

**RACs At-A-Glance Phase II Screen Mock Ups**

<b>State/Territory</b> (Two-letter postal abbreviation)																						
<b>Submission Date</b> (MM/DD/YYYY)																						
<p><b>State Contact for RAC Program Reporting</b></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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Zip Code																						
Telephone																						
Email																						
<p><b>State RAC Program Information</b></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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## RACs At-A-Glance Phase II Screen Mock Ups

### 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
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Is this a multi-state contractual arrangement?

Yes

No

[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.](#)

## RACs At-A-Glance Phase II Screen Mock Ups

### 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)
