RACs At-A-Glance Phase II Screen Mock Ups

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)	