|  |  |  |  |
| --- | --- | --- | --- |
| **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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|  |  |  |  |

PRA Disclosure Statement. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148 (#3). The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, write to: CMS, 7500 Security Blvd., Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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