If so, please check the reason why below.)</p> <p style="margin-left: 300px;"><input type="checkbox"/> Exception to implement RAC was approved by CMS</p> <p style="margin-left: 300px;"><input type="checkbox"/> RAC is in procurement status</p> <p style="margin-left: 100px;">Number of Medicaid RAC contracts in effect in your State</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 60px; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; width: 60px; height: 20px;"></td></tr> </table>																						
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																				
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RAC Contract Information

Contractor name, as shown on signed contract

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Contract number or code that your State uses to track the contract (optional)

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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)
